

**CHAMPLAIN TOWERS SOUTH COLLAPSE**

**PERSONAL INJURY SIMPLE CLAIM FORM**

**INSTRUCTIONS**

On June 24, 2021, the Champlain Towers (“CTS”) collapsed. The collapse resulted in many deaths, caused personal injuries and destroyed a large number of Units, along with their contents (the “CTS Collapse”).

The purpose of this *Simple Claim Form* is to provide Class Members who survived the CTS Collapse the opportunity to receive direct compensation for personal injuries (including psychological harm and emotional distress). If You complete and submit this Claim Form, you may receive **\$50,000** from the CTS Receivership Estate, in satisfaction of any and all personal injury claims you may have. [Please note that for Unit owners who were not present at CTS at the time of the CTS Collapse, this is intended to be a “per Unit” payment to owners who have suffered a personal injury. If more than one owner of the Unit makes a valid personal injury claim, the payment would need to be shared amongst the owners.]

You may contact Court-appointed Counsel (Adam Moskowitz, at [adam@moskowitz-law.com](mailto:adam@moskowitz-law.com), Rachel Furst, at [rwf@grossmanroth.com](mailto:rwf@grossmanroth.com), and/or Curtis Miner, [curt@colson.com](mailto:curt@colson.com)) if you have any questions **at no cost to you**. You must complete and return this Claim Form to **Receiver Michael Goldberg by July 18, 2022**, by emailing it to: [CTSReceivership@akerman.com](mailto:CTSReceivership@akerman.com).

Instead of completing this Simple Claim Form, **you may decide to complete the full CTS Personal Injury Claim Form**, thereby **knowingly and voluntarily waving** any rights to this flat payment of \$50,000, but You will be required to: (1) present supporting evidence and testimony for your alleged Personal Injury Claim, and (2) you will have an opportunity to appear at a hearing before the Court, who will determine: (a) whether you are entitled to a claim under the laws of the State of Florida, and (b) the appropriate amount of such claim. While there is no guarantee of *any* payment through submitting to this alternate process, that payment could potentially *exceed* \$50,000, depending on the Court’s determination.

**SECTION 1:**

**CLAIMANT INFORMATION**

**Full Name:**

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**(First)**

**(Middle)**

**(Last)**

**Primary Telephone Number:**

**CTS Unit Number the Claimant Owned or was Visiting or Residing in at the Time of the CTS Collapse:**

**Was Claimant Present at the CTS property at the Time of the Collapse:**

**Yes: \_\_\_\_\_ No: \_\_\_\_\_**

**Current Mailing Address:**

**Email Address:**

**Social Security Number (if applicable):**

**Date of Birth:**

**SECTION 2:**  
**DECLARATIONS**

1. I was an owner of a CTS unit at the time of the Collapse, or I was a renter, tenant, or guest present at CTS at the time of the Collapse, and I have suffered emotional distress and/or a physical injury.

\_\_\_\_\_ **Yes**

2. Has anything been paid from any third party (e.g., a health insurer, Medicaid or Medicare) for the treatment of your emotional distress or physical injury related to the Collapse?

\_\_\_\_\_ **Yes**

\_\_\_\_\_ **No**

- (1) If you answered **Yes** to question 2 above, please 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.

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**SECTION 3:**

**CLAIMANT CERTIFICATION**

I declare, **under penalty of perjury**, that the foregoing response is true and correct (for me individually, and/or as the legal guardian of the Claimant).

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Name: \_\_\_\_\_