



September 11th
Victim Compensation Fund

OMB 1105-0092

Decedent's SSN or National ID Number

Decedent's SSN or National ID Number

Personal Representative's SSN or National ID Number

Personal Representative's SSN or National ID Number

ATTESTATIONS AND CERTIFICATIONS FOR ELIGIBILITY FORM

E. PERSONAL REPRESENTATIVE'S ACKNOWLEDGMENT OF ATTORNEY'S COMPLIANCE WITH LIMITATION ON ATTORNEY FEES

If an attorney has rendered services in connection with this claim, the Personal Representative must sign and date the following acknowledgement:

I hereby acknowledge that I have read and understand the provisions governing the limitation on attorney fees as stated in the Instructions to this claim form, which, in general and with limited exceptions, provide that my attorney, notwithstanding any contract, **cannot charge me more than ten percent (10%) of any award that may be paid on my claim**, and that any expenses incurred by my attorney in connection with my claim, other than those that are routinely incurred, cannot be charged to me unless they have been approved by the Special Master.

Signature of Personal Representative

____ / ____ / _____

Date (mm/dd/yyyy)

Print Name