

Scouting Settlement Trust (“Trust”)
Third-Party Witness Statement Form
Claimant Connection to Scouting
(Pink 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 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 Claimant'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 Claimant must include enough detail for the Trust to determine that the Claimant is connected to Scouting. To the best of your recollection, this statement should include details such as, how you are connected to the Claimant and have knowledge of the Claimant's connection to scouting, the approximate year(s) the Claimant participated in Scouting, the Claimant's troop number(s), location of the troop(s), and participation in Scouting camp (if applicable).
- 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

Claim SST ID *	Claim ID Number (SST-XXXXXX) SST-			
Claimant Name *	First Name	Middle Initial	Last Name	Suffix

Third-Party Name and Relationship to Claimant

Third-Party Witness Name *	First Name	Middle Initial	Last Name	Suffix
Relationship to Claimant *	Please describe your relationship to the Claimant			

Statement in Support of Claimant

I have personal knowledge about how the Claimant,

_____, is/was connected to Scouting. *

<Name of Claimant>

Please describe how you personally know that this Claimant 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 and has knowledge of the Claimant's connection to scouting, the approximate year(s) the Claimant participated in Scouting, the Claimant's troop number(s), location of the troop(s), and participation in Scouting camp (if applicable): *

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
	Address			
Witness Mailing Address*	City	State	Zip	
	Witness Email Address*			
Witness Phone Number*			<input type="checkbox"/> Mobile <input type="checkbox"/> Other	