



OneOrlando Fund

Physical Injury Victim Application Form

Deadline for Application: September 12, 2016

*If you need assistance in completing this form, please call the VictimConnect Resource Center at **855-4-VICTIM** (855-484-2846) or email OneOrlando@ncvc.org.*

1. Victim Information

First Name: _____ Middle Name: _____

Last Name: _____

Other Names Used: _____

Date of Birth (mm/dd/yyyy): _____ SSN/TIN: _____

Street Address 1: _____

Street Address 2: _____

City: _____ State: _____ Zip Code: _____

Country (if other than United States): _____

Home Phone: _____ Work Phone: _____

Mobile Phone: _____ Email: _____

Please return this form and all supporting documentation to:

National Compassion Fund: OneOrlando
c/o National Center for Victims of Crime
2000 M Street NW, Suite 480
Washington, DC 20036

CLAIM MUST BE POSTMARKED BY **SEPTEMBER 12, 2016**

2. Person Filling out Application *(if not victim)*

If the Claimant is a minor or an incompetent adult, please provide the name, address, and telephone number of the person making this claim for the Claimant. For claims of minors or incompetent adults, please attach **proof of representative capacity**, such as a power of attorney, guardianship, appointment as guardian ad litem, custodial parent, or the equivalent as required by the law of the resident state/province of the incompetent adult or minor.

Relationship to Victim:

Spouse

Parent/Custodial Guardian

Other *(please describe)*: _____

Applicant First Name: _____

Middle Name: _____

Last Name: _____

Date of Birth (mm/dd/yyyy): _____

SSN/TIN: _____

Street Address 1 *(if different from victim address above)*: _____

Street Address 2: _____

City: _____

State: _____

Zip Code: _____

Country *(if other than United States)*: _____

Home Phone: _____

Work Phone: _____

Mobile Phone: _____

Email: _____

3. Attorney or Other Representation *(if applicable)*

Name: _____

Firm: _____

Street Address 1: _____

Street Address 2: _____

City: _____

State: _____

Zip Code: _____

Country *(if other than United States)*: _____

Phone Number: _____

Alternate Phone Number: _____

Email: _____

4. Physical Injury Description

Please provide a brief description of injuries received on June 12, 2016.

Were you hospitalized overnight as a result of the injuries you sustained during the attack at the Pulse Nightclub on June 12, 2016?

Yes: If yes, how many days were you hospitalized due to the events of June 12, 2016? _____

Name of Hospital: _____

No: If no, were you treated on an emergency outpatient basis within 48 hours of the attack? Yes No

5. Supporting Documentation *(please check)*

I have attached the following required documentation:

Proof of Legal Representation

(If represented by an attorney, please provide a Retention Agreement signed by both the attorney and the claimant.)

Proof of Relationship to Victim *(if filling out form on behalf of victim):*

Birth Certificate Marriage License Other *(please describe):* _____

HIPAA Release Form

(A copy of the form is attached to this Application.)

Other *(please describe):* _____

6. Payment Preference *(please select one)*

Check Payable to:

Name: _____

Address: _____

City: _____

State: _____

Zip Code: _____

Country *(if other than United States)*: _____

Electronic Funds Transfer to:

Checking Savings Money Market Other: _____

Account No.: _____

Routing No.: _____

SSN/EIN: _____

Bank Name: _____

Bank Address: _____

Bank Contact: _____

Bank Phone: _____

7. Signatures (to be signed in the presence of a Notary Public)

If the victim is a minor, both parents must sign this form. If both signatures cannot be obtained, please explain why.

Claimant Signature

I hereby certify that the information provided in this claim form is true and accurate to the best of my knowledge. Signature of Claimant on this form does not constitute a waiver of any legal rights. Further, I understand that false statements made in connection with this claim will be forwarded to the appropriate law enforcement agencies for possible investigation.

Signature: _____

Printed Name: _____ Date: _____

Notary Signature

State of: _____ County of: _____

The foregoing instrument was subscribed and sworn before me this _____ day of _____, 20____ by _____.

My Commission expires: _____ Affix Seal Here:

Signature of Notary: _____

Date: _____

Second Parent Signature (if applicable)

I hereby certify that the information provided in this claim form is true and accurate to the best of my knowledge. Signature of Claimant on this form does not constitute a waiver of any legal rights. Further, I understand that false statements made in connection with this claim will be forwarded to the appropriate law enforcement agencies for possible investigation.

Signature: _____

Printed Name: _____ Date: _____

Notary Signature

State of: _____ County of: _____

The foregoing instrument was subscribed and sworn before me this _____ day of _____, 20____ by _____.

My Commission expires: _____ Affix Seal Here:

Signature of Notary: _____

Date: _____