



## **Instructions for Changing or Removing the Attorney listed on a Claim**

If you previously authorized the VCF to communicate with an attorney and you now want to revoke this authorization because the attorney no longer represents you, please call the VCF Helpline at 1-855-885-1555 so we can update the information in your claim. If needed, the Helpline can also help you access your online claim.

If you would like to authorize the VCF to communicate with a new attorney, please have your new attorney's name and contact information available when you call the Helpline. You will also need to complete and submit the following documents:

- Claim Form Signature Page
- Exhibit C - Attorney Certification of Compliance with Provision on Limitation on Attorney Fees (to be completed by your attorney, if applicable)

If you submitted documents directing the VCF to pay your claim through your attorney, that instruction may not be changed after your award letter is issued. You may still remove or change the attorney associated with your claim for any future appeal or amendment. If the amount of your award is changed by that amendment or appeal and you submit new payment instructions by completing and submitting the form on page 2 of this document, then the new payment instructions will apply to the payment resulting from the amendment or appeal and all subsequent payments. Claimants should be aware that, regardless of how they receive payment from the VCF, they are liable for any agreement related to attorney fees as specified in the attorney-claimant contract.



## 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](http://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.

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### 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](#)
  - Claim Form Signature Page
  - Exhibit C - Attorney Certification of Compliance with Provision on Limitation on Attorney Fees (to be signed by your attorney if not already on file with the VCF)

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### SECTION 2

**Claimant Full Name:** \_\_\_\_\_

**VCF Number:** \_\_\_\_\_

1. I am changing my instructions to the September 11<sup>th</sup> 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**