New Hampshire Youth Development Center Claims Administration and Settlement Fund

*John T. Broderick, Jr.*

*Administrator*

**Claimant’s Selection Form - Accept or Withdraw**

**Option for Proceeding in the Claims Process**

**After Receipt of Administrator’s Final Decision**

**Claim No.**

**Resolution Proceeding No.**

**It is important to review the written final decision of the Administrator carefully and consult with your attorney if you have one.**

Please use this Selection form to select your choice for concluding the YDC Claims Process and then return the completed form to Claims Administration staff, with a copy sent to the AG Designee.

You have two options for responding to the Administrator’s decision about your Claim. Please select *only* *one* option:

**OPTION 1:** I accept the Administrator’s decision about my Claim.

**OPTION 2:** I withdraw my claim from the claims process for the YDC Claims Administration and Settlement Fund.

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| **Claimant or Claimant Attorney Signature:**  By typing my name below, I understand and agree that I am electronically signing this form. | |
| Enter name of Claimant: |  | |
| Date of submission: |  | |
| Submitted by: |  | |

X

Type your name as your Electronic Signature