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[Online Claim Filing for U.S. Victims of State Sponsored Terrorism Fund](#)

1. [I have my claim number and control number.](#)
2. [I need to register for a claim number and control number.](#)



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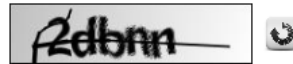
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ENTER CLAIM NUMBER AND CONTROL NUMBER

Claim Number:

Control Number:

Word Verification:

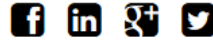


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Applicant Registration

*Applicant Name:

*Last Four Digits of SSN/TIN:

*Country: UNITED STATES

* Street Address:

*City:

*State: -----Select-----

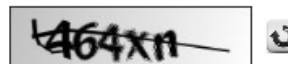
*Zip:

*Daytime Phone Number:

Evening Phone Number:

Email:

Type the characters you see in the picture below.



* Word Verification:

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Applicant Registration

*Applicant Name: JOHN DOE

*Last Four Digits of SSN/TIN: 4564

*Country: UNITED STATES

*Street Address: 123 ELM STREET

*City: GARDEN CITY

*State: NY

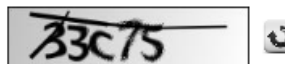
*Zip: 11545

*Daytime Phone Number: (516)456-4446

Evening Phone Number: () -

Email:

Type the characters you see in the picture below.



*Word Verification: 33c75

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Confirmation

Welcome, JOHN DOE

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Contact Information

Welcome, JOHN DOE

Your Contact Information according to our records is:

Address: 123 ELM STREET

City: GARDEN CITY

State: NY

Zip: 11545

Country: UNITED STATES

Update Contact Information

Confirm and Continue

PRIVACY ACT NOTICE

Privacy Act Notice:

By submitting this form, you are authorizing the U.S. Department of Justice to collect this information as allowed by the Justice for United States Victims of State Sponsored Terrorism Act, 42 U.S.C. § 10609. The information you submit in your claim, including but not limited to your Social Security Number, 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 your claim to the Fund. In addition, Executive Order 9397 (November 22, 1943) authorizes federal agencies to use Social Security numbers as individual identifiers to distinguish between people with the same or similar names, and 5 U.S.C. § 5514, 26 U.S.C. §§ 6402, 6331, 31 U.S.C. §§ 3711-20E, 42 U.S.C. § 664, and other applicable legal authorities, authorize the Department of the Treasury and other officials disbursing federal payments to use individual Social Security numbers to identify federal payment recipients who owe a delinquent debt. Providing this information is voluntary; however, failure to provide complete information may result in a delay in processing or a denial of your claim. Information you submit regarding your claim may be disclosed by the Department of Justice only in accordance with the provisions of the Privacy Act, including the routine uses indicated below:

(a) To the Department of the Treasury to ensure that any recipients of federal payments who also owe delinquent federal debts have their payment offset or withheld or reduced to satisfy the debt.

(b) Where a record, either alone or in conjunction with other information, indicates a violation or potential violation of law – criminal, civil, or regulatory in nature – the relevant records may be referred to the appropriate federal, state, local, territorial, tribal, or foreign law enforcement authority or other appropriate entity charged with the responsibility for investigating or prosecuting such violation or charged with enforcing or implementing such law.

(c) In an appropriate proceeding before a court, grand jury, or administrative or adjudicative body, when the Department of Justice determines that the records are arguably relevant to the proceeding; or in an appropriate proceeding before an administrative or adjudicative body when the adjudicator determines the records to be relevant to the proceeding.

(d) To an actual or potential party to litigation or the party's authorized representative for the purpose of negotiation or discussion of such matters as settlement, plea bargaining, or in informal discovery proceedings.

(e) To the news media and the public, including disclosures pursuant to 28 C.F.R. § 50.2, unless it is determined that release of the specific information in the context of a particular case would constitute an unwarranted invasion of personal privacy.

(f) To contractors, grantees, experts, consultants, students, and others performing or working on a contract, service, grant, cooperative agreement, or other assignment for the federal government, when necessary to accomplish an agency function related to this system of records.

