

# Screens

Create Account - Windows Internet Explorer provided by IBM


https://portaldev.garretsonfirm.com/vcfssso/CreateAccount/tabid/81/Default.aspx?returnurl=http%3a%2f%2fportaldev.garretsonfirm.com%2fvcfsso%2fl.login.aspx

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Create Account

Page Safety Tools




## September 11th Victim Compensation Fund


CREATE ACCOUNT RESET PASSWORD HELP LOGIN

You are here: [Create Account](#) [Create Account](#) | [Login](#)

### Account Creation

**\*Note:** All fields marked with a lightbulb  are required.  
(Registration may take several seconds. Once you click the Check User Name Availability button please wait until the system responds.)

We recommend using your email address as your User Name.

**User Name:**  

The Department of Justice is authorized to collect this information by the September 11th Victim Compensation Fund of 2001, [Title II of Public Law 111-347, 124 Stat. 3623] (the "Zadroga Act"). The information you submit is for official use by the U.S. Department of Justice for the purposes of determining your eligibility for and the amount of compensation you may receive under any claim you may choose to submit to the Victim Compensation Fund. Provision of this information is voluntary. Information you submit may be disclosed by the Government only in accordance with the provisions of the Privacy Act.

Done Internet 100%

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September 11th  
Victim Compensation Fund

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**User Name is available. Continue below to create account.**

### Required Information

**First Name:**  

**Last Name:**  

**Email Address:**  

### Password Information

You must enter a password that meets the following criteria. Passwords are case-sensitive.

1. Password must be at least 12 characters in length
2. Password may not contain your User Name

Done Internet 75%

Bottom half of above screen.

Create Account - Windows Internet Explorer provided by IBM

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### Required Information

First Name:

Last Name:

Email Address:

### Password Information

You must enter a password that meets the following criteria. Passwords are case-sensitive.

1. Password must be at least 12 characters in length
2. Password may not contain your User Name
3. Password must contain 3 or more of the following types of characters
  - a. Uppercase characters
  - b. Lowercase characters
  - c. Numbers
  - d. Special characters such as !, @, #, \$, %, or ~

Password:

Confirm Password:

### Password Recovery Information

You must select and answer 5 password recovery questions. To retrieve a forgotten password, you will be required to know the answer to 2 of 5 questions.


Question 1:

Question 2:

Question 3:

Question 4:


Question 5:



Type the two words:

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Done Internet 75%



# September 11th Victim Compensation Fund

HOME CLAIMANT REGISTRATION HELP

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### Claimant Registration

### Welcome and Announcements

On January 2, 2011, President Obama signed into law the James Zadroga 9/11 Health and Compensation Act of 2010 (P.L. 111-347) (Zadroga Act). Title II of the Zadroga Act reactivates the September 11th Victim Compensation Fund of 2001 that operated from 2001-2003 and requires a Special Master, appointed by the Attorney General, to provide compensation for any individual (or a personal representative of a deceased individual) who suffered physical harm or was killed as a result of the terrorist-related aircraft crashes of September 11, 2001 or the debris removal efforts that took place in the immediate aftermath of those crashes. The Zadroga Act expands the pool of applicants eligible for the Fund to include individuals who experienced injuries associated with the attacks or subsequent debris removal.

On May 18, 2011, Attorney General Eric Holder announced that Sheila L. Birnbaum will head the September 11th Victim Compensation Fund program. On June 21, 2011, the Special Master published proposed rules to govern the Fund's operations. Between June 21 and August 5, the Special Master accepted comments on those proposed rules and held public meetings to discuss the program before it begins operation later this year. To read the proposed rules, click here. To receive information about the process as it becomes available, sign up for email updates.

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- the area in Manhattan south of the line that runs along Canal Street from the Hudson River to the intersection of Canal Street and East Broadway, north on East Broadway to Clinton Street, and east on Clinton Street to the East River; and
- any area related to or along the routes of debris removal, such as barges and Fresh Kills landfill

### SECTION 1

Was the Claimant a Responder within the NYC Exposure Zone?

Was the Claimant a Responder at the Pentagon site?

Was the Claimant a Responder at the Shanksville, PA site?

Does the Claimant claim presence at the site based on residence within the NYC Exposure Zone?

Did the Claimant work (as a non-Responder) cleaning buildings or performing maintenance work within the NYC Exposure Zone?

Did the Claimant work (as a non-Responder) within the NYC Exposure Zone in a capacity other than cleaning buildings or performing maintenance work?

