



DEFINED MONETARY ASSISTANCE
VICTIMS RESERVE

OMB No: 1103-0121
Expires 12/31/2027

Claim Form

The Defined Monetary Assistance (“DMA”) Victims Reserve (the “Victims Reserve” or “Reserve”) was created pursuant to the Amy, Vicky, and Andy Child Pornography Victim Assistance Act of 2018 (“AVAA,” or “Act”) to provide DMA to eligible individuals who are depicted in child sexual abuse material (“CSAM”) that is the basis for certain federal convictions. You may use this Claim Form for either of two purposes:

1. If you have previously obtained a court order directing the payment of DMA from the Victims Reserve, you may use this Claim Form to submit the order and have the U.S. Department of Justice process the order for payment.
2. If you have not previously obtained such a court order but are seeking one, you may submit this Claim Form to request that the U.S. Department of Justice apply to a court for such an order.

You may submit the completed form in paper or electronically, as explained below. Please see additional instructions at Justice.gov/DMAVR. Only one Claim Form may be submitted for each eligible Claimant.

Eligibility: A person may be eligible for an order of payment from the DMA Victims Reserve if they meet four criteria:

- The individual seeking payment is a person who was identified as a victim of CSAM in a federal criminal case or the authorized representative of that person.

AND

- A defendant has been convicted (found guilty) in federal court of trafficking in the CSAM in which the person appeared. Trafficking offenses may include receipt and/or distribution of images and/or videos depicting person under the age of 18 (minor) engaged in sexually explicit conduct.

AND

- The person has not received restitution payments in a total amount greater than \$35,000 (plus inflation) from such convicted defendant(s). For the purposes of the DMA Victims Reserve, restitution received means payment(s) that a victim has received from federal criminal defendant(s) for the loss(es) they suffered as a result of being depicted in the CSAM for which the defendant(s) was convicted. Note that some victims may receive multiple restitution payments from more than one defendant.

AND

- The qualifying person or their authorized representative on their behalf has not previously received a payment from the DMA Victims Reserve.

Please note that the Department of Justice does not order payment from the DMA Victims Reserve. A federal court must order the payment.

Instructions:

- For paper submissions, print your answers using black or blue ink.
- Initial and sign the Signatures and Certifications Pages (Part IV).
- Collect all required documentation. A document checklist is provided in Part V of this form.
- Submit the completed Claim Form, initialed and signed, and all required documentation.

THE U.S. DEPARTMENT OF JUSTICE RETAINS ALL DOCUMENTS YOU SUBMIT WITH YOUR CLAIM FORM. PLEASE MAKE COPIES FOR YOUR RECORDS OF ANY DOCUMENTS YOU SUBMIT, INCLUDING A COPY OF YOUR COMPLETED CLAIM FORM. TO AVOID AN INADVERTENT VIOLATION OF FEDERAL LAW, DO NOT UNDER ANY CIRCUMSTANCES SUBMIT IMAGES OR VIDEOS OF CHILD SEXUAL ABUSE.

Submitting Your Claim Form:

Your completed signed Claim Form and required supporting documentation can be submitted through the online portal at Justice.gov/DMAVR, by electronic mail, or by first-class mail. Claim Forms submitted via electronic mail should be sent to the Claims Manager at DMAVictimsReserve@usdoj.gov. Claim Forms submitted via first-class mail should be submitted to the Claims Manager at the following address:

EOUSA Legal Programs

ATTN: DMA Victims Reserve Claims Manager
175 N Street, NE
4th Floor
Washington, DC 20530

It is very important that you keep the Claims Manager informed of any changes in your mailing address, telephone number, or email address because this is the information that the U.S. Department of Justice will use to contact you about your claim. If you need to notify the U.S. Department of Justice of any such change, please use either the email address or the physical address listed in this section to do so.

If you need assistance completing this Claim Form, or have any questions, please call our toll-free helpline at 1-844-487-2282.

