



U.S. Victims of State Sponsored Terrorism Fund

Application Form

OMB No. [XXX-XXXX]

Expires xx- xx-20xx

Instructions:

Please complete the questions included in this Application (the "Application Form") as your submission for compensation from the United States 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 electronically by visiting www.usvsst.com. Only one application may be submitted for each claim.

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. Please make copies for your records of any documents you submit, including a copy of your completed Application Form.

Filing Deadline:

Applications must be submitted by October 12, 2016, unless your claim is based on a final judgment obtained on or after July 14, 2016, in which case it must be submitted no later than 90 days after the date of obtaining the final judgment.

Required Documentation Checklist:

A document checklist is provided with this form (see Part [VI] of the Application Form) to assist you in gathering and submitting the documents 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 GCG
PO Box 10299
Dublin, OH 43017-5899

By overnight mail:

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

An Application Form may also be submitted as an email attachment to info@usvsst.com or faxed toll free to (855) 409-7130. If you are outside the United States, the toll fax number is (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 this is the information that the Fund will use to contact you about your application.

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 (614) 553-1013.



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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 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.



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(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

1. Complete the information below.

Last Name		First Name		Middle Name	
Mailing Address					
City		State		Zip/Postal Code	
				Country (if not in U.S.)	
Home Phone		Cell Phone		Facsimile	
Email Address				Date of Birth	
Is 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 have a SSN or TIN, or is not a U.S. citizen, provide the following:					
National Identification Number		Country of Citizenship		Passport Number	
Has the Victim ever gone by any other names (e.g., maiden name)?					
If Yes, 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)

- Personal Representative of a deceased individual.** 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.
- 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 in Question 4.

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.

3. Complete the following information for the Applicant:

Last Name		First Name		Middle Name	
Mailing Address					
City		State	Zip/Postal Code		Country (if not in U.S.)
Home Phone		Cell Phone		Facsimile	
Email Address					
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



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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. Note: Both signatures are required wherever the Fund asks for a signature.

Last Name		First Name		Middle Name
Mailing Address				
City	State	Zip/Postal Code	Country (if not in U.S.)	
Home Phone	Cell Phone		Facsimile	
Email Address				
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	

INFORMATION ABOUT ALTERNATIVE CONTACT (IF APPLICABLE)

5. 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
Mailing Address				
City	State	Zip/Postal Code	Country (if not in U.S.)	
Email Address			Telephone	



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INFORMATION ABOUT THE APPLICANT'S ATTORNEY (IF APPLICABLE)

6. **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					
Mailing Address					
City		State		Zip/Postal Code	Country (if not in 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 either Part [II.A] or [II.B] below and provide the appropriate supporting documents, as applicable. See Part [VI] below, which lists the required supporting documents you must submit to support each claim type.

A. 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 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 the 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 [IV].

HOLDER OF A FINAL JUDGMENT

7. 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.

8. Were any immediate family member(s) of the Victim identified in the final judgment? Yes No

9. 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. 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 one, and including the additional page(s) with the Application Form submittal:

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

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

10. 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

[Answer the questions below only if you answered yes to question 10.]

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

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

[Answer the questions below if you answered yes to question 11.]

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

Please identify the heirs and beneficiaries who received an award or an award determination from the September 11th Victim Compensation Fund of 2001. If more than two heirs and beneficiaries received an award, identify each heir and beneficiary by copying this page, completing this section for each one, and including the additional page(s) with the Application Form submittal:

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

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



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

Check one of the boxes below and answer each question 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.

HELD HOSTAGE

12. Date the Victim was taken hostage: _____

13. Date the Victim was released: _____

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: _____

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: _____

21. Was the child adopted by the former hostage? Yes No

If yes, date of adoption: _____

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 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 (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="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 (including payment from September 11 th Victim Compensation Fund of 2001)	<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 "Sources" 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 including the additional page(s) with the Application Form submittal.

Please note that it is the Applicant's obligation to 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 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 the communication and identify the person notified:

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.

DRAFT



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PART IV - 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.