(g) To a former employee of the Department of Justice for purposes of responding to an official inquiry by a federal, state, or local government entity or professional licensing authority, in accordance with applicable Department of

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responding to an official inquiry by a federal, state, or local government entity or professional licensing authority, in accordance with applicable Department of Justice regulations; or facilitating communications with a former employee that may be necessary for personnel-related or other official purposes where the Department of Justice requires information and/or consultation assistance from the former employee regarding a matter within that person's former area of responsibility.

(h) To a Member of Congress or staff acting upon the Member's behalf when the Member or staff requests the information on behalf of, and at the request of, the individual who is the subject of the record.

(i) To appropriate agencies, entities, and persons when (1) the Department of Justice suspects or has confirmed that the security or confidentiality of information in the system of records has been compromised; (2) the Department of Justice has determined that as a result of the suspected or confirmed compromise there is a risk of harm to economic or property interests, identity theft or fraud, or harm to the security or integrity of this system or other systems or programs (whether maintained by the Department of Justice or another agency or entity) that rely upon the compromised information; and (3) the disclosure made to such agencies, entities, and persons is reasonably necessary to assist in connection with the Department of Justice's efforts to respond to the suspected or confirmed compromise and prevent, minimize, or remedy such harm.

(j) To the National Archives and Records Administration for purposes of records management inspections conducted under the authority of 44 U.S.C. §§ 2904 and 2906.

The information collected in this application is for the purpose of assessing the eligibility of your claim for compensation from the Fund, and for the purpose of determining the appropriate amount of compensation. Completion of this Application Form is estimated to take 2 hours.

Paperwork Reduction Act Notice:

This request is in accordance with the Paperwork Reduction Act of 1995. An agency may not conduct or sponsor an information collection and a person is not required to respond to a collection of information unless it contains a currently valid OMB approval number. We try to create forms and instructions that are accurate, can be easily understood, and that impose the least possible burden on you. It is estimated that applicants will complete the form in an average of 2 hours.

Comments concerning the accuracy of this burden estimate and suggestions for reducing this burden should be directed to the Office of the Special Master, United States Victims of State Sponsored Terrorism Fund, U.S. Department of Justice, 950 Pennsylvania Ave, NW, Washington, DC 20530; OMB control number [XXXX-XXXX].

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PART I - VICTIM AND APPLICANT INFORMATION

The term "Victim" refers to a U.S. person who (1) has secured a final judgment in a United States district court under state or federal law against a state sponsor of terrorism and arising from an act of international terrorism, for which the foreign state was found not immune under section 1605A, or section 1605(a)(7), of title 28, United States Code (FSIA), or (2) was held hostage at the United States Embassy in Tehran, Iran during the period beginning November 4, 1979, and ending January 20, 1981, or the spouse or child of a former hostage as described in this paragraph, if such person is identified as a member of the proposed class in case number 1:00-CV-03110 (EGS) of the United States District Court for the District of Columbia. The term "Applicant" refers to the individual who is filing the claim to seek compensation for the Victim. Individuals who are filing a claim on their own behalf are both the Applicant and the Victim.

INFORMATION ABOUT THE VICTIM

*Last Name:

*First Name:

Middle Name:

*Country:

*Street Address:

*City:

*State:

*Zip:

Home Phone:

Cell Phone:

Facsimile:

Email Address:

*Date Of Birth:

*Is the Victim a U.S. Citizen? Yes No

*Social Security Number (SSN) or Taxpayer ID Number (TIN):

National Identification Number:

Country Of Citizenship:

Passport Number:

Passport Country:

Has the Victim ever gone by any other names (e.g., Maiden Name)? Yes No

*Last Name:

*First Name:

Middle Name:

+Add Other Name

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Fields marked with * must be completed



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INFORMATION ABOUT THE APPLICANT

2. In what capacity are you filing the Claim? Select one from the list below:

- Self – I am the Victim.
- Personal Representative of a deceased individual.
- Parent or Guardian of a victim who is a minor. Please provide additional information below:
 - I have sole legal custody of the minor.
 - I share or have joint legal custody of the minor.
- Guardian of a non-minor
- Other (Please Specify):

If there is a co-Personal Representative or if you share joint custody of a minor, you also must provide that individual's information.