Definitions:

For the purposes of this Claim Form:

- The term “Claim” refers to the claim of entitlement to DMA.
- The term “Claimant” refers to a person who claims to be a victim of trafficking in CSAM (referred to in the AVAA as child pornography), meaning the individual harmed as a result of a commission of a crime resulting in a conviction under Sections 2251(d), 2252, 2252A(a)(1) through (5), 2252A(g) (in cases in which the series of felony violations exclusively involves violations of Sections 2251(d), 2252, 2252A(a)(1) through (5), or 2260(b)), or 2260(b) of Title 18, United States Code.
- The term “Authorized Representative,” if applicable, refers to an attorney or legal guardian (for claimants under age 18, incompetent, or incapacitated) of a claimant, the personal representative of a deceased claimant’s estate, any other person appointed as a representative of a claimant by a federal court pursuant to Section 2259(c)(4) of Title 18, United States Code, or a personal representative designated by the claimant to act on the claimant’s behalf.

Privacy Act Notice:

By submitting this Claim Form, you are authorizing the U.S. Department of Justice to collect this information as allowed by the Amy, Vicky, and Andy Child Pornography Victim Assistance Act of 2018 (“AVAA”, or “Act”), Public Law 115-299, codified at 18 U.S.C. §§ 2259, 2259A, 2259B, and 34 U.S.C. § 20101(d). 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 purpose of determining your eligibility for defined monetary assistance from the Reserve. 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. §§ 3711–3720E, 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 return of your Claim. Information you submit in response to this Claim Form, and not otherwise known to the U.S. Department of Justice, 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, 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 that the records are relevant to the proceeding.
- (d) When disclosure is ordered by a court or required by law, regulation, or rule; or when disclosure to an actual or potential party to litigation or the party’s authorized representative is reasonably necessary for negotiation of such matters as settlement or plea bargaining.
- (e) In aggregated or anonymized form to the news media and the public, including disclosures pursuant to 28 C.F.R. § 50.2, unless the U.S. Department of Justice determines that release of the 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.

(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.

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 Claim Form is for the purpose of determining your eligibility for defined monetary assistance from the Reserve. It is estimated that it will take approximately 2 hours to complete the Claim Form.

Comments concerning the accuracy of this burden estimate and suggestions for reducing this burden should be directed to EOUSA Legal Programs ATTN: DMA Victims Reserve Claims Manager, 175 N Street, NE, 4th Floor, Washington, DC 20530; OMB Control Number 1103-0121.

Questions regarding tax implications of the receipt of money from the Reserve pursuant to a Request may be directed to the IRS (IRS.gov) or a financial professional of your choosing.

PART I – ELIGIBILITY FOR DEFINED MONETARY ASSISTANCE

All persons submitting a Claim Form must complete Part I.

INFORMATION ABOUT THE CLAIMANT

- 1. Provide the information requested below about the Claimant.** If you are an Authorized Representative who is filing on behalf of a deceased Claimant, please complete this section to the best of your ability about the deceased Claimant.

First Name	Middle Name or Initial	Last Name
Mailing Address (<i>Street, City, State, Zip/Postal Code</i>)		
Home Phone	Cell Phone	Country (if not in U.S.)
Email Address		Alternate Email
Date of Birth		Sex

Has or did the Claimant ever use any other names (<i>e.g.</i> , maiden name)? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If Yes , provide the following:		
First Name	Middle Name or Initial	Last Name

Is or was the Claimant a U.S. citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No

Provide the Claimant's Social Security Number (SSN) or Taxpayer ID Number (TIN), if any:			
If the Claimant does not or did not have an SSN or TIN, or is not or was not a U.S. citizen, provide the following information for the Claimant:			
Alien Registration Number	Country of Citizenship	Passport Number	Passport Country

Is the Claimant deceased? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes , provide the following:	
Date of Death	City and State, and Country if Not in U.S., of Death

FEDERAL CASE-RELATED INFORMATION TO SUPPORT THE BASIS FOR THE CLAIM

2. To determine eligibility for the Reserve, please complete this section to the best of your ability.

- A. DOJ Victim Notification System (VNS) and Victim Identification Number (VIN):** Victims in federal prosecutions often receive case notifications via the DOJ VNS. If the Claimant is registered with VNS, a VIN has been assigned to them. The VIN may also be known as the Registrant ID. To expedite this request, please provide the Claimant's VIN or Registrant ID below. This can be found in each VNS notification letter or email sent to the Claimant or their alternate contact.

