



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 (Personal Representative) | Claim Number (if available) |
| Name of Decedent Victim | |

If the Personal Representative 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 **Personal Representative'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 | |