**Claim Form – Change of Status/Change of Contact Information**

|  |
| --- |
| CLAIMANT NAME: |
|  |
| CLAIM NUMBER: |
|  |
| RESOLUTION PROCEEDING NUMBER (*only if applicable*): |

For the claim identified above, you are informing staff of YDC Claims Administration of one of the following change for claim processing.

Please check the ONE box that applies:

Claimant was self-represented and is now represented by legal counsel

Claimant was represented by legal counsel and is now self-represented

Claimant is changing legal representation to a different law firm

**Guidance**

It is important for you to return the completed Form as soon as you are able to do so.

There may be deadlines in the claims process that apply to your claim.

Please return this form by e-mail if you are able: [claims@ydcclaims.nh.gov](mailto:claims@ydcclaims.nh.gov).

If you do not have access to e-mail, you may mail this completed and signed Form directly to the YDC Claims Administration and Settlement Fund and directly to the person or law firm you have identified in this Form for sharing your claim information.

If you are a resident at a Department of Corrections facility, your case manager may be able to help you.

**Permission to Share**

By completing this Form, Claimant is giving the YDC Claims Administration staff permission to share the claim file with the person or law firm identified on this Form.

Submitted by:

|  |
| --- |
| Signature: |
|  |
| Printed name: |
|  |
| Relationship to Claimant: |
|  |
| Date: |

*Your lawyer or guardian may sign on your behalf if you give permission.*

*--- Continued on next page ---*

Contact Information for new Law Firm, *only if applicable*:

|  |
| --- |
| Law Firm name: |
|  |
| Primary Attorney name: |
|  |
| Address: |
|  |
| Email: |
|  |
| Phone: |

Contact Information for Guardian/Conservator, *only if applicable*:

|  |
| --- |
| Name: |
|  |
| Address: |
|  |
| Email: |
|  |
| Phone: |
|  |
| Relationship: |