If you are an attorney who is completing this form on your client's behalf, and your client is the Victim, you should not complete Questions 3 and 4; skip to Question 6 and provide your information. If your client is an Applicant other than the Victim (such as a Personal Representative), complete the information below about the Applicant and then provide your information in Question 6.

Warning: Returning to this page and altering the information entered may cause material in the following pages to be deleted.

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INFORMATION ABOUT THE APPLICANT

3. Complete the following information for the Applicant:

*Last Name:

*First Name:

Middle Name:

*Country(if not in U.S.):

*Mailing Address:

*City:

*State:

*Zip:

Home phone:

*Cell Phone:

Facsimile:

Email Address:

* Is the Applicant a U.S. Citizen? Yes No

*Provide the person's Social Security
Number (SSN) or Taxpayer ID Number
(TIN), if any:

If the person does not have an SSN or TIN or is not a U.S. citizen, provide the following:

*National Identification Number:

*Country of Citizenship:

*Passport Number:

*Passport Country:

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INFORMATION ABOUT THE APPLICANT

4. Is there another person with whom you share joint representation or custody? *Note: Both signatures are required wherever the Fund asks for a signature.*

Yes No

* Last Name:

* First Name:

Middle Name:

* Country (if not in U.S.):

* Mailing Address:

* City:

* State:

* Zip:

Home phone:

* Cell Phone:

Facsimile:

Email Address:

* Is the Applicant a U.S. Citizen? Yes No

* Provide the person's Social Security Number (SSN) or Taxpayer ID Number (TIN), if any:

If the person does not have an SSN or TIN or is not a U.S. citizen, provide the following:

* National Identification Number:

* Country of Citizenship:

Passport Number:

* Passport Country:

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INFORMATION ABOUT THE APPLICANT'S ATTORNEY (IF APPLICABLE)

5. If an attorney is representing the Applicant with this claim, fill out the information below: *Note: All communications from the Fund will be with the attorney you identify unless your attorney instructs us otherwise in writing. In addition, you must provide documentation (signed by you and your attorney) of your counsel's authority to represent you and you and your attorney must complete the certification in Part [IV] acknowledging that attorneys may not charge, receive, or collect any payment of fees and costs that in the aggregate exceed 25% of any payments. Counsel must submit a separate Application Form on behalf of each represented individual.*

* Last Name:

* First Name:

Middle Name:

* Law Firm Name:

*Country: UNITED STATES

* Mailing Address:

*City:

*State:

*Zip:

Email Address:

Telephone:

Facsimile:

Fields marked with * must be completed (if this form is applicable).

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INFORMATION ABOUT ALTERNATIVE CONTACT (IF APPLICABLE)

6. If there is someone whom you would like to be able to speak on your behalf about your application or to access information about your application (e.g., a spouse or a child), list their contact information below.

* Last Name:

* First Name:

Middle Name:

*Country: UNITED STATES

* Mailing Address:

*City:

*State:

*Zip:

Email Address:

Telephone:

Fields marked with * must be completed (if this form is applicable).

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PART II - ELIGIBILITY FOR COMPENSATION

In order for the Victim to receive compensation from the Fund, the Applicant must complete either Part [II.A] or [II.B] and provide the appropriate supporting documents, as applicable. See www.usvsst.com for documentation requirements.

Please select the basis upon which this Applicant seeks compensation from the Fund:

HOLDER OF A FINAL JUDGMENT

Select this box if the Victim is the holder of a final judgment issued by a United States District Court under state or federal law, awarding the Victim compensatory damages on a claim or claims brought by the Victim arising from acts of international terrorism for which the foreign state was found not to be immune from the jurisdiction of the courts of the United States under section 1605A or section 1605(a)(7) (as such section was in effect on January 27, 2008) of title 28, United States Code (FISA).

