



U.S. Victims of State Sponsored Terrorism Fund

Change of Attorney Form

OMB No. 1123-0013
Expires 01/31/2026

Instructions: Use this form if you want to add an attorney or change the attorney representing you before the U.S. Victims of State Sponsored Terrorism Fund (USVSST Fund).

Name of Victim ¹	Claim Number (if available)
Name of Applicant (if different than Victim)	

Please select **one of the three** options below.

- Option 1: I would like to change the attorney representing me before the USVSST Fund.** I understand the existing attorney on my claim will be removed and my new attorney will be added.
- Option 2: I do not currently have an attorney representing me before the USVSST Fund and would like to add one.** I understand that I will no longer represent myself and my new attorney will handle my claim.

If you selected Option 1 or 2, please provide the new attorney's information:

Name of Attorney			
Law Firm			
Mailing Address			
City	State	Zip/Postal Code	Country (if not in U.S.)
Email Address	Telephone Number		Facsimile Number

Your new attorney must also submit the following documents to the USVSST Fund:

1. Direct Deposit – ACH Payment Form (if not already on file with the USVSST Fund)
2. Applicant's Acknowledgment of Statutory Limitation on Attorneys' Fees
3. Attorney's Certification of Compliance with Statutory Limitation on Attorneys' Fees

- Option 3: I would like to remove my attorney from my claim.** I wish to represent myself before the USVSST Fund.

You must submit to the USVSST Fund a completed Direct Deposit – ACH Payment Form with the new bank account information to be used for any future payments.

¹ Individuals who are filing a claim on their own behalf are both the Victim and Applicant.



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By signing this form, I acknowledge:

- (1) These changes constitute instructions to the USVSST Fund regarding who can have access to my claim and may change how I will receive payments for my claim.
- (2) The USVSST Fund cannot provide me any legal advice and will not adjudicate any attorney fee and cost disputes.
- (3) The USVSST Fund will contact my prior attorneys (if applicable) to notify them that I submitted this Change of Attorney Form.
- (4) If I added or changed an attorney, 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 USVSST Fund to contact my new attorney or other persons authorized to act on my behalf.

Applicant Signature

Date (mm/dd/yyyy)

Please submit this form to the USVSST Fund in one of the following ways:

By mail:

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

By email:

info@usvsst.com

By overnight delivery service:

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

By fax:

(855) 409 7130
If outside the U.S., +1 (614) 553-1426