



This form should be used if you want to add an attorney or make changes to the attorney associated with your VCF claim. Please select **one** option below.

Note: If you upload the completed form to your claim, select the “**Change of Attorney Form**” document type.

Option 1: I would like to add the following new attorney to my claim. By adding this attorney, I understand the existing attorney on my claim will be removed.

Law Firm Name _____

Primary Attorney (Full Name) _____

Mailing Address _____

Email Address _____ Telephone: _____

Please change the ownership of my claim in the online system to the following user name:

You must submit a new **Claim Form Signature Page** with this form in order for the VCF to communicate with your new attorney. In addition, your attorney must submit the following documents:

1. ACH Payment Information Form for the law firm (if there is not one already on file)
2. Client Authorization Form authorizing the VCF to make any future payments on your claim to the law firm

Option 2: I would like to remove my legal representation and represent myself.

If you need help accessing your claim online, please call the VCF Helpline at 1-855-885-1555.

You must mail or fax a completed ACH Payment Information Form with the new bank account information to be used for any future payments.

By signing this form, you are acknowledging the following:

- (1) I am changing my instructions to the VCF on who can have access to my claim and how I will receive payments for my claim.
- (2) I understand that this change does not affect any retainer agreements or other agreements I have with my prior attorney (if applicable) or any obligations I have to pay my prior attorney for fees or expenses.
- (3) I understand that, if I have a contractual obligation to pay attorney fees and expenses, the attorney may be able to file a lawsuit against me to recover those fees and expenses.
- (4) I understand that in any lawsuit, the VCF might be required to provide information about my claim and submissions that my former attorney made with respect to my claim.
- (5) I understand by changing the owner of the online claim, that my new attorney may also grant access to the claim to other individuals at the law firm.

NOTE: If you submitted documents directing the VCF to pay your claim through your attorney, that instruction may not be changed once your claim moves to “Special Master Review” status in the online system. You may still change the attorney associated with your claim for any future appeal or amendment.

Claimant Full Legal Name: _____
First Name Middle Name Last Name

VCF Number: _____

Claimant Signature

Date of Signature