HELD HOSTAGE OR SPOUSE OR CHILD OF PERSON HELD HOSTAGE

Select this box if the Victim was taken and held hostage from the United States Embassy in Tehran, Iran, during the period beginning November 4, 1979, and ending January 20, 1981, or is the spouse or child of a former hostage as described in this paragraph, if such person is also identified as a member of the proposed class in case number 1:00-CV-03110 (EGS) of the United States District Court for the District of Columbia.

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A. VICTIM WHO IS A HOLDER OF A FINAL JUDGMENT

Answer each question if the Victim is the holder of a final judgment issued by a United States District Court under state or federal law, awarding the Victim compensatory damages on a claim or claims brought by the Victim arising from acts of international terrorism for which the foreign state was found to not be immune from the jurisdiction of the courts of the United States under section 1605A or section 1605(a)(7) (as such section was in effect on January 27, 2008) of title 28, United States Code (FSIA).

Please Note: Judgment creditors in *Peterson v. Islamic Republic of Iran*, No. 10 Civ. 4518 (S.D.N.Y.) and settling judgment creditors in *In re 650 Fifth Avenue & Related Properties*, No. 08 Civ. 10934 (S.D.N.Y., filed Dec. 17, 2008) must read the Part [VI.] of the Notice. In addition, a Victim seeking a conditional payment must sign the certification in Part V.

HOLDER OF A FINAL JUDGMENT

Please provide the name of the case, the District Court in which the judgment was entered and the case number.

Name	District Court	Case No.

7. Were any immediate family member(s) of the Victim identified in the final judgment?

OYes ONo

8. List any immediate family member(s) who were identified. Immediate family members are a spouse, domestic partner, child, stepchild, parent, stepparent, brother, sister, half-brother, and half-sister of the Victim.

*Last Name:

*First Name:

Middle Name:

*Country: UNITED STATES

*Mailing Address:

*City:

*State: -----Select-----

*Zip:

Telephone:

Relationship to the Victim:

+Add Holder

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A. VICTIM WHO IS A HOLDER OF A FINAL JUDGMENT

9. Is the Victim a judgment creditor in *Peterson v. Islamic Republic of Iran* or settling judgment creditor *In re 650 Fifth Avenue & Related Properties*? Yes No

a) Is the Victim electing to participate in the Fund? Yes No

b) If yes, did the Victim separately notify the Special Master in writing? Yes No

Date the Special Master was notified: 

c) If no, is the Victim seeking a Conditional Payment? Yes No

10. Did the Victim or the Victim's Personal Representative file a claim with the September 11th Victim Compensation Fund of 2001? Yes No

a. Did the Victim receive an award or an award determination (including a determination that denied an award)? Yes No

b. Did the Victim's heirs and beneficiaries receive an award or an award determination? Yes No

c) Please identify the heirs and beneficiaries who received an award or an award determination from the September 11th Victim Compensation Fund of 2001.

*Last Name:


*First Name:

Middle Name:

*Country: UNITED STATES 

*Mailing Address:

*City:

*State: -----Select----- 

*Zip:

Telephone:

Relationship to the Victim:

[+Add Family Member.](#)

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PART II - ELIGIBILITY FOR COMPENSATION

B. VICTIM WHO WAS HELD HOSTAGE OR SPOUSE OR CHILD OF PERSON HELD HOSTAGE

Answer each question if you are or are seeking compensation for a Victim who was taken and held hostage from the U.S. embassy in Tehran, Iran, during the period beginning November 4, 1979, and ending January 20, 1981, or the spouse or child of a former hostage as described in this paragraph, if such person is also identified as a member of the proposed class in case number 1:00-CV-03110 (EGS) of the United States District Court for the District of Columbia.

Held Hostage

12. Date the Victim was taken hostage:

mm/dd/yyyy



13. Date the Victim was released:

mm/dd/yyyy



14. Is the Victim a member of the proposed class in case number 1:00-CV-03110 (EGS) of the United States District Court for the District of Columbia?

