New Hampshire Youth Development Center Claims Administration and Settlement Fund

**Claimant’s Selection of Option for Proceeding in the Claims Process**

**After Receipt of AG Designee Position**

Now that you have received the AG Designee’s Position on your claim, you have three options for proceeding in the YDC Claims Process. Before you make a selection, please review the form called *Notice of Claimant’s Options for Proceeding in YDC Claims Process*. This document is available on the YDC Claims website: [www.ydcclaims.nh.gov](http://www.ydcclaims.nh.gov).

Once you have made a decision, please use this Selection of Option form to confirm that you have reviewed the *Notice of Options* form and to identify your choice for proceeding. Return the completed Selection form to Claims Administration staff *and* to the AG Designee.

There are materials about the *Resolution Proceeding stage* on our website available for your review that may help you make a selection.

**SECTION I – Making Your Selection**

Please use a check box below to select ONLY ONE of the three options:

1. I accept the AG Designee’s position about my Claim.

Please select ONE form of payment:

Lump Sum

Annual Installments

Periodic Payments under a Structured Settlement Agreement

**NOTE**: You may select Option 1 before receiving *Notice of Options* from the YDC Claims Administrator so long as you affirmatively waive that processing step:

I choose to waive receiving *Notice of Options*, confirm that I have sent YDC Claims staff *Notice of Options* I have reviewed, and understand that my claim will proceed to payment processing after the Claims Administrator sends the Acknowledgement Letter.

1. I request that the Claims Administrator decide my claim through a resolution proceeding. *If you select Option 2, you will need to complete* ***Section II*** *on the next page.*
2. I withdraw my claim from the claims process for the YDC Claims Administration and

Settlement Fund.

**SECTION II – only for Claimants who chose Option 2 in Section I**

For claimants who selected Option 2 (resolution proceeding) on the preceding page, the following information must be completed. There are informational materials available on our website to help you prepare for your resolution proceeding.

Please select ONE type of resolution proceeding:

Live Testimony Interview under Oath (in person)

Written submissions only

Please identify any Special Circumstances for the Claims Administrator and his staff to prepare for a live hearing. In answering, please review the form available on our website called *Resolution Proceeding Live Hearing Interview – Special Circumstances of Claimant*. A hard copy is available upon request.

*Enter answer here:*

**Supplemental Materials for your Claim File:** If you intend to provide additional information to your claim file to assist the Administrator’s evaluation of your claim during a resolution proceeding, please do so as early as possible. The RP scheduling notice will provide a firm deadline for pre-hearing submissions.

**SECTION III – Additional Information from all Claimants**

Is the claimant currently residing at a Department of Corrections facility?

No  Yes  *If yes, enter facility name and address:*

***Enter Name of Claimant:***

***Enter Claim Number:***

**Date of Submission: Submitted By:**

