

CHAMPLAIN TOWERS SOUTH COLLAPSE

PERSONAL INJURY CLAIM FORM

The purpose of this Claim Form is to provide the Court with information that will be considered when evaluating the personal injury claims brought because of the Champlain Towers South collapse (the “CTS Collapse”). To be eligible to receive a portion of the recoveries and settlements in the litigation arising out of the Collapse, you must timely submit this Claim Form or the alternative Personal Injury Simple Claim Form.

IF YOU PARTICIPATE IN THE CLAIMS PROCESS, ALL AWARD DETERMINATIONS AND ALLOCATIONS BY THE COURT ARE FINAL AND NOT APPEALABLE.

You may prepare this Claim Form yourself, but you do not have to do it alone. The Court has already appointed Class Counsel—court appointed lawyers—who can assist you with completing this Claim Form. If you would like their help, please email attorney Rachel Furst (e-mail: rwf@grossmanroth.com) and/or attorney Curtis Miner (e-mail: curt@colson.com), who will help in arranging an attorney to assist you. There will be no direct charge to you for the services of court-appointed counsel. No attorney is authorized to charge for assisting you in completing and processing this form without Court approval of such fees.

INSTRUCTIONS TO CLAIMANTS

Use **either** this Claim Form **or** the Personal Injury Simple Claim Form to submit a claim for personal injury caused by the Collapse. If the Collapse resulted in a death, please use the “Wrongful Death Claim Form.” This Claim Form will address both the eligibility and compensation portions of your claim.

Although this Claim Form will be maintained initially as confidential by the Receiver and the Court, it may ultimately be shared with other parties the Receiver or the Court deems appropriate, which may include other claimants, their counsel, and defendants in this litigation.

The information in this form must be provided under oath and will be subject to penalties for perjury

Completed claims forms must be submitted to the Court-appointed Receiver, Michael I. Goldberg, by emailing it to: CTSReceivership@akerman.com.

[THE CLAIMS DEADLINE IS JULY 18, 2022](#)

**SECTION 1:
CLAIMANT – IDENTIFICATION INFORMATION**

Full Name:

(First)	(Middle)	(Last)

CTS Unit Number the Claimant was Visiting or Residing in:

Social Security Number (if applicable):

Mailing Address:

Street

City/State/Zip Code

Primary Telephone Number:

Email Address:

Date of Birth:

(mm/dd/yyyy)

**SECTION 2:
CLAIMANT – GENERAL INFORMATION**

SPOUSE INFORMATION

If the Claimant is married, please answer: Is the injured Claimant's spouse making a claim for loss of companionship and fellowship due to Claimant's injuries (loss of consortium)?

___ Yes ___ No

If the answer is no, you may skip the remainder of this section. If yes, please continue:

Full Name of Spouse:

(First)	(Middle)	(Last)

Social Security Number (if applicable):

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Date of Marriage:

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(mm/dd/yyyy)

Describe the nature of the claim:

MINOR INFORMATION

If the Claimant is a minor, please provide the following information:

FATHER

Full Name:

<input type="text"/>	<input type="text"/>	<input type="text"/>
(First)	(Middle)	(Last)

Date of Birth:

(mm/dd/yyyy)

Mailing Address of Parent (if different from Claimant's address):

Street

City/State/Zip Code

Primary Telephone Number:

Email Address of Parent:

MOTHER

Full Name:

<input type="text"/>	<input type="text"/>	<input type="text"/>
(First)	(Middle)	(Last)

Date of Birth:

<input type="text"/>
(mm/dd/yyyy)

Mailing Address of Parent (if different from Claimant's address):

<input type="text"/>

Street

<input type="text"/>

City/State/Zip Code

Primary Telephone Number:

<input type="text"/>

Email Address of Parent:

<input type="text"/>

**SECTION 4:
CLAIMANT'S INJURIES**

The following information will allow the Court to assess your damages. You can either provide this information in response to the specific questions below or include the information in narrative form attached to this Claim Form. In either case, in addition to providing written responses, it is important that documentation such as medical records be provided to support the responses.

- 1) Describe any physical injury for which you are claiming damages in this case, specifying the part of your body that was injured, the nature of the injury, and the injury's effects on you.
- 2) If you sought treatment for any physical injury, please describe it, including when you first sought treatment, who treated you, the treatment you received.
- 3) Describe any mental, psychological, or emotional injury for which you are claiming damages in this case.
- 4) If you sought treatment for any mental, psychological, or emotional injury, please describe it, including when you first sought treatment, who treated you, and the treatment you received.
- 5) Describe any future treatment you have scheduled and/or recommended by a physician or other medical or mental health provider, as well as an estimate of the cost of such future care.
- 6) Describe what your current prognosis is for any physical injury or psychological, mental or emotional injury that you sustained and who provided you with that prognosis.
- 7) List each item of expense or damage, other than loss of income or earning capacity, that you claim to have incurred as a result of the Collapse, giving for each item the dated incurred, the name and business address to the person or entity to whom each was paid or is owed, and the goods or services for which each was incurred. Be sure to include all healthcare costs you incurred in connection with the treatment listed above.
- 8) Has anything been paid from any third party (e.g., a health insurer, Medicaid or Medicare) for the damages listed in your answers above? If so, state the amounts paid, the name of the insurer or entity that paid the amounts, and whether any of those third parties have asserted a lien or otherwise claimed a right to be repaid from your recovery.

**SECTION 5:
CLAIMANT’S FINANCIAL INFORMATION**

This Section should only be completed if the Claimant is making a claim for lost income or loss of future earning capacity that resulted from the injuries the Claimant sustained in the CTS Collapse. You can either provide this information in response to the specific questions below or include the information in narrative form attached to this Claim Form. In either case, in addition to providing written responses, it is important that documentation be provided to support the responses.

- (1) Please identify your employers and job titles for the last five years and briefly describe your current employment status at the time of the collapse.

- (2) Please state the amount claimed for lost earnings or lost earning capacity and describe how that amount was calculated:

- (3) Please provide your tax returns (or reasonable equivalents) for the last five years. If tax returns are unavailable, please submit some proof of earnings for the last five years.

SIGNATURE PAGE

HEARING REQUEST

___ I request a hearing before the Court.

___ I consent to the Court making a determination based on my Claim Form and accompanying documents and do not request a hearing.

I UNDERSTAND THAT ALL AWARD DETERMINATIONS AND ALLOCATIONS BY THE COURT IN THIS CLAIMS PROCESS ARE FINAL AND NOT APPEALABLE.

CLAIMANT CERTIFICATION

I declare under penalty of perjury that the above information is true and correct to the best of my recollection.

Date: _____

Signature: _____

Name: _____

ATTORNEY CONTACT INFORMATION:

(contact information for attorney(s) who assisted in the preparation of this Claim Form)