Yes No

SPOUSE OF PERSON HELD HOSTAGE

15. Name of hostage:

16. Date the spouse was married to the former hostage:

mm/dd/yyyy



17. Did the marriage continue through January 20, 1981?

Yes No

18. Is the spouse a member of the proposed class in case number 1:00-CV-03110 (EGS) of the United States District Court for the District of Columbia?

Yes No

CHILD OF PERSON HELD HOSTAGE

19. Name of hostage:

20. Date of birth:

mm/dd/yyyy



21. Was the child adopted by the former hostage?

Yes No

If yes, date of adoption:

mm/dd/yyyy



22. Is the child a member of the proposed class in case number 1:00-CV-03110 (EGS) of the United States District Court for the District of Columbia?

Yes No

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PART III – OTHER INFORMATION IN SUPPORT OF APPLICATION

COMPENSATION SOURCES OTHER THAN THIS FUND

All Applicants must complete this section. Please identify compensation from any sources other than this Fund that the Victim, or the Victim's beneficiaries, received or is entitled to receive as a result of the act of international terrorism that gave rise to his or her final judgment. Sources other than this fund include, but are not limited to, life insurance; pension funds; death benefit programs; payments by federal, state, or local governments (including payment from the September 11th Victim Compensation Fund of 2001); and court awarded compensation related to the act that gave rise to the judgment.

23. Has the Victim, or the Victim's beneficiaries, received or is entitled to receive any of the following:

Program/Benefits	Y/N	Amount	Source(s)
Life insurance	<input type="radio"/> Yes <input type="radio"/> No		
Pension funds	<input type="radio"/> Yes <input type="radio"/> No		
Death benefit programs	<input type="radio"/> Yes <input type="radio"/> No		
Payments by federal, state, or local governments (including payment from September 11th Victim Compensation Fund of 2001)	<input type="radio"/> Yes <input type="radio"/> No		
Court awarded compensation related to the act which gave rise to the judgment	<input type="radio"/> Yes <input type="radio"/> No		

Any other source(s) of compensation not already listed (If any, please provide the type and source in the "Sources" column.)

Type:

Amount:

Source:

Please note that it is the Applicants obligation to keep the Fund apprised of any compensation that the Victim, or the Victim's beneficiaries, received or is entitled to receive from sources other than this Fund throughout the life of the Fund.



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PART III – OTHER INFORMATION IN SUPPORT OF APPLICATION

INFORMER INFORMATION (IF APPLICABLE)

Complete this section only if you are seeking additional compensation as an informer. A Victim who meets the eligibility requirements of Part [II] above and identifies and notifies the Attorney General in writing of funds or property of a state sponsor of terrorism, or held by a third party on behalf of or subject to the control of that state sponsor of terrorism, may be eligible to receive an award of 10% of the related funds deposited in the Fund if the other conditions in 42 U.S.C. § 10609(g) are met.

24. Has the Victim or Applicant contacted the Attorney General? Yes No

a) If Yes, please provide the date of communication and identity of the person notified:

Date of Communication:

Identity :

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ADDITIONAL INFORMATION

ADDITIONAL INFORMATION

Use the area below (and any additional pages) to provide any other information that may be relevant to the individual circumstances of this claim. Please also identify and submit any additional documents not already requested that may be relevant.

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PART IV - ADDITIONAL INFORMATION FOR CLAIM FILED FOR
DECEASED INDIVIDUALS

This part is for Applicants who are filing a Claim on behalf of a deceased individual.

1. Have you been appointed by a court as the Personal Representative for the deceased individual?

Yes No

If **No**, have you attempted to be appointed the Personal Representative by a court?

Yes No

If **Yes**, explain why you were not appointed as the Personal Representative by a court:

2. Did the decedent leave a will?

Yes No Do Not Know

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NOTICE TO INDIVIDUALS OF FILING OF CLAIM

You are required to notify the following people that you are filing a Claim on behalf of the decedent:

- ✓ The immediate family of the decedent (the spouse, former spouse(s), children, other dependents, siblings, and parents);
 - ✓ The executor/administrator and beneficiaries of the decedent's will;
 - ✓ The beneficiaries of the decedent's life insurance policies; and,
- Any other person who may reasonably be expected to assert an interest in
- ✓ an award or to have a cause of action to recover damages relating to the wrongful death of the decedent.

