



# U.S. Victims of State Sponsored Terrorism Fund

## Hearing Request Form

OMB No. 1123-0013

Expires 12/31/2019

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 (the "USVSST Fund") to ensure appropriate action is taken on your claim.

|                   |              |
|-------------------|--------------|
| Name of Applicant | Claim Number |
|-------------------|--------------|

**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 finding your claim not eligible 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

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

\_\_\_\_\_  
Date

### 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 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<br>(Address, telephone number, and e-mail address) |
|-----------|--|--|
|           |  |  |
|           |  |  |



# U.S. Victims of State Sponsored Terrorism Fund

## Hearing Request Form

OMB No. 1123-0013

Expires 12/31/2016

---

**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 GCG, P.O. Box 10299, Dublin, OH 43017-5899
- By overnight courier to U.S. Victims of State Sponsored Terrorism Fund, c/o GCG, 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.