

Section II: Catastrophic Injury Claim

This section is only required if you would like to submit a claim for the Catastrophic Injury Fund. You do not need to complete this section to receive the Settlement Award Amount on page one of this claim form. If you complete this Section II please also complete Section I of this claim form.

If you wish to be considered for a Catastrophic Injury award, please select the injuries the claimant suffered below and provide a description of the injuries in the designated field. For consideration of an award, documentation must be provided to support these injuries. Acceptable forms of documentation include but are not limited to, medical files, medical notes from doctors and time-stamped emails.

Completion of this form does guarantee funds will be awarded to you. Awards will be determined at the sole discretion of the Settlement Master, and you may be required to provide additional information or documentation to support your claim.

Select all injuries that the claimant suffered while in the care of this Facility between 8/15/2014 and 12/14/2017.

- | | |
|--|--|
| <input type="checkbox"/> Physical injury as a result of understaffing | <input type="checkbox"/> Lack of care leading to hospitalization |
| <input type="checkbox"/> Emotional distress as a result of understaffing | <input type="checkbox"/> Lack of care leading to death |
| <input type="checkbox"/> Cost of other necessary medical treatment | <input type="checkbox"/> Other |

Please provide a detailed written description of these injuries below referencing any documentation provided that supports the injury. Please be as specific as possible with your written description (including, but not limited to, dates, employee names, location of injury within the Facility, etc.). Please upload or mail a copy of the supporting documentation with this claim form.

If additional space is needed, please attach a separate sheet and return with the claim form.

Catastrophic Injury Claim Certification

I affirm under the laws of the United States that the information I have supplied in this claim form and any documentation that I am providing to support my claim are true and correct to the best of my knowledge.

I understand that I may be asked to provide more information by the Settlement Master before my claim is deemed complete.

Signature: _____

Date: / /

FOR MORE INFORMATION, VISIT www.JamesSquareSettlement.com or CALL 914-298-3281.

AFFIDAVIT OF ENTITLEMENT TO RECEIVE SETTLEMENT FUNDS ON BEHALF OF CLAIMANT

Claimant Information (Deceased, Minor, or Incompetent)	
Full Name:	
Social Security Number:	
Date of Birth:	Date of Death (if applicable):

Claimant Representative Information <i>(Note: Each Claimant Representative must complete a separate affidavit)</i>	
Representative Capacity (i.e., legal guardian, successor/heir, power of attorney, estate/property administrator, etc.):	
Name of Claimant Representative:	
First:	MI: Last:
Present Mailing Address (Number and Street):	
City, State, Zip:	
Social Security Number/ Federal ID Number:	
Email Address of Representative:	
Phone Number of Representative:	

Required Documentation <i>(Note: Provide all applicable items listed. Please send copies only.)</i>	
A copy of the death certificate (if representing a deceased claimant)	
A copy of the birth certificate (if representing a minor claimant)	
A legible copy of your current driver's license (front and back) or other valid forms of ID	
A copy of appropriate court/probate records naming all heirs or establishing your authority (i.e. Power of Attorney, etc)	

AFFIDAVIT AND INDEMNITY AGREEMENT	
State of _____ Parish/County of _____	
<p>Affidavit: The above named claimant representative, hereinafter referred to as "representative," must sign this form below. If the representative is a corporation, this form must be executed by an executive officer of a public corporation (i.e. CEO, CFO, etc), or an officer of a private corporation or unincorporated association. If the representative is a partnership, this claim must be executed by a partner.</p> <p>The representative hereby declares, agrees and certifies that his/her/their claim to this property is valid and just as the rightful owner or fiduciary thereof, that there are no outstanding conveyances, transfers, liens or encumbrances affecting the ownership of the property, that all statements herein are true and correct, and that by the execution of this Affidavit and upon payment of this claim, said representative shall, and by these present agrees and binds himself or herself to, fully and completely indemnify and hold harmless the Claims Administrator and/or Court Appointed Disbursing Agent from any other claims to the property and/or from any loss and expenses, including attorneys fees, resulting or arising from payment of the claim.</p>	
_____ Signature of Representative	
Sworn and subscribed before me this ____ day of _____, _____.	
_____ Printed name of Notary Public/ Notary No.	_____ Signature of Notary Public

Please return completed forms and copies of requested documents to:

James Square Settlement
c/o Postlethwaite & Netterville
PO Box 1188
Baton Rouge, LA 70821-1188