The "Additional Forms" page of the Fund website contains the notice you must provide to the required individuals. You are required to provide this notice to everyone in the four categories above, even if they are not included in the decedent's will.

Please provide the information for the following sections:

A. Decedent's Mother – this individual is:

Deceased (only name required) Living but address unknown Living and information below:

* Last Name:

* First Name:

Middle Name:

Country(if not in U.S.):

Mailing Address:

City:

State:

Zip:

Email Address:

Telephone:

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NOTICE TO INDIVIDUALS OF FILING OF CLAIM

B. Decedent's Father – this individual is:

Deceased (only name required) Living but address unknown Living and information below:

* Last Name:

* First Name:

Middle Name:

Country(if not in U.S.):

Mailing Address:

City:

State:

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NOTICE TO INDIVIDUALS OF FILING OF CLAIM

C. Did decedent have a spouse or partner?.

Yes - spouse Yes – partner No

If Yes – this individual is:

Deceased (only name required) Living but address unknown Living and information below:

* Last Name:

* First Name:

Middle Name:

Country(if not in U.S.):

Mailing Address:

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NOTICE TO INDIVIDUALS OF FILING OF CLAIM

D. Did decedent have a former spouse or partner?

Yes – former spouse Yes – former partner No

If Yes – this individual is:

Deceased (only name required) Living but address unknown Living and information below:

* Last Name:

* First Name:

Middle Name:

Country(if not in U.S.):

Mailing Address:

City:

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NOTICE TO INDIVIDUALS OF FILING OF CLAIM

E. Did decedent have siblings?

Yes No

If yes, indicate how many siblings the decedent had, including siblings who are deceased:

Complete the information below for each sibling. If the decedent had more than one sibling, add additional siblings as necessary by clicking on the "Add Sibling" button below:

Sibling - this individual is:

Deceased Living but address unknown Living and information below:

*Last Name:

*First Name:

Middle Name:

*Country:

*Mailing Address:

*City:

*State:

*Zip:

Email Address:

Telephone:

+Add Sibling

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NOTICE TO INDIVIDUALS OF FILING OF CLAIM

F. Did decedent have dependents (including biological or adopted children)?

Yes No

If Yes, indicate how many dependents the decedent had:

Complete the information below for each dependent. If the decedent had more than one dependent, add additional dependents as necessary by clicking on the "Add dependent" button below:

Dependent 1 - this individual is:

Deceased Living but address unknown Living and information below:

*Last Name:

*First Name:

Middle Name:

*Mailing Address:

*City:

*State:

*Zip:

*Country:

Email Address:

Telephone:

+Add Dependent

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NOTICE TO INDIVIDUALS OF FILING OF CLAIM

G. Are there any other potential beneficiaries or persons who may have an interest in the Claim?

Yes No

If Yes – complete the information below:

*Last Name:

*First Name:

Middle Name:

*Country:

*Mailing Address:

*City:

*State:

*Zip:

Email Address:

Telephone:

Describe interest in claim:

+Add Beneficiary

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Upload Supporting Documents

Please upload supporting documentation using the upload interface below. You may attach multiple documents.

The total size of the file or files you attempt to upload should be limited to 30 megabytes. The upload process is limited to files totaling 30 megabytes or less.

Choose the Files to Upload:

<input type="text"/>	Browse...	Clear
<input type="text"/>	Browse...	Clear
<input type="text"/>	Browse...	Clear

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PART VI – SIGNATURES AND CERTIFICATIONS

By submitting this form, you are agreeing that you understand the notices below (continued on the following page) including the Privacy Act (as referenced fully in the instructions), authorization to communicate with your attorney or other representative, and the limitation on attorney fees.