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

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

_____ 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 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 decedent Applicant's estate, or other person legally authorized to act for the Victim, these persons must have authority to certify on behalf of the Victim.

_____ 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.

_____ 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 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.

_____ 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 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 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 United States 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:

_____ Notwithstanding any contract, an attorney representing a Victim may not charge, receive, or collect, and
 Applicant the Special Master will not approve, any payment of fees and costs that in the aggregate exceeds 25
 Initials 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
 Attorney States Code, imprisoned for not more than 1 year, or both.
 Initials

For Applicants, if the Victim 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
 Initials 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
 Initials agency contractors 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
 Initials 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 or Authorized Representative

Date of Signature (mm/dd/yyyy)

Print Name



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PART V - 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 or attach a statement to your Application Form with the explanation.

2. Did the decedent leave a will?

Yes No Do Not Know

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.



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Please complete the information in 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	
Mailing Address					
City		State		Zip/Postal Code	Country (if not in U.S.)
Email Address			Telephone		

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	
Mailing Address					
City		State		Zip/Postal Code	Country (if not in U.S.)
Email Address			Telephone		

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	
Mailing Address					
City		State		Zip/Postal Code	Country (if not in U.S.)
Email Address			Telephone		



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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
Mailing Address				
City	State	Zip/Postal Code	Country (if not in U.S.)	
Email Address		Telephone		

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 two siblings, identify each sibling by copying this page, completing a section for each sibling, and including the additional page(s) with the Application Form submittal:

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 in U.S.)	
Email Address		Telephone		



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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 in U.S.)
Email Address			Telephone		

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

Yes No

If **yes**, indicate how many dependents the decedent had, including dependents who are deceased: _____

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

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 in U.S.)
Email Address			Telephone		

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 in U.S.)
Email Address			Telephone		

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

Yes No



U.S. Victims of State Sponsored Terrorism Fund

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If **Yes** - complete the information below:

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

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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 is processed quickly. All documents you submit to establish eligibility will be reviewed and considered by the Special Master.

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.

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.A] above must submit:

	Attached?
1. A copy of the final judgment.	<input type="checkbox"/>

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

	Attached?
1. Verification of the date on which the Victim was taken hostage from the United States Embassy in Tehran, Iran.	<input type="checkbox"/>
2. Verification of the date on which the Victim was released from the United States Embassy in Tehran, Iran.	<input type="checkbox"/>
3. Verification that the Victim is 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.	<input type="checkbox"/>

An Applicant who seeks to establish eligibility for payment for the spouse of a person who was held hostage at the U.S. Embassy in Tehran, Iran, during the period beginning November 4, 1979, and ending January 20, 1981, as described in Part [II.B] above must submit:

Attached?
<input type="checkbox"/>



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1. A copy of a marriage certificate showing the date of marriage.	<input type="checkbox"/>
2. An affirmation that the marriage continued through January 20, 1981.	<input type="checkbox"/>
3. A copy of the divorce decree, if the Applicant is no longer married to the Victim.	<input type="checkbox"/>
4. Verification that the spouse is 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.	<input type="checkbox"/>

An Applicant who seeks to establish eligibility for payment for the child of a person who was held hostage at the U.S. Embassy in Tehran, Iran, during the period beginning November 4, 1979, and ending January 20, 1981, as described in Part [II.B] above must submit:

	Attached?
1. A copy of a birth certificate or adoption decree showing a date of birth or adoption prior to January 20, 1981.	<input type="checkbox"/>
2. Verification that the child is 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.	<input type="checkbox"/>

DOCUMENT REQUIREMENTS FOR REPRESENTATIVES

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

Attached?



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1. Personal Representative of deceased Victim: Sufficient evidence of authority to represent the estate of a decedent: copies of relevant legal documentation, such as court orders; letters testamentary or similar documentation; proof of the purported Personal Representative's relationship to the decedent; and copies of wills, trusts, or other testamentary documents.	<input type="checkbox"/>
2. Representative of minor Victim: 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. Representative of non-minor Victim: 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 REQUIREMENTS 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"/>