

Scouting Settlement Trust (“Trust”)  
Third-Party Witness Statement Form  
Abuser Connection to Scouting  
(Olive Form)

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Instructions

Please read the following instructions carefully prior to submitting this Form. Failure to follow these instructions may result in this Form being rejected and a determination that your claim is deficient for abuser connection to scouting.

Required fields are marked with a red asterisk (\*).

**Instructions for Claimant or Attorney**

- This form needs to be completed in full and signed by a third-party witness. A third-party witness is a person other than the Claimant or the Claimant's attorney who has personal knowledge of the Abuser's connection to scouting. That person must be willing to speak to a representative of the Trust and if requested, be deposed (formal question and answer session under oath).
- Upload this completed and signed form to the Document tab of the Claimant's Portal using the document type "Trust Form".

**Instructions for Third-Party Witness**

- The Statement in Support of the Abuser's Connection to Scouting must include enough detail for the Trust to determine that the Abuser was connected to Scouting. To the best of your recollection, this statement should include details such as, how you are connected to the Claimant, how you have knowledge of the Abuser's connection to scouting, the name of the Abuser, the Abuser's troop number(s), and location of the troop(s).
- You must be willing to speak to a representative of the Trust and if requested, be deposed (formal question and answer session under oath).

Claim Number and Claimant Name				
<b>Claim SST ID *</b>	Claim ID Number (SST-XXXXXX) <b>SST-</b>			
<b>Claimant Name *</b>	First Name	Middle Initial	Last Name	Suffix

Third-Party Name and Relationship to Claimant				
<b>Third-Party Witness Name *</b>	First Name	Middle Initial	Last Name	Suffix
<b>Relationship to Claimant *</b>	Please describe your relationship to the Claimant			

Statement in Support of Abuser's Connection to Scouting	
<p>I have personal knowledge about how the alleged abuser,</p> <p>_____, is/was connected to Scouting. *</p> <p style="text-align: center;">&lt;Name of alleged abuser&gt;</p>	
<p>Please describe how you personally know that this alleged abuser is/was connected to Scouting. To the best of the witness's recollection, this statement should include details such as, how the witness is connected to the Claimant, how they have knowledge of the Abuser's connection to scouting, the name of the Abuser, the Abuser's troop number(s), and location of the troop(s): *</p>	

## Signature Under Penalty of Perjury

I make the above statement under penalty of perjury.

Witness Signature\*

Date\*

\_\_\_\_/\_\_\_\_/\_\_\_\_  
<Month / Day / Year>

Witness Printed  
Name\*

First

Middle Initial

Last

Suffix

Witness Mailing  
Address\*

Address

City

State

Zip

Witness Email  
Address\*Witness Phone  
Number\*☐ Mobile☐ Other