

U.S. DEPARTMENT OF JUSTICE, OFFICE OF JUSTICE PROGRAMS, OFFICE FOR VICTIMS OF CRIME
INTERNATIONAL TERRORISM VICTIM EXPENSE REIMBURSEMENT PROGRAM (ITVERP)

AFFIDAVIT AND AUTHORIZATION FOR LEGAL REPRESENTATIVE

I, _____, residing at _____,
(insert your name) (insert your address)

hereby appoint _____,
(insert full legal name and relationship)

as my Legal Representative.

My Legal Representative shall have authority to act on my behalf to handle and conduct all of my affairs in connection with my ITVERP application. My Legal Representative's powers shall include, but not be limited to, the following:

1. Receive and respond to all questions, requests, and inquiries regarding my ITVERP application.
2. Prepare applications, provide information, and perform any other act reasonably requested by the U.S. Department of Justice, Office for Victims of Crime in connection with my ITVERP application and/or claim.
3. Be responsible for providing the status of my ITVERP application and/or claim to me.
4. My Legal Representative under this document shall not receive reimbursement for attorney's fees from ITVERP in accordance with ITVERP Rules and Regulations §94.22.
5. I understand I may revoke this designation of legal representation at any time. If I wish to do so, I will contact ITVERP immediately.

Print Full Name

Claimant's Signature

Date