New Hampshire Youth Development Center Claims Administration and Settlement Fund

*John T. Broderick, Jr.*

*Administrator*

**CLAIMANT POSITION**

**RP QUESTIONNAIRE**

|  |
| --- |
| Claim No.:  Resolution Proceeding No.: |

1. Under the *Guidelines*, please identify the primary areas for the difference between the parties’ Positions, to the best of your knowledge.

*(Example: address each category of abuse identified in the Claim and contested issues impacting Base Award, Frequency Multiplier, any Applicable Aggravating Factors, any Mitigating or Exceptional Factors)*

1. Has the Claimant provided additional supporting documentation or information to the AG Designee for evaluation of the Claim? If so, provide a list of that additional documentation/information and when you expect to provide a copy of the materials to the Administrator.
2. Does the Claimant anticipate providing additional information or materials **in advance of** a Resolution Proceeding hearing to assist the Administrator’s independent evaluation of the contested issues?

If so, please identify

1. the nature of the materials
2. whether they have been shared with the AG Designee

**Please note:** The Scheduling Notice for this Claim identifies the time deadline for providing additional information or materials.

1. To your knowledge, does the AG Designee contest eligibility of the claimant (Example: Former YDC Resident status)?

If yes, please provide a brief explanation.

1. Did the Claimant seek and obtain a copy of the Claimant’s resident file or documents for this claim?

If yes, has a copy of the resident file or documents been provided to the AG Designee, in whole or in part?

**Please note**: The Scheduling Notice will provide a deadline for providing the Administrator with a copy of any resident file documentation.

1. Does the Claimant request a live testimony hearing Resolution Proceeding or a Resolution Proceeding that is solely a review of written statements and documentation? If a live testimony hearing is selected, then please identify:
   1. any anticipated witnesses, and/or
   2. whether a support person or victim advocate is attending with the claimant.

**Please note:** Live testimony hearing are conducted in-person with the claimant. The Claimant may request remote attendance for live testimony hearing (with reasons provided) within time period identified in the Scheduling Notice.

1. Are there special circumstances the Administrator should be aware of that may impact a hearing?

**Examples:**

*Attendance of victim’s advocate or support person*

*Claimant’s status as a resident at a department of corrections facility (state or county), and if so where and whether a change of status is anticipated in the next 3 to 6 months*

*Interpreter attending with the Claimant*

*Current medical or mental health of a Claimant*

**Please note:**The Claimant is required to provide any updates to Claims Administration staff and the AG Designee that may impact a live testimony hearing, such as whether the claimant has changed DOC locations or has recently been released from a DOC facility (if applicable).

Submitted by:

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

Printed Name:

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

**Note:** If represented, Counsel may sign on behalf of Claimant