



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

OMB No. 1123-0013  
Expires 12/31/2019

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

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

**I hereby certify that:**

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

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

Executed on this \_\_\_\_ day of \_\_\_\_\_, 20\_\_

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

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