

**VIRGINIA TECH VICTIM ASSISTANCE PROGRAM
CLAIM FORM – PHYSICAL INJURY or PRESENCE AT NORRIS HALL ON 4/16/07
DEADLINE FOR SUBMISSION OF THIS FORM IS SEPTEMBER 15, 2007**

To assist us in responding to your claim as soon as possible, please help us by completing the information requested in the form below. If you need assistance in completing this form, please call or email Kathy Sanders (kathys@vt.edu) or Patti Smith (smithpa@vt.edu) at (540) 231-4142.

SECTION 1. VICTIM INFORMATION

First Name:	M.I.:	Last Name:

Victim was:	<input type="checkbox"/> a Student	<input type="checkbox"/> a Faculty Member	<input type="checkbox"/> Other _____
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SSN Number:		/		/
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Street Address 1

Street Address 2

City	State	Zip Code

Telephone Number (Day)	Telephone Number (Evening/Cell)

If Victim is a Student – Grade & Undergraduate/Graduate Program at Virginia Tech as of 8/20/07:

SECTION 2. VICTIM'S CIRCUMSTANCES ON APRIL 16, 2007 – Victim was Present In Norris Hall on April 16, 2007 and was in one of the Classrooms listed below:

- | | |
|---|---|
| <input type="checkbox"/> Present in Classroom No. 204 | <input type="checkbox"/> Present in Classroom No. 207 |
| <input type="checkbox"/> Present in Classroom No. 205 | <input type="checkbox"/> Present in Classroom No. 211 |
| <input type="checkbox"/> Present in Classroom No. 206 | |

SECTION 3. INFORMATION REGARDING THE VICTIM'S PHYSICAL INJURIES (complete this Section if you were injured on 4/16/07 at Norris Hall).

Were you hospitalized as a result of your injuries sustained on 4/16/07? Yes No

No. of days hospitalized overnight from injury during the period between 4/16/07 and 8/15/07:

SECTION 4. MEDICAL DOCUMENTATION

I have attached my medical/hospital records:

Yes No I have attached other documentation:
(Describe):Yes No **SECTION 5. METHOD OF PAYMENT****For Categories B and C of the Protocol, select one: (NOTE: For returning students, tuition and fee payments will be made by the University automatically according to the Protocol.)**

- Please mail a Check in the amount of \$ _____ to Claimant at address shown in Section 1 Above.
- Please make a Direct Deposit/Electronic Funds Transfer into the account of the Claimant named in Section 1 above in the amount of \$ _____. Please attach to this form a copy of a voided check for that account.

For Categories D and E of the Protocol, select one:

- Tuition and Fees Payment (to be made by the University on behalf of the Claimant).
- Cash Payment of \$10,000.

Account
No.:Checking: Money Market: Savings: Other: ABA
Routing
No.:

Name of Financial Institution:

Name of Bank Contact

Street Address 1

Street Address 2

City:

State:

Zip Code:

Telephone Number (Day)

Telephone Number (Evening/Cell)

SECTION 6. SIGNATURE and NOTARIZATION

I hereby certify that the information provided in this application is true and accurate to the best of my knowledge and, if I am a student, is subject to the Virginia Tech Honor Code.

SIGNATURE OF VICTIM (Required):

DATE:

REQUIRED: Notary Statement

State of:

County of:

The foregoing instrument was subscribed and sworn before me this ___ day of _____, 2007, by

My Commission Expires:

Affix Notary Seal Here:

NOTARY SIGNATURE (Required):

DATE:

Please Return Completed Claim Form to:

**HSMF FUND ADMINISTRATOR
c/o Kathy Sanders
Virginia Tech University -- 321 Burruss Hall (0191)
Blacksburg, VA 24061**