



# U.S. Victims of State Sponsored Terrorism Fund

## Application Form

OMB No. 1123-0013

Expires 12/31/2022

### **Instructions:**

Please completely answer the questions in this Application Form (the "Application Form") as your submission of a claim for compensation from the U.S. Victims of State Sponsored Terrorism Fund (the "Fund"). If you wish to submit a claim to the Fund, you must either complete this Application Form or submit an Application Form electronically by visiting [www.usvsst.com](http://www.usvsst.com). Only one Application Form may be submitted for each claim and only the Personal Representative may submit a claim for a deceased Victim.

### **When completing this Application Form, you must:**

- Print your answers using black or blue ink.
- Submit your answers in English.
- Submit the signed Signature Page with your completed Application Form.
- Submit required documentation with your completed Application Form.

**The Fund keeps all documents you submit with your Application Form. Please make copies for your records of any documents you submit, including a copy of your completed Application Form.**

### **Filing Deadline:**

A claim based on a final judgment obtained on or after July 14, 2016 must be submitted no later than 90 days after the date of obtaining the final judgment, unless otherwise specified in the United States Victims of State Sponsored Terrorism Fund Clarification Act.

### **Required Documentation Checklist:**

A document checklist is provided in Part VI of the Application Form to assist you in gathering and submitting the document(s) needed to process your claim.

### **Submitting Your Application Form:**

Your completed Application Form may be mailed to the Claims Administrator via first-class or overnight mail, postage prepaid, addressed as follows:

#### **By regular mail:**

U.S. Victims of State Sponsored Terrorism Fund  
c/o EPIQ  
PO Box 10299  
Dublin, OH 43017-5899

#### **By overnight mail:**

U.S. Victims of State Sponsored Terrorism Fund  
c/o EPIQ  
5151 Blazer Parkway, Suite A  
Dublin, OH 43017

An Application Form may also be submitted as an email attachment to [info@usvsst.com](mailto:info@usvsst.com) or faxed toll-free to (855) 409-7130. If you are outside the United States, the collect fax number is +1 (614) 553-1426.

It is very important that you keep the Fund informed of any changes in your mailing address, telephone number, or email address because the Fund will use that information to contact you about your claim.

If you need assistance completing this Application Form, or have any questions, please call our toll-free helpline at (855) 720-6966. If you are calling from outside the United States, please call collect at +1 (614) 553-1013.



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### **Privacy Act Notice:**

By submitting this Application 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 (the "Act"), codified at 34 U.S.C. § 20144 (formerly 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 U.S. 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 U.S. 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 U.S. 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 U.S. Department of Justice regulations; or facilitating communications with a former employee that may be necessary for personnel-related or other official purposes where the U.S. 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.



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- (i) To appropriate agencies, entities, and persons when (1) the U.S. Department of Justice suspects or has confirmed that the security or confidentiality of information in the system of records has been compromised; (2) the U.S. 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 U.S. 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 U.S. 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.
- (k) To another Federal agency or Federal Entity, when the Department determines that information from this system of records is reasonably necessary to assist the recipient agency or entity in (1) responding to a suspected or confirmed breach or (2) preventing, minimizing, or remediating the risk of harm to individuals, the recipient agency or entity (including its information systems, programs, and operations), the Federal Government, or national security, resulting from a suspected or confirmed breach.
- (l) To professional organizations or associations with which individuals covered by this system of records may be affiliated, such as state bar disciplinary authorities, to meet their responsibilities in connection with the administration and maintenance of standards of conduct and discipline.
- (m) To any agency, organization, or individual for the purpose of performing authorized audit or oversight operations of the Department and meeting related reporting requirements.
- (n) To such recipients and under such circumstances and procedures as are mandated by Federal statute or treaty.

### **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 Office of Management and Budget ("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. The information collected in this Application Form is for the purpose of determining your eligibility for, and the amount of, compensation you may receive based on your claim to the Fund. The average estimated time for applicants to complete the Application Form is 1.5 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, U.S. Victims of State Sponsored Terrorism Fund, U.S. Department of Justice, 950 Pennsylvania Ave, NW, Washington, DC 20530; OMB control number 1123-0013.



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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 U.S. 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 (Foreign Sovereign Immunities Act, “FSIA”); (2) 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 that hostage, if 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; or (3) 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, and who did not have an eligible claim before November 21, 2019. 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

1. **Complete the information below.** *Please Note: If you are a Personal Representative who is filing on behalf of a deceased Victim, please complete the information below to the extent possible for the deceased Victim.*

Last Name		First Name		Middle Name
Mailing Address				
City	State	Zip/Postal Code	Country (if not U.S.)	
Home Phone	Cell Phone		Facsimile	
Email Address			Date of Birth	
Is or was the Victim a U.S. citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Provide the Victim’s Social Security Number (SSN) or Taxpayer ID Number (TIN), if any: _____				
If the Victim does not or did not have a SSN or TIN, or is not or was not a U.S. citizen, provide the following:				
National Identification Number	Country of Citizenship	Passport Number	Passport Country	
Did or has the Victim ever used any other names (e.g., maiden name or nickname)? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If <b>Yes</b> , provide the following:				
Last Name		First Name		Middle Name



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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. You do not need to complete the remaining information in this section – *skip to Question 6.*

**For Applicants who are *not* the Victim: (You must also complete Question 3)**

Select one from the list below:

- Personal Representative for the deceased Victim.** In addition to completing the applicable sections below, *you must complete Part V of the Application Form.*
- 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. **(You must also complete Question 4)**
- Guardian of a non-minor.**
- Other (please specify):** \_\_\_\_\_

**For Attorneys:**

- If your client is an Applicant other than the Victim (such as a Personal Representative), please complete Questions 3 and 6.
- If your client is the Victim, *you may skip Questions 3 and 4 and provide your information in Question 6.*

*If there is a co-Personal Representative or if you share joint custody of a minor, you also must provide that individual's information in Question 4.*



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### 3. Complete the following information for the Applicant:

Last Name		First Name		Middle Name	
Mailing Address					
City		State	Zip/Postal Code	Country (if not U.S.)	
Home Phone		Cell Phone		Facsimile	
Email Address				Date of Birth	
Is the Applicant a U.S. citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Provide the Applicant's Social Security Number (SSN) or Taxpayer ID Number (TIN), if any: _____					
If the Applicant 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	
Did or has the Applicant ever used any other names ( <i>e.g.</i> , maiden name or nickname)? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If <b>Yes</b> , provide the following:					
Last Name		First Name		Middle Name	



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4. **If applicable, complete the following information about the person with whom you share joint representation or custody of the Victim.** *Please Note: Both signatures are required wherever the Fund asks for a signature.*

Not Applicable

Last Name		First Name		Middle Name
Mailing Address				
City		State	Zip/Postal Code	Country (if not U.S.)
Home Phone		Cell Phone		Facsimile
Email Address				Date of Birth
Is the person a U.S. citizen? <input type="checkbox"/> Yes <input type="checkbox"/> 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
Did or has the Applicant ever used any other names (e.g., maiden name or nickname)? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If <b>Yes</b> , provide the following:				
Last Name		First Name		Middle Name



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### INFORMATION ABOUT ALTERNATIVE CONTACT (IF APPLICABLE)

5. If there is someone with whom you would like to authorize the Fund to communicate regarding the claim, (e.g., a spouse or a child), list his or her contact information below.