Did the Claimant attend a school, a child care or adult care facility within the NYC Exposure Zone?

Was the Claimant present within they NYC Exposure Zone in some other capacity (e.g., as a visitor) from September 11, 2001 to May 30, 2002?

Was the Claimant present at the Pentagon site (as a non-Responder)?

### SECTION 2

Has the Claimant received treatment for the injury under the World Trade Center Health Program?

Did the Claimant previously file a claim with the original September 11th Victim Compensation Fund of 2001?

Is the Claimant deceased?

What is your relationship to the Claimant?

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September 11th Victim Compensation Fund

HOME CLAIMANT REGISTRATION HELP UPDATE PROFILE

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### Claimant Registration

Initial Questions Claimant Information Legal Representative Attorney or Other Authorized Individual

#### GENERAL CLAIMANT INFORMATION

Claimant's Last Name\*

First Name \*  Middle Name \*

Mailing Address \*

Apartment/Suite Number

Country\*  State\*

#### SECTION STATUS

- ✗ Initial Questions
- ✗ Claimant Information
  - Last Name Missing
  - First Name Missing
  - Middle Name Missing
  - Address Missing
  - City Missing
  - State/Province Missing
  - Country Missing
  - Zip/Postal Code Missing
  - Date of Birth Missing
  - Country of Citizenship Missing
  - Telephone Number Missing
  - Email Address Missing
- ✗ Legal Representative
- ✗ Attorney or Other Authorized Individual

## Bottom half of screen above:

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September 11th Victim Compensation Fund > Claiman...

First Name \*  Middle Name \*

Mailing Address \*

Apartment/Suite Number

Country\*  State\*

City\*  Zip/Postal Code\*

Date of Birth\*  
Month  Day  Year

Email Address  Preferred Method of Contact\*

You must provide at least one telephone number

Telephone Number (Home)  Telephone Number (Work)

Telephone Number (Mobile)

Country of Citizenship\*  Social Security Number or National ID Number\*

Passport Country (if not U.S.)  Passport Number (if not U.S. and if available)

- City Missing
- State/Province Missing
- Country Missing
- Zip/Postal Code Missing
- Date of Birth Missing
- Country of Citizenship Missing
- Telephone Number Missing
- Email Address Missing
- X Legal Representative
- X Attorney or Other Authorized Individual

**SECTION STATUS LEGEND**

- X Section Incomplete
- ! Section Warning
- ✓ Section Completed

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Done Internet 100%

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https://portaldev.garretsonfirm.com/vcfsso/ClaimantRegistration.aspx

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HOME CLAIMANT REGISTRATION HELP UPDATE PROFILE

You are here: [Claimant Registration](#) Welcome Amina Ali | [Update Profile](#) | [Logout](#)

### Claimant Registration

Initial Questions Claimant Information **Legal Representative** Attorney or Other Authorized Individual

#### INFORMATION ABOUT THE CLAIMANT'S GUARDIAN OR OTHER AUTHORIZED LEGAL REPRESENTATIVE (IF APPLICABLE)

Please complete this Section only if the Claimant is a minor or is incapacitated or the injured person is now deceased and someone other than the injured Claimant is submitting a claim as a guardian or other authorized legal representative (e.g., legal custodian). (Note: If represented by an attorney, attorney information should be provided in the Attorney or Other Authorized Individual Section, not in this Section).

Not Applicable  
 Guardian  
 Representative of deceased individual who is alleged to have suffered physical harm covered by the Zadroga Act but whose death is not claimed to have resulted from those crashes or debris removal efforts.  
 Other

[Save and Continue](#)

**SECTION STATUS**

- X Initial Questions
- X Claimant Information
- X Legal Representative
- Last Name Missing
- First Name Missing
- Middle Name Missing
- Address Missing
- City Missing
- State/Province Missing
- Country Missing
- Zip/Postal Code Missing
- Country of Citizenship Missing
- Email Address Missing
- Phone Number Missing
- X Attorney or Other Authorized Individual

**SECTION STATUS LEGEND**

- X Section Incomplete
- ! Section Warning
- ✓ Section Completed

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If Legal Representative box checked in the above screen, following screen is expanded to include the following:



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https://portaldev.garretsonfirm.com/vcfssso/ClaimantRegistration.aspx

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September 11th Victim Compensation Fund > Claiman...

Representative of deceased individual who is alleged to have suffered physical harm covered by the Zadroga Act but whose death is not claimed to have resulted from those crashes or debris removal efforts.

