New Hampshire Youth Development Center Claims Administration and Settlement Fund

*John T. Broderick, Jr.*

*Administrator*

**AG DESIGNEE POSITION**

**RP QUESTIONNAIRE**

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

**Please identify** whether the Attorney General Designee Position letter provides the data/information identified in the *AG Designee Position Checklist* and is intended to cover the Questions in this RP Questionnaire.

**Otherwise,** please provide a completed Questionnaire to assist the Administrator in the Resolution Proceeding stage for this Claim, by the time deadline identified in the Structuring Notice for this Claim.

1. AG Designee Position: \_\_ Agree with Claim \_\_ Agree in Part \_\_ Disagree
2. Amount the AGO believes should be paid by Fund: $
3. Explain the basis for the AG Designee Position.
4. Please attach the calculations that the AG Designee is relying upon for its Position.
5. Under the Guidelines, identify the primary areas that impact the difference between the parties’ positions.

*(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 AG Designee asked for and/or has the Claimant provided additional supporting information or documentation for evaluation of the Claim? If so, provide a list of that additional documentation/information asked for or provided.
2. Does the AG Designee 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 Claimant

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

1. Does the AG Designee contest Eligibility as a threshold item for compensability from the Fund (example: Former YDC Resident status or YDC facility status) that would defeat the claim in whole or in part.

If yes, please provide a brief explanation and a list of documents/materials the AG Designee utilized to arrive at an Eligibility assessment.

1. Did the AG Designee obtain a copy of the Claimant’s resident file or similar records for this claim?

If yes, has it been provided to the Claimant?

1. Please identify topics or questions for a live testimony hearing that AG Designee views would be helpful for the Administrator’s evaluation of this claim.

Submitted by:

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

Printed Name:

Title:

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