Last Name		First Name		Middle Name	
Mailing Address					
City		State	Zip/Postal Code		Country (if not U.S.)
Email Address					
Telephone			Relationship to the Victim		

### INFORMATION ABOUT THE APPLICANT'S ATTORNEY (IF APPLICABLE)

6. If an attorney is representing the Applicant with this claim, fill out the information below:

*Please Note: All communications from the Fund will be with the attorney you identify unless your attorney instructs the Fund 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 (i) exceed 25% of any payments made on the claim of non-9/11 related victim, or (ii) exceed 15% of any payments made on the claim of 9/11 related victim. A separate Application Form must be completed and filed on behalf of each represented individual.*

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





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### **PART II – ELIGIBILITY FOR COMPENSATION**

In order for the Victim to receive compensation from the Fund, the Applicant must complete this Part and provide the appropriate supporting documents, as applicable. Part VI lists the required supporting documents you must submit to support each claim.

#### **VICTIM WHO IS A HOLDER OF A FINAL JUDGMENT**

Check the box below and answer each question if the Victim is the holder of a final judgment issued by a U.S. district court under state or federal law, awarding the Victim compensatory damages on a claim(s) brought by the Victim arising from acts of international terrorism for which the foreign state was found not immune from the jurisdiction of the courts of the United States under the FSIA (“FSIA final judgment”).

**HOLDER OF A FINAL JUDGMENT**

7. Please provide the name of the case, the U.S. district court in which the final judgment was entered, the case number, the amount of compensatory damages awarded, the state sponsor(s) of terrorism, and the name of the individual(s) whose personal injury or death was the basis for the FSIA final judgment.

Case Name	U.S. District Court
Case Number	Compensatory Damages Award Amount
State Sponsor(s) of Terrorism	Name of the individual(s) whose personal injury or death was the basis for the FSIA final judgment

Questions 8-10 ask you to identify the immediate family members of the individual(s) whose personal injury or death was the basis for the FSIA final judgment. Immediate family members are a spouse, domestic partner, child, stepchild, parent, stepparent, brother, sister, half-brother, and half-sister of such individual(s).

Please Note: The Victim’s immediate family members may be different than the immediate family members of the individual(s) whose personal injury or death was the basis for the FSIA final judgment.

8. Other than the Victim, does the FSIA final judgment identify any immediate family member(s) of the individual(s) whose personal injury or death was the basis for the final judgment?

Yes  No

If **No**, proceed to Question 10.



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9. List any immediate family member(s) who was/were identified in the FSIA final judgment. If more than two immediate family members were identified in the final judgment, identify each family member by copying this page, completing this section for each family member, and submitting the additional page(s) with the Application Form.

Last Name	First Name	Middle Name	
Mailing Address			
City	State	Zip/Postal Code	Country (if not in U.S.)
Telephone	Relationship to the individual(s) whose personal injury or death was the basis for the FSIA judgment		

Last Name	First Name	Middle Name	
Mailing Address			
City	State	Zip/Postal Code	Country (if not in U.S.)
Telephone	Relationship to the individual(s) whose personal injury or death was the basis for the FSIA judgment		

Last Name	First Name	Middle Name	
Mailing Address			
City	State	Zip/Postal Code	Country (if not in U.S.)
Telephone	Relationship to the individual(s) whose personal injury or death was the basis for the FSIA judgment		



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10. Did any immediate family member(s) obtain any separate final judgment(s) based on the same act of international terrorism?  Yes  No

If **Yes**, complete the information below. If more than one immediate family member was identified in the(se) final judgment(s), identify each family member by copying this page, completing this section for each one, and submitting the additional page(s) with the Application Form.

a) List the immediate family member(s) who obtained the separate final judgment(s).

Last Name		First Name		Middle Name
Mailing Address				
City	State	Zip/Postal Code	Country (if not in U.S.)	
Telephone	Relationship to the individual(s) whose personal injury or death was the basis for the FSIA judgment			

b) Provide the name of the case, the U.S. district court in which the separate final judgment was entered, the case number, and the amount of compensatory damages awarded.

Case Name	U.S. District Court
Case Number	Compensatory Damages Award Amount



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11. Is the Victim's claim related to the acts of international terrorism carried out on September 11, 2001?

Yes  No

If **Yes**, did the Victim or the Victim's Personal Representative file a claim with the September 11th Victim Compensation Fund of 2001 under section 405 of the Air Transportation Safety and System Stabilization Act (49 U.S.C. § 40101)?  Yes  No

### VICTIM WHO WAS HELD HOSTAGE

12. Was the Victim taken and held hostage from the U.S. Embassy in Tehran, Iran, during the period beginning November 4, 1979, and ending January 20, 1981?  Yes  No

If **Yes**, provide the following:

a) Date the Victim was taken hostage: \_\_\_\_\_

b) Date the Victim was released: \_\_\_\_\_



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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 source 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; and court-awarded compensation related to the act that gave rise to the judgment.**

13. Indicate below whether the Victim or the Victim’s beneficiaries received or is entitled to receive any of the following:

<b>Program/Benefits</b>	<b>Y/N</b>	<b>Amount</b>	<b>Source(s)</b>
Life insurance	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Pension funds	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Death benefit programs	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Payments by federal, state, or local governments	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Court-awarded compensation related to the act which gave rise to the judgment	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Any other source(s) of compensation not already listed (If any, please provide the type and source in the “Source(s)” column)	<input type="checkbox"/> Yes <input type="checkbox"/> No		

If more space is required for other sources of compensation, identify each source by copying this page and submitting the additional page(s) with the Application Form.

**IMPORTANT NOTE: The Applicant MUST keep the Fund informed 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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### 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 34 U.S.C. § 20144(g) are met.

Not Applicable

14. When did the Victim or Applicant notify the Attorney General?

Please provide the date of the communication and identify the person notified: \_\_\_\_\_

Please provide a copy of the communication notifying the Attorney General.

### ADDITIONAL INFORMATION (Optional)

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 – SIGNATURES AND CERTIFICATIONS**

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

**Instructions:** Please review the following statements and initial where indicated. Sign, date, and print your name at the end of the Application Form.

*For all Applicants, please initial in acknowledgement of the following:*

\_\_\_\_\_ Applicant Initials

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 Form 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 a Victim is represented by a third party, such as a Victim's legal guardian, the Personal Representative of the deceased Victim's estate, or other person legally authorized to act for the Victim, these persons must have authority to certify on behalf of the Victim.

