September 11th
Victim Compensation Fund

OMB 1105-0092

Claimant's SSN or National ID Number

September 11th Victim Compensation Fund
Exhibit C to the Eligibility Form For Personal Injury Claimants
Attorney Certification of Compliance with Provision on Limitation on Attorney Fees
(Section 104.81)

If Claimant has been represented by an attorney for services rendered in connection with this claim,
Claimant's attorney must complete the following certification:

I hereby certify that:

(1) The amount I have charged or will charge for the services I have rendered in connection with this claim, including expenses routinely incurred in the course of providing legal services, is not more than 10 percent of an award that might be paid on this claim; **AND**

(2) I have not charged nor will I charge for any expenses incurred in connection with this claim that are not routinely incurred in the course of providing legal services, unless the Special Master has approved such expenses; **AND**

(3) One of the following statements is true concerning a civil action brought by or on behalf of the Claimant for damages sustained as a result of the terrorist-related aircraft crashes of September 11, 2001 or for damages arising from or related to debris removal (excluding civil actions to recover collateral source obligations or against any person who is a knowing participant in any conspiracy to hijack or commit any terrorist act) that was commenced after December 22, 2003 in which a release of all claims in such action was tendered prior to January 2, 2011:

- ◯ I did not charge a legal fee in connection with a settlement of this Claimant's claim(s) in such an action; OR
- ◯ I charged a legal fee in connection with a settlement of this Claimant's claim(s) in such an action that was 10 percent or more of the aggregate amount of compensation awarded though such settlement, and I have not charged nor will I charge for any services rendered in connection with this claim with the VCF; OR
- ◯ I charged a legal fee in connection with a settlement of this Claimant's claim(s) in such an action that was less than 10 percent of the aggregate amount of compensation awarded though such settlement, and the amount I have charged or will charge for the services I have rendered in connection with this claim with the VCF does not exceed the difference between 10 percent of such aggregate amount and the total amount of all legal fees I charged for services rendered in connection with such settlement.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on this _____ day of _____, 202___.

Signature of Attorney _____

Attorney's Name

Attorney's Firm/Address

Attorney's Firm/Address continued

Suite

City

State

Zip/Postal code

5870628680

V 2.0.0