



OMB 1105-0092

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Claimant's SSN or National ID Number

ATTESTATIONS AND CERTIFICATIONS FOR ELIGIBILITY FORM

F. CLAIMANT'S ACKNOWLEDGMENT OF ATTORNEY'S COMPLIANCE WITH LIMITATION ON ATTORNEY FEES

If the Claimant has been represented by an attorney for services rendered in connection with this claim, the Claimant 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 Claimant or Authorized Representative(s)
(e.g. legal guardian)

/

 /

Date (mm/dd/yyyy)

Print Name

Relationship to Claimant