\_\_\_\_\_ Applicant Initials

I **understand** that false statements or claims made in connection with the claim 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.

\_\_\_\_\_ Applicant Initials

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 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.

\_\_\_\_\_ Applicant Initials

If I receive payment under the Act, I **agree** and **accept** that the United States shall be subrogated to the rights of the Victim (and any of his or her heirs, successors, or assignees) to the extent and in the amount of such payment, but that, to the extent amounts of damages remain unpaid and outstanding to the Victim following any payments made under this Act, each Victim shall retain creditor rights in any unpaid or outstanding amounts of the judgment, including any prejudgment or post-judgment interest, or punitive damages, awarded by a U.S. district court pursuant to a judgment.



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

***For non-9/11 related claims***

\_\_\_\_\_  
Applicant  
Initials

Notwithstanding any contract for legal services or retainer agreement, an attorney representing a Victim or 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 the claim of a non-9/11 related victim. 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  
Initials

***For 9/11 related claims***

\_\_\_\_\_  
Applicant  
Initials

Notwithstanding any contract for legal services or retainer agreement, an attorney representing a Victim or 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 15 percent of any payment made under this title on the claim of a 9/11 related victim. 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  
Initials

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

\_\_\_\_\_  
Applicant  
Initials

I **authorize** the Special Master, the Special Master’s designees, the U.S. Department of Justice, or agency contractors assisting in the administration of the Fund to contact my attorney or other persons authorized to act on my behalf.

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

\_\_\_\_\_  
Applicant  
Initials

I **certify** that I have provided the required Notice of Filing 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)

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature of Authorized Representative (if applicable)

\_\_\_\_\_  
Date of Signature (mm/dd/yyyy)

\_\_\_\_\_  
Print Name





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### **PART V - ADDITIONAL INFORMATION FOR CLAIM FILED FOR DECEASED VICTIM**

This Part is for Applicants who are filing a claim on behalf of a deceased Victim.

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

Yes  No

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

Yes  No

Explain below why you either did not seek to be appointed the Personal Representative by the court or were not appointed as the Personal Representative by a court. You may also attach a statement to your Application Form with the explanation.

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**2. Did the deceased Victim leave a will?**

Yes  No  Do Not Know

**3. If **No**, where was the Victim domiciled at the time of death?** \_\_\_\_\_

**4. Please provide the Victim's date of death:** \_\_\_\_\_

### **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 deceased Victim:

- ✓ The immediate family of the deceased Victim (the spouse, former spouse(s), partner, children, stepchildren, other dependents, siblings, and parents);
- ✓ The executor/administrator and beneficiaries of the deceased Victim's will;
- ✓ The beneficiaries of the deceased Victim'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 deceased Victim.

*The "Additional Forms" page available on the Fund's website contains a sample Notice of Filing Claim that you may provide to the required individuals. You are required to provide notice to everyone in the four categories above, even if they are not included in the deceased Victim's will, in accordance with Part VII of the Fund's Notice published in the Federal Register and also available on the Fund's website at [www.usvsst.com](http://www.usvsst.com).*



# U.S. Victims of State Sponsored Terrorism Fund

## Application Form

OMB No. 1123-0013

Expires 12/31/2022

Please complete the information in the following sections:

### A. Deceased Victim's mother – this individual is:

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

Last Name		First Name	Middle Name
Mailing Address			
City	State	Zip/Postal Code	Country (if not U.S.)
Email Address			Telephone
Method of Delivery of the Notice of Filing Claim: <input type="checkbox"/> Hand Delivered <input type="checkbox"/> Certified Mail, Return Receipt Requested <input type="checkbox"/> Other (Describe) _____			
Date of Delivery: __/__/_____			
Please provide a short explanation if delivery could not be completed:			

### B. Deceased Victim's father – this individual is:

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

Last Name		First Name	Middle Name
Mailing Address			
City	State	Zip/Postal Code	Country (if not in U.S.)
Email Address			Telephone
Method of Delivery of the Notice of Filing Claim: <input type="checkbox"/> Hand Delivered <input type="checkbox"/> Certified Mail, Return Receipt Requested <input type="checkbox"/> Other (Describe) _____			
Date of Delivery: __/__/_____			
Please provide a short explanation if delivery could not be completed:			



# U.S. Victims of State Sponsored Terrorism Fund

## Application Form

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Expires 12/31/2022

**C. Did deceased Victim 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
Mailing Address		
City	State	Zip/Postal Code
		Country (if not in U.S.)
Email Address		Telephone
Method of Delivery of the Notice of Filing Claim: <input type="checkbox"/> Hand Delivered <input type="checkbox"/> Certified Mail, Return Receipt Requested <input type="checkbox"/> Other (Describe) _____		
Date of Delivery: __/__/_____		
Please provide a short explanation if delivery could not be completed:		

**D. Did deceased Victim 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:

If the deceased Victim had more than one former spouse, identify each by copying this page, completing a section for each spouse, and submitting the additional page(s) with the Application Form.

Last Name	First Name	Middle Name
Mailing Address		
City	State	Zip/Postal Code
		Country (if not in U.S.)
Email Address		Telephone
Method of Delivery of the Notice of Filing Claim: <input type="checkbox"/> Hand Delivered <input type="checkbox"/> Certified Mail, Return Receipt Requested <input type="checkbox"/> Other (Describe) _____		
Date of Delivery: __/__/_____		
Please provide a short explanation if delivery could not be completed:		



# U.S. Victims of State Sponsored Terrorism Fund

## Application Form

OMB No. 1123-0013

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### E. Did deceased Victim have siblings?

Yes  No

If **Yes**, indicate how many siblings the deceased Victim had, including siblings who are deceased: \_\_\_\_\_

Complete the information below for each sibling. If the deceased Victim had more than two siblings, identify each sibling by copying this page, completing a section for each sibling, and submitting the additional page(s) with the Application Form.

#### Sibling 1 – this individual is:

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

Last Name		First Name		Middle Name
Mailing Address				
City	State	Zip/Postal Code	Country (if not U.S.)	
Email Address			Telephone	
Method of Delivery of the Notice of Filing Claim: <input type="checkbox"/> Hand Delivered <input type="checkbox"/> Certified Mail, Return Receipt Requested <input type="checkbox"/> Other (Describe) _____				
Date of Delivery: __/__/_____				
Please provide a short explanation if delivery could not be completed:				

#### Sibling 2 – this individual is:

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

Last Name		First Name		Middle Name
Mailing Address				
City	State	Zip/Postal Code	Country (if not U.S.)	
Email Address			Telephone	
Method of Delivery of the Notice of Filing Claim: <input type="checkbox"/> Hand Delivered <input type="checkbox"/> Certified Mail, Return Receipt Requested <input type="checkbox"/> Other (Describe) _____				
Date of Delivery: __/__/_____				
Please provide a short explanation if delivery could not be completed:				



# U.S. Victims of State Sponsored Terrorism Fund

## Application Form

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### F. Did deceased Victim have dependents (including biological, adopted, or stepchildren)?

