

Appendix H-4

Certification of Third-Party Claimant Resolution

CERTIFICATION OF THIRD-PARTY CLAIMANT RESOLUTION

A. PROGRAM PARTICIPANT'S INFORMATION

1. Name	Last	First	Middle Initial
2. Date of Birth	____/____/____ (MM/DD/YYYY)	3. Social Security Number	____ ____ ____ - ____ ____ ____ - ____ ____ ____

B. INFORMATION FOR PROGRAM PARTICIPANT'S COUNSEL

4. Does the Program Participant have Legal Counsel?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, complete Item 5. If No, skip to Section C	
5. Legal Counsel's Name	Last	First	Middle Initial

C. ACKNOWLEDGEMENT OF RESPONSIBILITY

Each Program Participant and their counsel acknowledges and agrees it is their sole responsibility to satisfy or otherwise resolve any and all claims held by all Potential Third-Party Claimants and further agrees that the Released Persons shall have no responsibility for satisfaction of the same.

D. SIGNATURE OF PROGRAM PARTICIPANT

The signature hereto constitutes my certification under penalty of perjury that I have complied with all requirements of Section 9.01(A), including complete and accurate submission of Appendix H-1, and Appendices H-2 through H-3 as applicable. I further certify under penalty of perjury that all claims held by all Potential Third-Party Claimants have been satisfied or otherwise resolved through the process set forth in Section 9.01(A) and its Appendices.

Signature		Date	____/____/____ (MM/DD/YYYY)
Printed Name	First	Middle Initial	Last

E. NOTARIZATION

BEFORE ME, the undersigned authority, the Person known to be the Program Participant named above personally appeared on the Signature Date shown and acknowledged under oath to my satisfaction that he/she has signed, sealed and delivered this document as his or her act and deed for the purposes therein expressed and in the capacity therein expressed.

Signature by Notary:			
Notary Public in and for the State or Jurisdiction of:			
Date Notary Commission Expires:	____/____/____ (MM) (DD) (YYYY)	<input type="checkbox"/> Notary: Check here if your Notary Commission has no expiration date under the law of your jurisdiction.	
Place Notary Seal or Stamp in this Space:			
	Notary: <input type="checkbox"/> Check here if your jurisdiction does not require a seal or stamp.		

CERTIFICATION OF THIRD-PARTY CLAIMANT RESOLUTION

F. SIGNATURE OF COUNSEL

The signature hereto constitutes my certification under penalty of perjury that I have complied with all requirements of Section 9.01(A), including complete and accurate submission of Appendix H-1, and Appendices H-2 through H-3 as applicable. I further certify under penalty of perjury that all claims held by all Potential Third-Party Claimants have been satisfied or otherwise resolved through the process set forth in Section 9.01(A) and its Appendices.

Signature			Date	_____ (MM/DD/YYYY)
Printed Name	First	Middle Initial	Last	