Claimant's DOJ Victim Notification System VIN or Registrant ID:

- B. Restitution Received:** "Restitution" means payment that a court orders a defendant to make to a victim for the loss they sustained as a result of the defendant's commission of a crime resulting in conviction under Sections 2251(d), 2252, 2252A(a)(1) through (5), 2252A(g) (in cases in which the series of felony violations exclusively involves violations of Sections 2251(d), 2252, 2252A(a)(1) through (5), or 2260(b)), or 2260(b) of Title 18, United States Code. Note that this question asks about the amount of restitution that has been **paid** to the Claimant to date—not the total amount of restitution that the court ordered.

To the best of Claimant's knowledge, has the Claimant received more than \$35,000 in restitution?
(Check one box)

☐ Yes ☐ No

A victim who has collected restitution in an amount less than or equal to the amount of DMA (i.e., less than or equal to \$35,000, adjusted for inflation) is eligible to seek DMA.

- C. Federal Case Information:** Please provide information about the federal conviction where the Claimant was identified as a victim of trafficking in child sexual abuse material. Providing information regarding one federal conviction is sufficient. If the Claimant has been identified in more than one federal case, you may provide this information in the space below or on a separate page and attach it to this Claim Form. If applicable, please list the most current conviction first followed by older convictions.

Case Name (ex. US v John Doe)

Court Docket Number (ex. 23-CR-00000)

U.S. District Court (ex. Southern District of New York)

Case Name (ex. US v John Doe)

Court Docket Number (ex. 23-CR-00000)

U.S. District Court (ex. Southern District of New York)

D. Court Order of Eligibility and Payment: Pursuant to 18 U.S.C. § 2259(d)(1), a federal district court must issue an order finding that the Claimant is eligible for defined monetary assistance and directing payment from the DMA Victims Reserve. Please select one of the following options:

☐ I have a Court Order of Eligibility and Payment. (Submit a copy of the order with your Claim Form.)

☐ I do not have a Court Order of Eligibility and Payment, or I do not know if one exists, and I request that the U.S. Department of Justice apply for a Court Order of Eligibility and Payment to an appropriate federal district court.

PART II – INFORMATION ABOUT THE PERSON SUBMITTING THE CLAIM FORM

All persons submitting a Claim Form must answer at least question 3 of Part II. Authorized Representatives must answer the additional questions in this section, as applicable.

WHO IS THE PERSON SUBMITTING THE CLAIM FORM?

3. Is the person submitting this Claim Form the Claimant?

- ☐ **Yes** – Skip to Part III.
- ☐ **No** – You must be an Authorized Representative of the Claimant. Provide the information requested below, as applicable.

INFORMATION ABOUT THE AUTHORIZED REPRESENTATIVE OF THE CLAIMANT (IF APPLICABLE)

4. What is the Authorized Representative's relationship to the Claimant? Please select one of the following:

- ☐ **Legal Guardian of the Claimant who is a minor or is an incompetent or incapacitated adult.** If selected, in addition to completing the applicable sections below, you must select one of the following:
- ☐ **I have sole legal custody.**
 - ☐ **I share or have joint legal custody.** If selected, you must also complete Question 6.
- ☐ **Personal Representative for the deceased Claimant.** If selected, in addition to completing the applicable sections below, you must certify that you have provided the required notice to the following people that you are filing a claim on behalf of the deceased Claimant, as applicable:
- The immediate family of the deceased Claimant (which may by law include the following: the spouse, former spouse(s), partner, children, stepchildren, other dependents, siblings, and parents);
 - The executor/administrator and beneficiaries of the deceased Claimant's will or estate; 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 Claimant.
- ☐ **Court-Appointed Representative.** If selected, submit a copy of the order with your Claim Form.
- ☐ **Other Authorized Personal Representative of the Claimant.** If selected, specify the relationship to the Claimant:

_____.

5. Provide the information requested below about the Authorized Representative:

*Note for Attorneys Representing Claimants or Attorneys Representing Authorized Representatives: Do not provide your information here. Provide it in Part III.

First Name	Middle Name or Initial	Last Name	
Mailing Address (<i>Street, City, Stat, Zip/Postal Code</i>)			
Home Phone	Cell Phone	Country (if not in U.S.)	
Email Address		Alternate Email	
Are you a U.S. citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Provide your Social Security Number (SSN) or Taxpayer ID Number (TIN), if any:			
If you do not have an SSN or TIN, or if you are not a U.S. citizen, provide the following:			
Alien Registration Number	Country of Citizenship	Passport Number	Passport Country

6. If applicable, provide the information requested below about the person with whom you share joint custody or guardianship of the Claimant. All such persons' signatures are required on all forms.