Yes  No

If **Yes**, indicate how many dependents the deceased Victim had, including dependents who are deceased: \_\_\_\_\_

Complete the information below for each dependent. If the deceased Victim had more than two dependents, identify each dependent by copying this page, completing a section for each dependent, and submitting the additional page(s) with the Application Form.

#### Dependent 1 – this individual is:

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

Last Name		First Name		Middle Name
Mailing Address				
City	State	Zip/Postal Code	Country (if not U.S.)	
Email Address			Telephone	
Method of Delivery of the Notice of Filing Claim: <input type="checkbox"/> Hand Delivered <input type="checkbox"/> Certified Mail, Return Receipt Requested <input type="checkbox"/> Other (Describe) _____				
Date of Delivery: __/__/____				
Please provide a short explanation if delivery could not be completed:				

#### Dependent 2 – this individual is:

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

Last Name		First Name		Middle Name
Mailing Address				
City	State	Zip/Postal Code	Country (if not U.S.)	
Email Address			Telephone	
Method of Delivery of the Notice of Filing Claim: <input type="checkbox"/> Hand Delivered <input type="checkbox"/> Certified Mail, Return Receipt Requested <input type="checkbox"/> Other (Describe) _____				
Date of Delivery: __/__/____				
Please provide a short explanation if delivery could not be completed:				



# U.S. Victims of State Sponsored Terrorism Fund

## Application Form

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

Yes  No

If **Yes**, indicate the number of potential beneficiaries or persons who may have an interest in the claim, including potential beneficiaries who are deceased: \_\_\_\_\_

If the deceased Victim had more than two potential beneficiaries, identify each potential beneficiary by copying this page, completing a section for each potential beneficiary, and submitting the additional page(s) with the Application Form.

#### Potential Beneficiary 1 – this individual is:

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

Last Name		First Name		Middle Name
Relationship to Victim				
Mailing Address				
City	State	Zip/Postal Code	Country (if not U.S.)	
Email Address			Telephone	
Describe interest in claim				
Method of Delivery of the Notice of Filing Claim: <input type="checkbox"/> Hand Delivered <input type="checkbox"/> Certified Mail, Return Receipt Requested <input type="checkbox"/> Other (Describe) _____				
Date of Delivery: __ / __ / ____				
Please provide a short explanation if delivery could not be completed:				



# U.S. Victims of State Sponsored Terrorism Fund

## Application Form

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### Potential Beneficiary 2 – this individual is:

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

Last Name		First Name		Middle Name
Relationship to Victim				
Mailing Address				
City	State	Zip/Postal Code	Country (if not U.S.)	
Email Address			Telephone	
Describe interest in claim				
Method of Delivery of the Notice of Filing Claim: <input type="checkbox"/> Hand Delivered <input type="checkbox"/> Certified Mail, Return Receipt Requested <input type="checkbox"/> Other (Describe) _____				
Date of Delivery: __/__/_____				
Please provide a short explanation if delivery could not be completed:				



# U.S. Victims of State Sponsored Terrorism Fund

## Application Form

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Expires 12/31/2022

### PART VI – DOCUMENT CHECKLIST

You must provide the documentation described below to establish eligibility for payment under the Act. In certain cases, the Special Master may request additional documentation. Providing thorough documentation is the best way to ensure your Application Form is processed quickly. All documents you submit to establish eligibility will be reviewed and considered by the Special Master.

All documents submitted in languages other than English must be accompanied by a complete translation into English. In addition, you must include a certification from the translator that he or she is a competent translator and that the translation is complete and accurate. The certification must include the date and the translator’s name, signature, and address.

Any requests for waiver of a documentation requirement or an extension of time in which to submit a particular document must be submitted to the Special Master in writing at least 20 business days prior to the application deadline. Decisions to waive a documentation requirement or to extend the time to submit a particular document are wholly within the discretion of the Special Master.

You must submit all supporting documentation with your Application Form. Applicants do not need to submit multiple copies of the same document. One document may satisfy several of the below requirements.

#### DOCUMENT REQUIREMENTS TO ESTABLISH ELIGIBILITY

An Applicant who seeks to establish eligibility for payment on the basis of a final judgment, as described in Part II above, must submit:

	Attached?
1. A copy of the final judgment. <i>Please Note: You should include all court documents demonstrating that the judgment qualifies as an eligible final judgment (e.g., action brought under the FSIA, award for compensatory damages, and the individual award amount).</i>	<input type="checkbox"/>
2. Proof of service of judgment.	<input type="checkbox"/>

An Applicant who seeks to establish eligibility for payment for a person who was taken and held hostage at the U.S. Embassy in Tehran, Iran, during the period beginning November 4, 1979, and ending January 20, 1981, must submit:

	Attached?
1. Verification of the date on which the Victim was taken hostage from the United States Embassy in Tehran, Iran, and verification of the date of release.	<input type="checkbox"/>





# U.S. Victims of State Sponsored Terrorism Fund

## Application Form

OMB No. 1123-0013

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### DOCUMENT REQUIREMENTS FOR PERSONAL REPRESENTATIVES

*Please Note: In the case of claims brought by a foreign citizen on behalf of a deceased Victim, the Special Master may alter the document requirements.*

	Attached?
1. <b>Personal Representative of deceased Victim:</b> Copies of legal documentation showing sufficient evidence of authority to represent the estate of the deceased Victim, such as court orders, letters testamentary or similar documentation, proof of the purported Personal Representative’s relationship to the deceased Victim, and copies of wills, trusts, or other testamentary documents.	<input type="checkbox"/>
2. <b>Representative of minor Victim:</b> A copy of a court order or other document issued by an official showing appointment as the guardian or other authorized representative of the minor Victim.	<input type="checkbox"/>
3. <b>Representative of non-minor Victim:</b> A copy of a court order or other document issued by an official showing appointment as the guardian or other authorized representative of the incompetent Victim.	<input type="checkbox"/>

### DOCUMENT REQUIREMENT FOR APPLICANTS AND VICTIMS REPRESENTED BY AN ATTORNEY

	Attached?
1. Documentation of counsel’s authority to represent the Applicant, such as a copy of the retainer agreement or contract for legal services signed by both the Applicant and the attorney.	<input type="checkbox"/>

### DOCUMENT REQUIREMENT FOR APPLICANTS SEEKING ADDITIONAL COMPENSATION AS AN INFORMER

	Attached?
1. Copy of the written communication notifying the Attorney General 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.	<input type="checkbox"/>



## U.S. Victims Of State Sponsored Terrorism Fund

### Instructions for Changing or Removing the Attorney(s) Listed on an Application Form

OMB No. 1123-0013

Expires 12/31/2022

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If you previously authorized the U.S. Victims of State Sponsored Terrorism Fund (“USVSST Fund”) to communicate with an attorney or attorneys and you now want to revoke this authorization because the attorney(s) no longer represents you, please submit in writing a letter by either mail, fax, or email (as a PDF attachment) to the appropriate address below, so we can update the information in your Application Form. You must sign your letter.

