

**CHAMPLAIN TOWERS SOUTH COLLAPSE**  
**PERSONAL PROPERTY / UNIT CONTENTS CLAIM FORM**

The purpose of this Claim Form is to provide the Court with information that will be considered when evaluating claims for damages for the loss of personal property or Unit contents 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 Property/Contents 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](mailto:rwf@grossmanroth.com)) and/or attorney Curtis Miner (e-mail: [curt@colson.com](mailto: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 Property/Contents Simple Claim Form to submit a claim for the loss of personal property or Unit contents caused by the Collapse.

Note that unit owners are not eligible to submit claims for the loss of personal property or contents. The previously approved Allocation Settlement Agreement included compensation to owners for such claims.

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](mailto:CTSReceivership@akerman.com).

**THE CLAIMS DEADLINE IS JULY 18, 2022**

**SECTION 1:  
CLAIMANT – IDENTIFICATION INFORMATION**

**Full Name:**

(First)	(Middle)	(Last)

**CTS Unit Number of Property or Contents Loss:**

**Mailing Address:**

Street

City/State/Zip Code

**Primary Telephone Number:**

**Email Address:**

**Date of Birth:**

(mm/dd/yyyy)

**SECTION 2:  
 PERSONAL PROPERTY / UNIT CONTENTS**

List each item of personal property or Unit contents for which you are claiming damages. Please provide as much detail as practical to describe the item, including the date it was acquired and its cost at the time. The amount claimed should reflect the value of the item at the time of its loss.

<b>PROPERTY</b>	<b>Amount Claimed</b>
	\$
	\$
<b>Total</b>	\$ <u>          </u>

For each item claimed, please attach, if available, the following: a photograph of the item or that includes the item in it, any receipt or other documentation reflecting its purchase or value. In the absence of documentation establishing value, please describe how value was calculated.

**SECTION 3:  
INSURANCE**

Did you have renter or contents insurance, or any other form of insurance, that compensated you in whole or in part for any of the items of property listed above?

Yes       No

If you had such insurance, please provide the following information:

Name of the insurer(s):

Policy number(s):

Amount of your claim to the insurer: \$ \_\_\_\_\_

Amount paid to you by the insurer: \$ \_\_\_\_\_

Amount of any deductible for which you were responsible: \$ \_\_\_\_\_

Please also attach a copy of any claim form that you submitted to the insurer.

If the insurer has placed you on notice of a right to be reimbursed for payments made to you from any recovery you may make from someone else for the loss of your property, please attach a copy of that notice.



**SIGNATURE PAGE**

**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)