



更改或删除索赔申请中所列律师的说明

如果您之前授权 VCF 与律师沟通，但是由于这位律师不再代表您，您希望撤销此授权，请拨打 VCF 咨询热线 1-855-885-1555，以便我们更新您的索赔信息。如果有需要，咨询热线也能帮助您访问自己的在线索赔申请。

如果您希望授权 VCF 与新的律师沟通，请在拨打咨询热线之前确定好新律师的姓名和联系信息。您还需要填写并提交以下签名文件页：

- 《证明书》F - 索赔人的律师遵守律师费限额确认书
- 《证明书》G - 沟通和通信授权书
- 《附件》C - 律师遵守律师费限额规定证明（由律师填写）
- 《附件》D - 律师收取非常规费用批准申请书（由律师填写，如适用）

如果您通过律师提交指示 VCF 支付赔偿的文件，那么在我们发出您的损失额决定函之后，该指示可能无法更改。您在未来的申诉或修改程序中仍可以移除或更改与您的索赔申请相关的律师。如果您通过该修改或申诉程序更改了损失额，并通过填写并提交本文档第 2 页上的表格提交了新赔款指示，那么新赔款指示将适用于通过此修改或申诉程序确定的赔款以及所有后续赔款。索赔人必须清楚，无论他们领取 VCF 赔款的方式如何，他们应当对律师与当事人合同中规定的律师费用约定负责。



REVISED PAYMENT INSTRUCTIONS FORM – CHANGE OR DISMISSAL OF ATTORNEY

You should use this form if you previously authorized the Victim Compensation Fund (“VCF”) to make the payments on your claim to a law firm bank account and you want to change the payment instructions. Read the information on page 1 and follow the steps below to change the instructions for payments on your claim. All forms are available on the www.vcf.gov website under “Forms and Resources.”

1. Determine which scenario in Section 1 applies to you and follow the instructions for that scenario.
2. Complete the information in Section 2.
3. **MAIL** or fax this form with the additional required information to:
September 11th Victim Compensation Fund
PO BOX 34500
Washington, DC 20043
Fax: 202-353-0353

Once the VCF receives this form and the required information, we will process your request and change the payment instructions for your claim. The VCF will also notify your prior attorney that you have made a change to your claim.

SECTION 1

- Scenario A. If you have decided to continue your claim without your attorney, you must return this form with a completed ACH Payment Information Form with the new bank account information to be used for your VCF payments.
- OR -
 - Scenario B. If you are using a new attorney, your new attorney must return this form by mail with all of the following completed forms:
 - ACH Payment Information Form for the law firm (if not already on file with the VCF)
 - Client Authorization Form that meets the requirements in these [Law Firm Payment Instructions](#)
 - Attestation F - Claimant’s Acknowledgement of Attorney’s Compliance with Limitation on Attorney Fees
 - Attestation G - Authorization for Communication and Correspondence
 - Exhibit C - Attorney Certification of Compliance with Provision on Limitation on Attorney Fees (to be signed by your attorney)
 - Exhibit D - Attorney Request for Approval For Charge of Non-Routine Expenses (to be completed by your attorney, if applicable)
-

SECTION 2

Claimant Full Name: _____

VCF Number: _ _ _ _ _

1. I am changing my instructions to the September 11th Victim Compensation Fund on how I will receive payments for my claim.
2. I understand that this change does not affect any retainer or other agreement I have with my attorney or any obligations I have to pay my attorney for fees and 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 my former attorney made with respect to my claim.

Claimant Signature

Date