**By mail:**

U.S. Victims of State Sponsored Terrorism Fund  
c/o Epiq  
P.O. Box 10299  
Dublin, OH 43017-5899

**By fax:**

(855) 409-7130 (If outside the U.S., (614) 553-1426)

**By email:**

[info@usvsst.com](mailto:info@usvsst.com)

If you would like to authorize the USVSST Fund to communicate with a new attorney, you will also need to complete and submit the following documents with that attorney’s information:

- Applicant’s/Personal Representative’s Acknowledgment of Attorney’s Compliance with Statutory Limitation on Attorneys’ Fees
- Applicant’s/Personal Representative’s Authorization for Communication and Correspondence
- Attorney’s Certification of Compliance with Statutory Limitation on Attorneys’ Fees (to be completed by your attorney)

If you submitted documents directing the USVSST Fund to pay your claim through your attorney, that instruction may not be changed after the USVSST Fund issues you the payment distribution decision. You may still remove or change the attorney associated with your claim for any future USVSST Fund actions and communications, if applicable.



# U.S. Victims Of State Sponsored Terrorism Fund

## Instructions for Changing or Removing the Attorney(s) Listed on an Application Form

OMB No. 1123-0013

Expires 12/31/2022

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### PAYMENT INSTRUCTIONS FORM – CHANGE OR DISMISSAL OF ATTORNEY

You should use this form if you previously authorized the USVSST Fund to make the payments on your claim to an attorney's or a law firm's bank account and you want to change the payment instructions. Read the information on page 1 and follow the steps below to change the instructions for any payments on your claim. All forms are available on the USVSST Fund's website at [www.usvsst.com](http://www.usvsst.com) under "Additional Forms."

1. Determine which scenario in Section 1 applies to you and follow the instructions for that scenario.
2. Complete the information in Section 2.
3. Please return this form to the USVSST Fund in one of the following ways:
  - As an email attachment to [info@usvsst.com](mailto:info@usvsst.com)
  - By facsimile to (614) 553-1426
  - By U.S. mail to U.S. Victims of State Sponsored Terrorism Fund, c/o Epiq, P.O. Box 10299, Dublin, OH 43017-5899
  - By overnight courier to U.S. Victims of State Sponsored Terrorism Fund, c/o Epiq, 5151 Blazer Parkway, Dublin, OH 43017-5899

Once the USVSST Fund receives this form and the required information, it will process your request and change the payment instructions for your claim. The USVSST Fund will also notify your prior attorney that you have made a change to your Application Form.

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### SECTION 1

- Scenario A. If you have decided to continue your application yourself without an attorney, you must return this form with a completed ACH Payment Information Form with the new bank account information to be used for your USVSST Fund payments.  
- OR -
- Scenario B. If you are using a new attorney, your new attorney must return this form with all of the following completed forms:
  - ACH Payment Information Form for the law firm (if not already on file with the USVSST Fund)
  - Applicant's/Personal Representative's Acknowledgment of Attorney's Compliance with Statutory Limitation on Attorneys' Fees
  - Applicant's/Personal Representative's Authorization for Communication and Correspondence
  - Attorney's Certification of Compliance with Statutory Limitation on Attorneys' Fees (to be signed by your attorney)



## U.S. Victims Of State Sponsored Terrorism Fund

### Instructions for Changing or Removing the Attorney(s) Listed on an Application Form

OMB No. 1123-0013

Expires 12/31/2022

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#### SECTION 2

Name of Applicant	Claim Number
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1. I am changing my instructions to the USVSST Fund on how I will receive payments for my claim.
2. I understand that this change does not affect any retainer or other agreement I have with my former attorney or any obligations I have to pay my former attorney for fees and expenses.

---

**Signature of Applicant**

---

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



# U.S. Victims of State Sponsored Terrorism Fund

## Personal Representative's Authorization For Communication and Correspondence

OMB No. 1123-0013

Expires 12/31/2022

If a Personal Representative (or authorized representative of the Personal Representative) wants to authorize the U.S. Victims of State Sponsored Terrorism Fund ("USVSST Fund") to communicate with an individual regarding the claim, please provide the individual's name and contact information, and sign and date the following authorization:<sup>1</sup>

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

I authorize the Special Master, the Special Master's designees, the U.S. Department of Justice, and agency contractors assisting in the administration of the USVSST Fund to contact the attorney or other person identified above regarding my claim.

\_\_\_\_\_  
**Signature of Personal Representative**

\_\_\_\_\_  
**Date of Signature**  
(mm/dd/yyyy)

\_\_\_\_\_  
**Print Name**

<sup>1</sup> Applicants should not submit this form for attorneys or authorized representatives who were previously identified in the Application Form.



## U.S. Victims of State Sponsored Terrorism Fund

### Applicant's Authorization For Communication and Correspondence

OMB No. 1123-0013

Expires 12/31/2022

If an Applicant (or authorized representative of the Applicant) wants to authorize the U.S. Victims of State Sponsored Terrorism Fund ("USVSST Fund") to communicate with an individual regarding the claim, please provide the individual's name and contact information, and sign and date the following authorization:<sup>1</sup>

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

I authorize the Special Master, the Special Master's designees, the U.S. Department of Justice, and agency contractors assisting in the administration of the USVSST Fund to contact the attorney or other person identified above regarding my claim.

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date of Signature  
(mm/dd/yyyy)**

\_\_\_\_\_  
**Print Name**

<sup>1</sup> Applicants should not submit this form for attorneys or authorized representatives who were previously identified in the Application Form.



## U.S. Victims of State Sponsored Terrorism Fund

### Applicant's Acknowledgment of Attorney's Compliance with Statutory Limitation on Attorneys' Fees

OMB No. 1123-0013

Expires 12/31/2022

Name of Applicant	Claim Number (if available)
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If the Applicant is a non-9/11 related victim and is represented by an attorney for services rendered in connection with his or her claim submitted to the U.S. Victims of State Sponsored Terrorism Fund, the **Applicant must sign and date the following acknowledgment.**

**I hereby acknowledge** that:

Notwithstanding any contract for legal services or retainer agreement, 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 resulting payment made under the Justice for U.S. Victims of State Sponsored Terrorism Act, amended by the U.S. Victims of State Sponsored Terrorism Fund Clarification Act, on such claim. The attorney shall certify his or her compliance with this section. 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.