For all Applicants, please initial in acknowledgement of following:

I **certify**, under oath, subject to penalty of perjury or in a manner that meets the requirements of title 28 U.S.C. § 1746, that the information provided in the Application and any documents submitted in support of the claim are true and accurate to the best of my knowledge, and I agree that any payment made by the Fund is expressly conditioned upon the truthfulness and accuracy of the information and documentation submitted in support of the claim. When an Applicant is represented by a third party, such as an Applicant's legal guardian, the Personal Representative of the decedent Applicant's estate, or other person legally authorized to act for the Applicant, these persons must have authority to certify on behalf of the Applicant.

I **understand** that false statements or claims made in connection with the Application may result in fines, imprisonment and/or any other remedy available by law to the federal government, including as provided in title 18 U.S.C. § 1001, and that claims that appear to be potentially fraudulent or to contain false information will be forwarded to federal, state, and local law enforcement authorities for possible investigation and prosecution.

I **authorize** the U.S. Department of Justice to disclose any records or information relating to my claim in accordance with the Privacy Act Notice, including the routine uses, identified above. This includes, but is not limited to, the disclosure of any records or information relating to my claim for the purpose of determining qualification and/or compensation of my claim specifically to: agency contractors performing or working on a contract, service, grant, cooperative agreement, or other assignment for the federal government when necessary for administration of the Fund; and the U.S. Department of the Treasury to ensure that any recipients of federal payments who also owe delinquent debts have their payment offset or withheld or reduced to satisfy the debt.

If I receive payment under the Act, I **agree and accept** that the United States shall be subrogated to the rights of the Applicant (and any of his or her heirs, successors, or assigns) to the extent and in the amount of such payment, but that, to the extent amounts of damages remain unpaid and outstanding to the Applicant following any

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States shall be subrogated to the rights of the Applicant (and any of his or her heirs, successors, or assigns) to the extent and in the amount of such payment, but that, to the extent amounts of damages remain unpaid and outstanding to the Applicant following any payments made under this Act, each Applicant shall retain that Applicant's creditor rights in any unpaid or outstanding amounts of the judgment, including any prejudgment or post-judgment interest, or punitive damages, awarded by a United States district court pursuant to a judgment.

For Applicants who are represented by an attorney, you and your attorney must initial the following:

(Applicant) Notwithstanding any contract, an attorney representing an Applicant may not charge, receive, or collect, and the Special Master will not approve, any payment of fees and costs that in the aggregate exceeds 25 percent of any payment made under this title on such claim. The attorney shall certify his or her compliance with this section and shall provide such information as the Special Master requires ensuring such compliance. An attorney who violates this limitation on fees shall be fined under title 18, United States Code, imprisoned for not more than 1 year, or both.

(Attorney)

For Applicants, if the Applicant is a judgment creditor in Peterson v. Islamic Republic of Iran or settling judgment creditor in In re 650 Fifth Avenue & Related Properties seeking conditional payment, please initial the following:

I **understand** that, notwithstanding my eligibility for payment and the deadline for initial payments set forth in the Act, the Special Master shall allocate but withhold payment until such time as an adverse final judgment is entered in Peterson v. Islamic Republic of Iran, No. 10 Civ. 4518 (S.D.N.Y.) and in In re 650 Fifth Avenue & Related Properties, No. 08 Civ. 10934 (S.D.N.Y., filed Dec. 17, 2008).

For Applicants with an attorney or other authorized representative or alternative contact, please initial in acknowledgment of the following:

I **authorize** the Special Master, the Special Master's designees, the United States Department of Justice or agency contracts assisting in the administration of the United States Victims of State Sponsored Terrorism Fund to contact my attorney or other persons authorized to act on my behalf.

For Applicants filing on behalf of a deceased individual, please initial in acknowledgment of the following:

I **certify** that I have provided the required Notice of Filing of Claim to all of the decedent's living relatives and potentially interested parties by either personal delivery or certified mail, return receipt requested, and that I am not aware of anyone else to whom such notice should be provided.

*Signature of Applicant

*Date of Signature(mm/dd/yyyy):

07/14/2016

*Print Name:

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Claim Completed

Thank you for completing your Online Claim Filing for U.S. Victims of State Sponsored Terrorism Fund.

Keep these important number for you future references.
Claim Number:10000360
Control Number: 3442662074

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