Other

Representative's Last Name\*

First Name \*  Middle Name \*

Mailing Address \*

Apartment/Suite Number

Country\*  State\*

City\*  Zip/Postal Code\*

You must provide at least one telephone number

Telephone Number (Home)  Telephone Number (Work)

Telephone Number (Mobile)

Email Address  Preferred Method of Contact\*

Country of Citizenship\*  Social Security Number or National ID Number

Passport Country (if not U.S.)  Passport Number (if not U.S. and if available)

Done Internet 100%

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https://portaldev.garretsonfirm.com/vcfssso/ClaimantRegistration.aspx

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September 11th Victim Compensation Fund > Claiman...

# September 11th Victim Compensation Fund

HOME CLAIMANT REGISTRATION HELP UPDATE PROFILE

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## Claimant Registration

Initial Questions Claimant Information Legal Representative Attorney or Other Authorized Individual

### INFORMATION ABOUT THE CLAIMANT'S ATTORNEY OR ALTERNATE CONTACT PERSON (IF APPLICABLE)

If an attorney or other authorized individual is assisting the Claimant with this claim, please check the applicable box and fill out the information below:

Not Applicable  
 Attorney  
 Other Individual

Save and Continue

**SECTION STATUS**

- ✗ Initial Questions
- ✗ Claimant Information
- ✗ Legal Representative
- ✗ Attorney or Other Authorized Individual
- Last Name Missing
- First Name Missing
- Middle Name Missing
- Address Missing
- City Missing
- State/Province Missing
- Country Missing
- Zip/Postal Code Missing
- Email Address Missing
- Telephone Number Missing

**SECTION STATUS LEGEND**

- ✗ Section Incomplete
- ⚠ Section Warning
- ✓ Section Completed

Done Internet 100%

**If the attorney button is selected above, the above screen expands to the following**

### CONTACT PERSON (IF APPLICABLE)

If an attorney or other authorized individual is assisting the Claimant with this claim, please check the applicable box and fill out the information below:

- Not Applicable
- Attorney
- Other Individual

Last Name

First Name  Middle Name

Firm Organization  or

Mailing Address

Apartment/Suite Number

Country  State

City  Zip/Postal Code

Telephone Number

Email Address  Preferred Method of Contact

- Claimant Information
- Legal Representative
- Attorney or Other Authorized Individual

- SECTION STATUS LEGEND**
- Section Incomplete
  - Section Warning
  - Section Completed



You are here: [Update Profile](#)

Welcome Amina Ali | [Update Profile](#) | [Logout](#)

### Change Password

**\*Note:** All fields are required.

You must enter a password that meets the following criteria. Passwords are case-sensitive.

1. Password must be at least 12 characters in length
2. Password may not contain your User Name
3. Password must contain 3 or more of the following types of characters
  - a. Uppercase characters
  - b. Lowercase characters
  - c. Numbers
  - d. Special characters such as !, @, #, \$, %, or ~

Old Password:

New Password:

Confirm Password:

## Bottom half of 'Update Profile' screen above:

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September 11th Victim Compensation Fund > Update ...

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3. Password must contain 3 or more of the following types of characters
  - a. Uppercase characters
  - b. Lowercase characters
  - c. Numbers
  - d. Special characters such as !, @, #, \$, %, or ~

Old Password:

New Password:

Confirm Password:

### Change first name, last name and email

**\*Note:** All fields are required.

First Name:

Last Name:

E-Mail:

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Internet 100%

September 11th Victim Compensation Fund > Help - Windows Internet Explorer provided by IBM

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September 11th Victim Compensation Fund

HOME CLAIMANT REGISTRATION **HELP** UPDATE PROFILE

You are here: [Help](#) Welcome Amina Ali | [Update Profile](#) | [Logout](#)

### Contact Information

If you need assistance with the portal, please contact us.

Phone: 1-123-456-7890  
Email: [help@vcf.gov](mailto:help@vcf.gov)

### Help Topics

#### Claimant Registration - Section Status Definitions

*Section Incomplete* – When at least one required field is missing or one business rule fails during the validation. Example: Claimant's SSN has not been entered.

*Section Warning* – When a field that is not required, but would be helpful information is missing. Example: A claimant who is residing in a country other than the US has not filled in his/her Passport Number.

*Section Complete* – All required fields are present.

https://portaldev.garretsonfirm.com/vcfssso/Home.aspx

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