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date of Signature**  
(mm/dd/yyyy)



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

OMB No. 1123-0013  
Expires 12/31/2022

Name of Applicant	Claim Number (if available)
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If the Applicant is a non-9/11 related victim and 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, amended by the U.S. Victims of State Sponsored Terrorism Fund Clarification 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	





## U.S. Victims of State Sponsored Terrorism Fund

### Applicant's Acknowledgment of Attorney's Compliance with Statutory Limitation on Attorneys' Fees

OMB No. 1123-0013

Expires 12/31/2022

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Name of Applicant	Claim Number (if available)
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If the Applicant is a 9/11 related victim and is represented by an attorney for services rendered in connection with his or her claim submitted to the U.S. Victims of State Sponsored Terrorism Fund, the **Applicant must sign and date the following acknowledgment.**

**I hereby acknowledge** that:

Notwithstanding any contract for legal services or retainer agreement, 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 15 percent of any resulting payment made under the Justice for U.S. Victims of State Sponsored Terrorism Act, amended by the U.S. Victims of State Sponsored Terrorism Fund Clarification Act, on such claim. The attorney shall certify his or her compliance with this section. 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.

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**Signature of Applicant**

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



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

OMB No. 1123-0013  
Expires 12/31/2022

Name of Applicant	Claim Number (if available)
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If the Applicant is a 9/11 related victim and 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 15 percent of any resulting payment made under the Justice for U.S. Victims of State Sponsored Terrorism Act, amended by the U.S. Victims of State Sponsored Terrorism Fund Clarification 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	



## U.S. Victims of State Sponsored Terrorism Fund

### Personal Representative's Acknowledgment of Attorney's Compliance with Statutory Limitation on Attorneys' Fees

OMB No. 1123-0013

Expires 12/31/2022

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

If the Personal Representative of a 9/11 related victim is represented by an attorney for services rendered in connection with his or her claim submitted to the U.S. Victims of State Sponsored Terrorism Fund, the **Personal Representative must sign and date the following acknowledgment.**

**I hereby acknowledge** that:

Notwithstanding any contract for legal services or retainer agreement, an attorney representing a Personal Representative 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 15 percent of any resulting payment made under the Justice for U.S. Victims of State Sponsored Terrorism Act, amended by the U.S. Victims of State Sponsored Terrorism Fund Clarification Act, on this claim. The attorney shall certify his or her compliance with this section. 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.

\_\_\_\_\_  
**Signature of Applicant/Personal Representative**

\_\_\_\_\_  
**Date of Signature  
(mm/dd/yyyy)**



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

OMB No. 1123-0013  
Expires 12/31/2022

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

If the Personal Representative of a 9/11 related victim 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 15 percent of any resulting payment made under the Justice for U.S. Victims of State Sponsored Terrorism Act, amended by the U.S. Victims of State Sponsored Terrorism Fund Clarification 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	



## U.S. Victims of State Sponsored Terrorism Fund

### Personal Representative's Acknowledgment of Attorney's Compliance with Statutory Limitation on Attorneys' Fees

OMB No. 1123-0013

Expires 12/31/2022

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

If the Personal Representative of a non-9/11 related victim is represented by an attorney for services rendered in connection with his or her claim submitted to the U.S. Victims of State Sponsored Terrorism Fund, the **Personal Representative must sign and date the following acknowledgment.**

**I hereby acknowledge** that:

Notwithstanding any contract for legal services or retainer agreement, an attorney representing a Personal Representative 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 resulting payment made under the Justice for U.S. Victims of State Sponsored Terrorism Act, amended by the U.S. Victims of State Sponsored Terrorism Fund Clarification Act, on this claim. The attorney shall certify his or her compliance with this section. 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.

\_\_\_\_\_  
**Signature of Applicant/Personal Representative**

\_\_\_\_\_  
**Date of Signature  
(mm/dd/yyyy)**



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

OMB No. 1123-0013  
Expires 12/31/2022

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

If the Personal Representative of a non-9/11 related victim 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, amended by the U.S. Victims of State Sponsored Terrorism Fund Clarification 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	



## U.S. Victims of State Sponsored Terrorism Fund

### Notice of Filing Claim

OMB No. 1123-0013

Expires 12/31/2022

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#### *Instructions to the Decedent Victim's Personal Representative:*

You are required to notify all living relatives and potentially interested parties, as listed below, that you are filing a claim on behalf of the decedent Victim. Follow the instructions below:

1. Complete Part V of the Application Form by following the instructions for that Part. You are required to list in Part V of the Application Form and deliver a copy of this Notice to the following people:
  - The immediate family of the decedent Victim (the spouse, former spouse(s), children, other dependents, siblings, and parents);
  - The Executor or Administrator and beneficiaries of the decedent Victim's will;
  - The beneficiaries of the decedent Victim'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 Victim.
2. Fill out a separate copy of the Notice provided on the next page for each person to whom you are required to provide a Notice of Filing Claim as listed in Part V of the Application Form. Fill out the name and address of the person to whom you are providing the Notice and insert the name of the decedent Victim in the spaces provided below as indicated. You must provide this Notice\* to all living relatives and potentially interested parties, regardless of whether or not they are or will be included in the Proposed Distribution Plan.
3. Deliver each Notice personally or by certified mail, return receipt requested. Make a copy of the Notice for your records prior to delivery.
4. Complete the date and method of delivery for each individual in either the appropriate fields in Part V of the Application Form or in the List of Individuals Notified of Claim Filing form.

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*\* The Personal Representative must notify everyone specified in Part VII.2 of the U.S Victims of State Sponsored Terrorism Fund's Notice published in the Federal Register (Justice for United States Victims of State Sponsored Terrorism Act, 81 Fed. Reg. 45538 (July 14, 2016)). You do not have to use this particular Notice of Filing Claim; however, any other notification must meet all of the requirements in Part VII.2 of the Federal Register Notice.*



# U.S. Victims of State Sponsored Terrorism Fund

## Notice of Filing Claim

OMB No. 1123-0013

Expires 12/31/2022

To:

Name:	
Address:	

You are receiving this Notice to inform you that a claim on behalf of \_\_\_\_\_ (insert name of decedent Victim) is being filed with the U.S. Victims of State Sponsored Terrorism Fund (“USVSST Fund”). The claim is being filed by \_\_\_\_\_ (insert name of Personal Representative).

The rules that govern the USVSST Fund state that only one claim may be filed in connection with the death of a decedent Victim and that the claim must be filed by the decedent Victim’s Personal Representative. The rules also state that any payment from the USVSST Fund shall be paid to the Personal Representative and that the Personal Representative is required to distribute the award among the decedent Victim’s beneficiaries in accordance with the laws of the decedent Victim’s domicile.

The Personal Representative is informing you that a claim is being filed on behalf of \_\_\_\_\_ (insert name of decedent Victim) because the Personal Representative is required to give notice of claim filing to the decedent Victim’s immediate family; to the Executor, Administrator, and beneficiaries of the decedent Victim’s will; to the beneficiaries of the decedent Victim’s life insurance policies; and to other people who might 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 Victim.

