



# HIGHLAND PARK SHOOTING RESPONSE FUND VICTIM CLAIM FORM

We respect your privacy and are committed to protecting it in accordance with our Privacy Policy (available at [July4Fund.org](http://July4Fund.org)). We will treat the personal information you provide to us as confidential. By providing your mobile number, you consent to receiving SMS messages from Together Highland Park Unidos.

If you need assistance completing this form, please contact the following:

Telephone: (773) 733-0650

Email: [info@July4Fund.org](mailto:info@July4Fund.org)

## 1. Getting Started

Please check the box that most closely matches your circumstance:

- Claim for a deceased victim or victim who suffered a Permanent Catastrophic Physical Injury, as described in the Final Protocol, as a result of the Highland Park 4th of July Parade Shooting (requires completion of Schedule A or B, as applicable – attached).
- Claim for a victim who sustained a physical injury requiring overnight hospitalization as a result of the Highland Park 4th of July Parade Shooting (requires In-patient Hospital Letter – sample attached).
- Claim for a victim who sustained a physical injury treated at a hospital, medical facility, or by a medical professional on an out-patient basis as a result of the Highland Park 4th of July Parade Shooting (requires Out-patient Hospital Letter – sample attached).

## 2. Victim Information

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

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

Date of Birth (mm/dd/yyyy): \_\_\_\_\_

Street Address 1: \_\_\_\_\_

Street Address 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Country (if other than United States): \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Secondary Phone (if any): \_\_\_\_\_

Email Address (if any): \_\_\_\_\_

**What is the best means of communicating with you?**

- Text message  Email  Telephone call
- Postal Mail at address above (note this may delay our communications with you)
- Family member phone or email:

Name of family member and relationship: \_\_\_\_\_

Phone number or email: \_\_\_\_\_

*Please return this form and all supporting documentation:*

By email to: [info@July4Fund.org](mailto:info@July4Fund.org)

By postal mail to: Highland Park Community Foundation, P.O. Box 398, Highland Park, IL 60035

By hand delivery to: Highwood Public Library, 102 Highwood Avenue, Highwood, IL 60040

**Claim Form must be dropped off or sent via email by 5:00 p.m. Central Time on September 7, 2022 or, if sent by mail, must be postmarked by September 7, 2022.**

### 3. Person Filling Out Claim Form (if not the victim)

---

- A. If the claim involves a deceased victim, please provide the name, address, and telephone number of the person making this claim, and specify the capacity in which they are making the claim.

*The personal representative legally authorized to administer the estate must submit the Claim Form. Please attach proof of such representative capacity from the applicable court having jurisdiction. Until satisfactory proof of such representative capacity is submitted, the Fund Administrators will withhold funds or deposit the funds with the applicable court having jurisdiction, to be held in a separate account, and to be distributed only upon resolution in accordance with a valid court order.*

- B. If the Claimant is a minor or otherwise subject to legal guardianship, please provide the name, address, and telephone number of the person making this claim for the Claimant. For claims of minors or otherwise subject to legal guardianship, please attach proof of representative capacity, such as a birth certificate, power of attorney, guardianship, appointment as guardian ad litem, custodial parent, or the equivalent.

**Relationship to Victim** (to be filled out only if form is being completed by someone other than the victim):

- Spouse  
 Child  
 Parent/Legal Guardian  
 Attorney  
 Other (please describe): \_\_\_\_\_

Representative First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

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

Firm (if attorney completing form): \_\_\_\_\_

Date of Birth (mm/dd/yyyy): \_\_\_\_\_

Street Address 1: \_\_\_\_\_

Street Address 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Country (if other than United States): \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

## 4. Supporting Documentation (please check)

---

I have attached the following documentation, as applicable:<sup>1</sup>

- Proof of Legal Representation (if represented by an attorney, please provide a copy of the Retention Agreement signed by both the attorney and the Claimant)
- Proof of Appointment of Representative (if filling out form for a deceased victim or on behalf of a victim, as described in Section 3)
- Other information and evidence required by 3.A. above as to a deceased victim (please use Schedule A, attached)
- Information and evidence required by 3.B. above, as to a person serving as a legal guardian
- Hospital or Medical Statement if treated in an emergency room or admitted to a hospital for physical injuries as a result of the Highland Park 4<sup>th</sup> of July Parade shooting

*The Hospital or Medical Statement must be on official letterhead from the hospital or medical provider that confirms: i) date of treatment in the emergency room or other medical facility or of admission to a hospital; ii) date of discharge from the emergency room, hospital, or other medical facility; and iii) the injury was a result of the Highland Park 4<sup>th</sup> of July Parade shooting.*

- Signed Letter from Medical Professional if treated as an out-patient for a physical injury sustained in the Highland Park 4<sup>th</sup> of July Parade shooting  
*If a physical injury claimant was treated by a medical professional outside of a hospital or medical facility setting, you must include a signed letter from the professional that confirms: i) the medical professional's name, contact information and applicable medical license number; ii) the date of treatment; and iii) the physical injury was sustained as a result of the Highland Park 4<sup>th</sup> of July Parade shooting.*
- If submitting a claim for Permanent Catastrophic Physical Injury, a description of the injury (please use Schedule B, attached).
- Other (please describe): \_\_\_\_\_

**Please note the Administrators may require different or additional information or statements, documents, or certifications after reviewing your claim. The list above is not exclusive.**

## 5. Payment

---

- Mail: Please send my payment via certified mail to the address below.
- Pick-Up: Please contact me via telephone or email to arrange a pick-up time and location.