First Name	Middle Name or Initial	Last Name	
Mailing Address (<i>Street, City, State, Zip/Postal Code</i>)			
Home Phone	Cell Phone	Country (if not in U.S.)	
Email Address		Alternate Email	
Are you a U.S. citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Provide your Social Security Number (SSN) or Taxpayer ID Number (TIN), if any:			
If you do not have an SSN or TIN, or if you are not a U.S. citizen, provide the following:			
Alien Registration Number	Country of Citizenship	Passport Number	Passport Country

PART III – INFORMATION ABOUT ATTORNEY OR ALTERNATIVE CONTACT

INFORMATION ABOUT THE CLAIMANT’S OR AUTHORIZED REPRESENTATIVE’S ATTORNEY (IF APPLICABLE)

- 7. If an attorney is representing the Claimant or the Authorized Representative, provide their information below:**

Please Note: All communications from the Reserve will be with the attorney unless the attorney instructs the Reserve otherwise in writing. In addition, documentation must be provided (signed by the Claimant or their Authorized Representative and their attorney) of the attorney’s authority to represent the Claimant or Authorized Representative. The Claimant or their Authorized Representative and their attorney must complete the certification in Part IV. A separate Claim Form must be completed and filed on behalf of each represented Claimant.

First Name	Middle Name or Initial	Last Name	
Law Firm Name (if any)			
Bar Number and State of Licensure			
Mailing Address			
City	State	Zip/Postal Code	Country (if not in U.S.)
Email Address	Alternate Email Address		Telephone

INFORMATION ABOUT ALTERNATIVE CONTACT (IF APPLICABLE)

- 8. If there is an additional person with whom the Claimant or their Authorized Representative authorizes the Reserve to communicate regarding this Claim, list their contact information below.**

First Name	Middle Name or Initial	Last Name
Email Address		
Telephone	Relationship to the Claimant	

PART IV – SIGNATURES AND CERTIFICATIONS

By submitting this Claim Form, you are agreeing that you understand the notices identified below and on the next page, as well as the Privacy Act Notice above.

Instructions: Please review the following statements and initial where indicated. Sign, date, and print your name at the bottom of Part IV. Initials and signatures are required from all persons who share joint custody or guardianship of the Claimant.

_____ Claimant or Authorized Representative Initials	I certify , under oath, subject to penalty of perjury or in a manner that meets the requirements of 28 U.S.C. § 1746, that the information provided in the Claim 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 Reserve is expressly conditioned upon the truthfulness and accuracy of the information and documentation submitted in support of the claim. If I am the Authorized Representative of the Claimant, I have authority to certify on behalf of the Claimant.
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_____ Claimant or Authorized Representative Initials	I certify that I am electing to receive Defined Monetary Assistance (DMA) and that I have not previously received DMA. If I am the Authorized Representative of the Claimant, I affirm that DMA has not been received on behalf of the Claimant. I understand that any future restitution will be offset by the amount of DMA received.
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_____ Claimant or Authorized Representative 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 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.
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_____ Claimant or Authorized Representative 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
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For Claimants or Authorized Representatives who are represented by an attorney or who have provided an alternative contact on this Claim Form, please initial in acknowledgment of the following:

_____ Claimant or Authorized Representative Initials	I authorize 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.
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For Claimants or Authorized Representatives represented by an attorney, both (i) the Claimant or Authorized Representative and (ii) the attorney must initial in acknowledgement of the following:

_____ Claimant or Authorized Representative Initials	Notwithstanding any contract for legal services or retainer agreement, an attorney representing a Claimant or Authorized Representative may not charge, receive, or collect any payment of fees and costs that in the aggregate exceeds 15 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 U.S. Department of Justice or a court 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 Authorized Representatives filing on behalf of a deceased Claimant, please initial in acknowledgment of the following:

_____ Authorized Representative Initials	I certify that, pursuant to 28 C.F.R. § 81.56, I have provided the required Notice of Filing Claim to all of the decedent’s immediate family 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. I further certify that I will distribute any and all DMA proceeds I may receive according to the laws of the state where the decedent was a legal resident at the time of their death.
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Signature of Claimant (if applicable)	Date of Signature (mm/dd/yyyy)
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Print Name

Signature of Authorized Representative (if applicable)	Date of Signature (mm/dd/yyyy)
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Print Name

Signature of Parent/Guardian with Joint Custody (if applicable)	Date of Signature (mm/dd/yyyy)
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Print Name

Signature of Attorney (if applicable)	Date of Signature (mm/dd/yyyy)
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Print Name

PART V – DOCUMENT CHECKLIST

This Part is informational only. You must provide the documentation described below to establish eligibility for payment under the Act. In certain cases, the U.S. Department of Justice may request additional documentation. Providing thorough documentation is the best way to ensure your Claim Form is processed quickly. All documents you submit to establish eligibility will be reviewed and considered by the U.S. Department of Justice.

REMINDER: PLEASE RETAIN COPIES FOR YOUR RECORDS OF ALL DOCUMENTS SUBMITTED AND THE CLAIM FORM. TO AVOID AN INADVERTENT VIOLATION OF FEDERAL LAW, DO NOT UNDER ANY CIRCUMSTANCES SUBMIT IMAGES OR VIDEOS OF CHILD SEXUAL ABUSE.

Any requests for waiver of a documentation requirement must be submitted to the U.S. Department of Justice in writing. Decisions to waive a documentation requirement are wholly within the discretion of the U.S. Department of Justice.

You must submit all supporting documentation with your Claim Form. Claimants or their Authorized Representative do not need to submit multiple copies of the same document. One copy of the document may satisfy several of the below requirements.

DOCUMENT REQUIREMENTS TO ESTABLISH IDENTITY OF THE PERSON SUBMITTING THE CLAIM (CLAIMANT OR AUTHORIZED REPRESENTATIVE)

	Attached?
A copy of a Government-issued identification of the person submitting the claim (ex. driver's license, passport).	<input type="checkbox"/>
A copy of a secondary form of identification (ex. birth certificate, certificate of adoption, military ID, student ID, employment ID, insurance card).	<input type="checkbox"/>
A copy of Claimant's documentation for Change of Name (if applicable).	<input type="checkbox"/>

DOCUMENT REQUIREMENT TO ESTABLISH COURT ORDER OF ELIGIBILITY AND PAYMENT (if applicable)

	Attached?
Copy of the federal district court order finding that the Claimant is eligible for defined monetary assistance and directing payment from the DMA Victims Reserve to the Claimant or Authorized Representative of the Claimant, pursuant to 18 U.S.C. 2259(d)(1).	<input type="checkbox"/>

DOCUMENT REQUIREMENT(S) FOR AUTHORIZED REPRESENTATIVE(S) (if applicable)

Provide at least one of the following, as applicable.

	Attached?
Personal Representative of Deceased Claimant: Copies of legal documentation showing sufficient evidence of authority to represent the estate of a deceased Claimant. Court order, letters testamentary or similar documentation, proof of the purported Personal Representative's relationship to the deceased Claimant, copy of will, trust, or other testamentary document.	<input type="checkbox"/>
Representative of Minor Claimant: 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 Claimant. (Birth certificate, guardianship documentation, court order addressing custody of Claimant.)	<input type="checkbox"/>
Representative of Incapacitated or Incompetent Claimant: A copy of the court order or other document issued by an official showing appointment as the guardian or other authorized representative of the incompetent Claimant.	<input type="checkbox"/>
Court Appointed Representative: A copy of the court appointment order.	<input type="checkbox"/>
Other Authorized Personal Representative of the Claimant: A copy of the notarized statement from the Claimant giving their authorization to file on their behalf.	<input type="checkbox"/>

DOCUMENT REQUIREMENT FOR A CLAIMANT OR AUTHORIZED REPRESENTATIVE REPRESENTED BY AN ATTORNEY (if applicable)

	Attached?
Documentation of counsel's authority to represent the Claimant or Authorized Representative, such as a copy of the retainer agreement or contract for legal services signed by both (i) the Claimant or their Authorized Representative and (ii) the attorney.	<input type="checkbox"/>