You are not required to take any action in response to this Notice. However, objections to the authority of the individual identified as the Personal Representative may be filed with the Special Master by parties who assert a financial interest in the award up to 30 days following receipt of notice. If timely filed, such objections will be treated as evidence of a “dispute.” The Special Master shall not be required to arbitrate, litigate, or otherwise resolve any disputes over the appropriate Personal Representative. Additional information is available in the USVSST Fund’s Notice published in the Federal Register, 81 Fed. Reg. 45538 (July 14, 2016).

If you want to learn more about the USVSST Fund, please visit the USVSST Fund’s website at [www.usvsst.com](http://www.usvsst.com) or call toll free (855) 720-6966; outside the U.S., please call (614) 553-1013.

Dated: \_\_\_ / \_\_\_ / \_\_\_  
mm/dd/yyyy

From the Personal Representative:

Name:	
Address:	





# U.S. Victims of State Sponsored Terrorism Fund

## List of Individuals Notified of Filing Claim

OMB No. 1123-0013

Expires 12/31/2022

You are required to identify all living relatives and potentially interested parties to whom you sent a Notice of Filing Claim. This form includes fields to provide information about the most common individuals who must be notified about the claim.

Complete the applicable sections below. Be sure to include for each individual the method of delivery and the date the Notice of Filing Claim was delivered. If a particular individual is deceased, select "DECEASED" and provide only that individual's name. If the decedent Victim did not have a particular type of relative or other interested party, note that by selecting "NOT APPLICABLE." You must account for all living relatives and potentially interested parties, regardless of whether or not they are included in the Proposed Distribution Plan.

### Certification:

I hereby certify that I have provided the required Notice of Filing Claim to all the individuals listed below 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. If notice was not provided to a particular individual that should be notified about the claim, please provide an explanation on an attached additional page.

\_\_\_\_\_  
Name of the Personal Representative/Applicant

Claim Number (if applicable): \_\_\_\_\_

\_\_\_\_\_  
Signature of Personal Representative/Applicant

Date (mm/dd/yyyy): \_\_/\_\_/\_\_\_\_

### Relationship to Decedent Victim

**Mother:**  Deceased (*only name required*)

Last Name		First Name		Middle Name	
Mailing Address					
City		State		Zip/Postal Code	Country (if not in U.S.)
Date of Birth			Telephone		
SSN or National ID No. (if available)					
Method of Delivery: <input type="checkbox"/> Hand Delivered <input type="checkbox"/> Certified Mail, Return Receipt Requested <input type="checkbox"/> Other (Describe) _____					
Date of Delivery: __/__/____					
Please provide a short explanation if service could not be completed:					

**Father:**  Deceased (*only name required*)

Last Name		First Name		Middle Name	
Mailing Address					
City		State		Zip/Postal Code	Country (if not in U.S.)
Date of Birth			Telephone		
SSN or National ID No. (if available)					
Method of Delivery: <input type="checkbox"/> Hand Delivered <input type="checkbox"/> Certified Mail, Return Receipt Requested <input type="checkbox"/> Other (Describe) _____					
Date of Delivery: __/__/____					
Please provide a short explanation if service could not be completed:					



# U.S. Victims Of State Sponsored Terrorism Fund

## List of Individuals Notified of Claim Filing

OMB No. 1123-0013

Expires 12/31/2022

**Spouse:**  Deceased (*only name required*)  Not Applicable

Last Name		First Name		Middle Name
Mailing Address				
City	State	Zip/Postal Code	Country (if not in U.S.)	
Date of Birth		Telephone		
SSN or National ID No. (if available)				
Method of Delivery: <input type="checkbox"/> Hand Delivered <input type="checkbox"/> Certified Mail, Return Receipt Requested <input type="checkbox"/> Other (Describe) _____ Date of Delivery: __/__/____				
Please provide a short explanation if service could not be completed:				

**Former Spouse:**  Deceased (*only name required*)  Not Applicable

Last Name		First Name		Middle Name
Mailing Address				
City	State	Zip/Postal Code	Country (if not in U.S.)	
Date of Birth		Telephone		
SSN or National ID No. (if available)				
Method of Delivery: <input type="checkbox"/> Hand Delivered <input type="checkbox"/> Certified Mail, Return Receipt Requested <input type="checkbox"/> Other (Describe) _____ Date of Delivery: __/__/____				
Please provide a short explanation if service could not be completed:				

**Sibling:**  Deceased (*only name required*)  Not Applicable

Last Name		First Name		Middle Name
Mailing Address				
City	State	Zip/Postal Code	Country (if not in U.S.)	
Date of Birth		Telephone		
SSN or National ID No. (if available)				
Method of Delivery: <input type="checkbox"/> Hand Delivered <input type="checkbox"/> Certified Mail, Return Receipt Requested <input type="checkbox"/> Other (Describe) _____ Date of Delivery: __/__/____				
Please provide a short explanation if service could not be completed:				



# U.S. Victims Of State Sponsored Terrorism Fund

## List of Individuals Notified of Claim Filing

OMB No. 1123-0013

Expires 12/31/2022

**Sibling:**  Deceased (*only name required*)  Not Applicable

Last Name		First Name		Middle Name
Mailing Address				
City	State	Zip/Postal Code	Country (if not in U.S.)	
Date of Birth		Telephone		
SSN or National ID No. (if available)				
Method of Delivery: <input type="checkbox"/> Hand Delivered <input type="checkbox"/> Certified Mail, Return Receipt Requested <input type="checkbox"/> Other (Describe) _____ Date of Delivery: __/__/____				
Please provide a short explanation if service could not be completed:				

**Child:**  Deceased (*only name required*)  Not Applicable

Last Name		First Name		Middle Name
Mailing Address				
City	State	Zip/Postal Code	Country (if not in U.S.)	
Date of Birth		Telephone		
SSN or National ID No. (if available)				
Method of Delivery: <input type="checkbox"/> Hand Delivered <input type="checkbox"/> Certified Mail, Return Receipt Requested <input type="checkbox"/> Other (Describe) _____ Date of Delivery: __/__/____				
Please provide a short explanation if service could not be completed:				

**Child:**  Deceased (*only name required*)  Not Applicable

Last Name		First Name		Middle Name
Mailing Address				
City	State	Zip/Postal Code	Country (if not in U.S.)	
Date of Birth		Telephone		
SSN or National ID No. (if available)				
Method of Delivery: <input type="checkbox"/> Hand Delivered <input type="checkbox"/> Certified Mail, Return Receipt Requested <input type="checkbox"/> Other (Describe) _____ Date of Delivery: __/__/____				
Please provide a short explanation if service could not be completed:				



# U.S. Victims Of State Sponsored Terrorism Fund

## List of Individuals Notified of Claim Filing

OMB No. 1123-0013

Expires 12/31/2022

**Partner:**  Deceased (*only name required*)  Not Applicable

Last Name		First Name		Middle Name			
Mailing Address							
City		State		Zip/Postal Code		Country (if not in U.S.)	
Date of Birth			Telephone				
SSN or National ID No. (if available)							
Method of Delivery: <input type="checkbox"/> Hand Delivered <input type="checkbox"/> Certified Mail, Return Receipt Requested <input type="checkbox"/> Other (Describe) _____							
Date of Delivery: __/__/____							
Please provide a short explanation if service could not be completed:							

**Other:**  Deceased (*only name required*)  Not Applicable

Please describe:							
Last Name		First Name		Middle Name			
Mailing Address							
City		State		Zip/Postal Code		Country (if not in U.S.)	
Date of Birth			Telephone				
SSN or National ID No. (if available)							
Method of Delivery: <input type="checkbox"/> Hand Delivered <input type="checkbox"/> Certified Mail, Return Receipt Requested <input type="checkbox"/> Other (Describe) _____							
Date of Delivery: __/__/____							
Please provide a short explanation if service could not be completed:							

Indicate here the number of additional pages submitted because you need more space.