Check Payable to: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Country (if other than United States): \_\_\_\_\_

Checks will be sent by certified mail unless pick-up option is selected above.

---

<sup>1</sup> In the event a claimant submits an incomplete or deficient claim (e.g., the claimant or representative failed to include required documentation or failed to sign the Claim Form), a representative of the Committee will endeavor to work with the claimant to cure any such deficiencies.

## 6. Signature

---

### Claimant Signature

I hereby certify that the information provided in this Claim Form is true and accurate to the best of my knowledge. Signature of Claimant on this form does not constitute a waiver of any legal rights. Further, I understand that false statements made in connection with this claim will be forwarded to the appropriate law enforcement agencies for possible investigation. By submitting this application, I consent to *Together Highland Park Unidos* or its agents verifying the information provided on this form.

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

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

### Parent/Legal Guardian Signature (if applicable)

If the victim is a minor or otherwise subject to legal guardianship, a parent or legal guardian must sign this form. I hereby certify that the information provided in this claim form is true and accurate to the best of my knowledge. Signature of Parent/Legal Guardian on this form does not constitute a waiver of any legal rights. Further, I understand that false statements made in connection with this claim will be forwarded to the appropriate law enforcement agencies for possible investigation. By submitting this application, I consent to *Together Highland Park Unidos* or its agents verifying the information provided on this form.

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

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

### Meeting Request (if applicable)

I request a meeting with the Fund Administrators to share information that was not included in this Claim Form.

## SCHEDULE A

---

If the Claim involves a deceased victim, please use the space below to provide the name, address, and telephone number of the person making this claim, and specify the capacity in which they are making the claim.

*The personal representative legally authorized to administer the estate must submit the Application. Please attach proof of such representative capacity from the applicable court having jurisdiction. Until satisfactory proof of such representative capacity is submitted, the Fund Administrators will withhold funds or deposit the funds with the applicable court having jurisdiction, to be held in a separate account, and to be distributed only upon resolution in accordance with a valid court order.*

## SCHEDULE B

---

*To be completed by individuals submitting claims for Permanent Catastrophic Physical Injury, pursuant to instruction 4*

Please describe symptoms or injury:

## SAMPLE IN-PATIENT CONFIRMATION LETTER

---

If you were treated at a hospital in the NorthShore University Health System, you can receive your letter by calling 847-480-2843 and making an appointment. These hospitals include: Evanston Hospital, Glenbrook Hospital, Highland Park Hospital, Skokie Hospital, NorthShore Immediate Care Center, and NorthShore Medical Group.

If you received treatment at the following hospitals, contact them directly for a letter and plan to share the sample letter below.

- Northwestern Lake Forest Hospital, call Community Affairs – 312.926.7506
- Vista Medical Center, call patient registration: 847-360-4060

If you were treated at another hospital, please ensure the hospital letter contains the information below.

[INSERT HOSPITAL LETTERHEAD]

Date

Patient Name

Address

Subject: July 4<sup>th</sup> Highland Park Shooting Response Fund

[Insert Hospital Name] confirms that [patient name] was physically injured and hospitalized for [insert number] nights due to physical injuries resulting from the July 4<sup>th</sup> Highland Park Shooting.

[Patient name] was hospitalized on the following nights (*listed below*) (*initial admittance must have occurred between July 4 and July 14*):

- 
- 
- 

Sincerely,

Name

Title

Phone Number

## SAMPLE OUT-PATIENT CONFIRMATION LETTER

---

*If you were treated at a hospital in the NorthShore University Health System, you can receive your letter by calling 847-480-2843 and making an appointment. These hospitals include: Evanston Hospital, Glenbrook Hospital, Highland Park Hospital, Skokie Hospital, NorthShore Immediate Care Center, and NorthShore Medical Group.*

*If you received treatment at the following hospitals, contact them directly for a letter and plan to share the sample letter below:*

- *Northwestern Lake Forest Hospital, call Health Information Management team at 877-973-2673*
- *Vista Medical Center call patient registration: 847-360-4060*

*If you were treated at another hospital, medical facility, or by an outside medical professional please ensure the letter contains the information below.*

Date

Patient Name

Address

Subject: July 4<sup>th</sup> Highland Park Shooting Response Fund

    [Insert medical professional's name]    , a     [insert title]     at     [insert place of employment]     confirms that     [patient name]     was physically injured and treated at     [insert location where treatment occurred]     on     [insert date]     (between July 4, 2022 – July 14, 2022) due to physical injuries resulting from the July 4<sup>th</sup> Highland Park Shooting.

Sincerely,

Name

Title

Phone Number