



## U.S. Victims of State Sponsored Terrorism Fund

### Applicant's Acknowledgment of Attorney's Compliance with Statutory Limitation on Attorneys' Fees

OMB No. 1123-0013

Expires 12/31/2022

Name of Applicant	Claim Number (if available)
-------------------	-----------------------------

If the Applicant is a 9/11 related victim and is represented by an attorney for services rendered in connection with his or her claim submitted to the U.S. Victims of State Sponsored Terrorism Fund, the **Applicant must sign and date the following acknowledgment.**

**I hereby acknowledge that:**

Notwithstanding any contract for legal services or retainer agreement, an attorney representing an Applicant may not charge, receive, or collect, and the Special Master will not approve, any payment of fees and costs that in the aggregate exceeds 15 percent of any resulting payment made under the Justice for U.S. Victims of State Sponsored Terrorism Act, amended by the U.S. Victims of State Sponsored Terrorism Fund Clarification Act, on such claim. The attorney shall certify his or her compliance with this section. 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.

---

**Signature of Applicant**

---

**Date of Signature  
(mm/dd/yyyy)**