# U.S. Victims of State Sponsored Terrorism Fund

## Proposed Distribution Plan

OMB No. 1123-0013

Expires 12/31/2022

Name of Applicant (Personal Representative)	Claim Number
Name of Decedent Victim	

### **VICTIM'S WILL AND PROPOSED DISTRIBUTION PLAN INFORMATION**

Did the Victim leave a will?       Yes    No    Do not know

If "Yes", has the will been probated?    Yes    No

If the Victim left a will, please list the beneficiaries of the Victim's will:

**Beneficiary Name**  
(Last, First, Middle)

Please provide the requested information below on how you, as the authorized Personal Representative, propose to distribute the eligible claim amount. In order for the U.S. Victims of State Sponsored Terrorism Fund ("USVSST Fund") to make a payment, all legal heirs and beneficiaries must consent to participation in the USVSST Fund. You must provide the legal heirs and beneficiaries a copy of the Proposed Distribution Plan and all legal heirs and beneficiaries must agree to the Proposed Distribution Plan.

If an allocation agreement about the Proposed Distribution Plan cannot be reached by all legal heirs and beneficiaries, the Special Master may deposit the amount of the award with a court of appropriate jurisdiction to adjudicate the distribution.



# U.S. Victims of State Sponsored Terrorism Fund

## Proposed Distribution Plan

OMB No. 1123-0013

Expires 12/31/2022

Relationship to Victim	Name and Address	Telephone Number	Social Security/ National Identification/ Other Tax Identification Number	% of Award
Spouse			____-____-____	
Former Spouse			____-____-____	
Registered Domestic Partner			____-____-____	
Child			____-____-____	
Child			____-____-____	
Mother			____-____-____	
Father			____-____-____	
Sibling			____-____-____	
Sibling			____-____-____	
Other (specify)			____-____-____	



# U.S. Victims of State Sponsored Terrorism Fund

## Proposed Distribution Plan

OMB No. 1123-0013

Expires 12/31/2022

- Note: Check this box if more space is needed to answer and list additional information on another copy of this page.*

\_\_\_\_\_  
Signature of Personal Representative  
(the individual named in Part V of the Application Form)

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date (mm/dd/yyyy)

\_\_\_\_\_  
Printed Name of Personal Representative



## U.S. Victims of State Sponsored Terrorism Fund

### Consent to Proposed Distribution Plan

OMB No. 1123-0013

Expires 12/31/2022

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Attached is the Proposed Distribution Plan submitted for compensation from the U.S. Victims of State Sponsored Terrorism Fund for the claim submitted on behalf of \_\_\_\_\_ (insert name of decedent Victim). By signing this Consent to Proposed Distribution Plan you agree to the allocation set forth in it.

**Note:** If any dispute exists over the terms of the Proposed Distribution Plan which cannot be resolved by the parties, the Special Master may deposit the eligible claim amount with a court of appropriate jurisdiction to adjudicate the distribution.

Claim Number: \_\_\_\_\_

Printed Name of Heir/Beneficiary: \_\_\_\_\_

Signature of Heir/Beneficiary: \_\_\_\_\_

Date: \_\_\_\_\_  
(mm/dd/yyyy)





# U.S. Victims of State Sponsored Terrorism Fund

## Hearing Request Form

OMB No. 1123-0013  
Expires 12/31/2022

If you are represented by an attorney, please consult with your attorney before returning this form. It is important that only one form be returned to the U.S. Victims of State Sponsored Terrorism Fund (“USVSST Fund”) to ensure appropriate action is taken on your claim.

Name of Applicant	Claim Number
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**I request a hearing of the Special Master’s determination of my claim.** If you are requesting a hearing on the Special Master’s written decision denying your claim in whole or in part, you must **complete this form and the Pre-Hearing Questionnaire and return them in their entirety to the USVSST Fund.** Once you submit these documents, and the USVSST Fund grants a request for a hearing, the USVSST Fund will contact you with details about your hearing.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date (mm/dd/yyyy)

\_\_\_\_\_  
Attorney Signature

\_\_\_\_\_  
Date (mm/dd/yyyy)

### PRE-HEARING QUESTIONNAIRE

#### Section 1

**Indicate which portion(s) of your claim you believe was/were not properly decided.** Please be as detailed as possible to enable the USVSST Fund to fully prepare for your hearing. You may include additional pages if you require more space.

#### Section 2

**Who, if anyone, will be participating at the hearing on your behalf and what is each participant’s contact information?** It is your responsibility to request and arrange this participation and to notify the participants of the hearing. The USVSST Fund may establish procedures for attendance and participation in hearings, but the USVSST Fund cannot arrange for any participation other than USVSST Fund officials.

Full Name	Relationship to Claimant and Purpose of Participation at the Hearing	Contact Information (Address, telephone number, and e-mail address)



## U.S. Victims of State Sponsored Terrorism Fund

### Hearing Request Form

OMB No. 1123-0013

Expires 12/31/2022

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**Do you have any special needs or requirements specific to your hearing?** Please note that the USVSST Fund does not provide interpreters for hearings. You are welcome to have someone assist you.

**If you have additional documentation you have not submitted to the USVSST Fund that you want to use at your hearing, you should submit a copy of the documentation with this form.** Please identify the additional documentation here (and on additional pages if necessary) in addition to submitting copies.

**Please return the completed form to the USVSST Fund in one of the following ways:**

- As an email attachment to [info@usvsst.com](mailto:info@usvsst.com)
- By facsimile to (614) 553-1426
- By U.S. mail to U.S. Victims of State Sponsored Terrorism Fund, c/o Epiq, P.O. Box 10299, Dublin, OH 43017-5899
- By overnight courier to U.S. Victims of State Sponsored Terrorism Fund, c/o Epiq, 5151 Blazer Parkway, Dublin, OH 43017-5899

If you have any questions regarding this Hearing Request Form, please email the USVSST Fund at [info@usvsst.com](mailto:info@usvsst.com) or call the toll-free helpline at (855) 720-6966. If you are calling from outside the U.S., please call (614) 553-1013.