

Scouting Settlement Trust (“Trust”) Change of Attorney Representation Status Form (Maroon Form)

Change of Attorney Representation Status Form

This form should be used to:

1. Notify the Trust that you have retained an attorney to assist you with your Abuse Claim if you were previously unrepresented; OR
2. Notify the Trust that you have changed the attorney that is assisting you with your Abuse Claim (asking the Trust to remove the attorney who is currently on file and add a new attorney to your file); OR
3. Notify the Trust that you have discharged the attorney who had been representing you in this claim, and that you choose to represent yourself for your Abuse Claim.

Please select **one** option below and complete the Claimant Information and Signature section on page 3.

Once completed, please submit this form via email to info@scoutingsettlementtrust.com

Option 1: Add a newly retained attorney to your Abuse Claim

- ☐ **Option 1: I was previously unrepresented and have retained the following new attorney to assist with my Abuse Claim.**

I authorize the Trust to contact my newly retained attorney about my Abuse Claim.

Attorney Name *	First Name	Last Name			
Law Firm *	Firm Name				
Attorney Mailing Address *	Street/P.O. Box		Apt./Suite		
	City	State	Zip		
Attorney Contact Information *	Phone		<input type="checkbox"/> Work	<input type="checkbox"/> Mobile	<input type="checkbox"/> Home
	Alt. Phone		<input type="checkbox"/> Work	<input type="checkbox"/> Mobile	<input type="checkbox"/> Home
	Email				

Option 2: Change your attorney for your Abuse Claim

- ☐ **Option 2: I have discharged my former attorney and have retained the following new attorney to assist me with my Abuse Claim.**

I authorize the Trust to contact my newly retained attorney about my Abuse Claim.

Former Attorney Information

Attorney Name(s) to be Removed *	First Name	Last Name
Law Firm to be Removed *	Firm Name	

New Attorney Information

Attorney Name *	First Name	Last Name			
Law Firm *	Firm Name				
Attorney Mailing Address *	Street/P.O. Box		Apt./Suite		
	City	State	Zip		
Attorney Contact Information *	Phone		<input type="checkbox"/> Work	<input type="checkbox"/> Mobile	<input type="checkbox"/> Home
	Alt. Phone		<input type="checkbox"/> Work	<input type="checkbox"/> Mobile	<input type="checkbox"/> Home
	Email				

Option 3: Terminate your legal representation☐ **Option 3: I have discharged my lawyer and I choose to represent myself.**

By selecting this option, we will remove your existing attorney and communicate with you directly about your Abuse Claim.

Attorney Name(s) to be Removed *	First Name	Last Name
Law Firm to be Removed *	Firm Name	

Claim Information and Signature *

Claimant Full Legal Name *	First Name	Middle Name	Last Name
SST Claim ID *	SST Claim ID Number SST- _____	Claim Type * (Choose one)	<input type="checkbox"/> Expedited Claim Submission <input type="checkbox"/> Trust Claim Submission <input type="checkbox"/> Independent Review Option
Claimant Signature *			Date of Signature * ____/____/____ (MM/DD/YYYY)

By signing this form, you are acknowledging the following:

1. I am changing my instructions to the Trust on who can have access to my Abuse Claim.
2. I understand that this change does not affect any retainer agreements or other agreements I have with my prior attorney (if applicable) or any obligations I have to pay my prior attorney for fees or expenses.
3. I authorize the Trust to provide this completed form to the affected Law Firm(s).