



U.S. Victims of State Sponsored Terrorism Fund
Attorney's Certification of Compliance with Statutory
Limitation on Attorneys' Fees

OMB No. 1123-0013
Expires XX/XX/XXXX

Name of Applicant	Claim Number (if available)
-------------------	-----------------------------

If the Applicant is represented by an attorney for services rendered in connection with this claim submitted to the U.S. Victims of State Sponsored Terrorism Fund, the **Applicant's attorney must complete the following certification.**

I hereby certify that:

The amount I charge for the services I have rendered in connection with this claim, including fees and costs that if aggregated, did not, does not, and will not exceed 25 percent of any resulting payment made under the Justice for U.S. Victims of State Sponsored Terrorism Act on this claim.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on this ____ day of _____, 20__

Signature of Attorney

Last Name	First Name	Middle Name	
Law Firm Name			
Mailing Address			
City	State	Zip/Postal Code	Country (if not in U.S.)
Email Address	Telephone	Facsimile	