



United for Waukesha Community Fund
held at Waukesha County Community Foundation

Uniform Claim Application Form

Deadline for Application: February 28, 2022

If you need assistance in completing this form, please call (262)513-1861 or email: info@waukeshafoundation.org

Please check the box that most closely matches your circumstance:

- Claim for Victim Requiring Overnight Hospitalization
- Claim for Victim Treated at Waukesha and Milwaukee County Area Hospitals
(or treated by a private physician) on an Emergency Out-Patient Basis
- Present at Waukesha Christmas Parade
- First Responders and Emergency Room and other Professionals treating victims

1. Victim Information

First Name: _____ Middle Name: _____

Last Name: _____

Other Names Used: _____

Date of Birth (mm/dd/yyyy): _____ SSN/TIN (last four digits only): _____

Street Address 1: _____

Street Address 2: _____

City: _____ State: _____ Zip Code: _____

Country (if other than United States): _____

Home Phone: _____ Work Phone: _____

Mobile Phone: _____ Email: _____

Please return this form and all supporting documentation to: Waukesha County Community Foundation
2727 N. Grandview Blvd., Suite 301
Waukesha, WI 53188

CLAIM MUST BE POSTMARKED BY **FEBRUARY 28, 2022**

2. Person Filling Out Application *(if not victim)*

If the Claimant is a minor or an incompetent adult, please provide the name, address, and telephone number of the person making this claim for the Claimant. For claims of minors or incompetent adults, please attach **proof of representative capacity**, such as a power of attorney, guardianship, appointment as guardian ad litem, custodial parent, or the equivalent as required by the law of the resident state/province of the incompetent adult or minor.

Relationship to Victim:

Spouse

Parent/Custodial Guardian

Other *(please describe)*: _____

Applicant First Name: _____ Middle Name: _____

Last Name: _____

Date of Birth *(mm/dd/yyyy)*: _____ SSN/TIN *(last four digits only)*: _____

Street Address 1 *(if different from victim address above)*: _____

Street Address 2: _____

City: _____ State: _____ Zip Code: _____

Country *(if other than United States)*: _____

Home Phone: _____ Work Phone: _____

Mobile Phone: _____ Email: _____

3. Attorney or Other Representation *(if applicable)*

Name: _____ Firm: _____

Street Address 1: _____

Street Address 2: _____

City: _____ State: _____ Zip Code: _____

Country *(if other than United States)*: _____

Phone Number: _____ Alternate Phone Number: _____

Email: _____

4. Supporting Documentation *(please check)*

I have attached the following required documentation:

Proof of Legal Representation *(if applicable) (If represented by an attorney, please provide a Retention Agreement signed by both the attorney and the claimant.)*

Proof of Relationship to Victim *(if filling out form on behalf of victim):* _____

Birth Certificate Marriage License Other *(please describe):* _____

Hospital or Medical Letterhead

(An official letterhead from the hospital or medical that confirms i) date of admission to the hospital or medical facility, ii) date of discharge from the hospital or medical facility, and iii) the nature of the injury and that the injury was sustained as a result of the attendance at the Waukesha Christmas Parade.)

Other _____

5. Payment: Check Payable to:

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Country *(if other than United States):* _____

Checks will be sent by certified mail.

6. Signature

If the victim is a minor, both parents must sign this form. If both signatures cannot be obtained, please explain why:

Claimant Signature

I hereby certify that the information provided in this claim form is true and accurate to the best of my knowledge, Signature of Claimant on this form does not constitute a waiver of any legal rights. Further, I understand that false statements made in connection with this claim will be forwarded to the appropriate law enforcement agencies for possible investigation. By submitting this application, you consent to the UWCF Committee or its agents verifying the information provided on this form.

Signature: _____ Date: _____

Printed Name: _____

Second Parent Signature *(if applicable)*

I hereby certify that the information provided in this claim form is true and accurate to the best of my knowledge, Signature of Second Parent on this form does not constitute a waiver of any legal rights. Further, I understand that false statements made in connection with this claim will be forwarded to the appropriate law enforcement agencies for possible investigation. By submitting this application, you consent to the UWCF Committee or its agents verifying the information provided on this form.

Signature: _____ Date: _____

Printed Name: _____

AFFIDAVIT

STATE OF _____ [state where signed]

COUNTY OF _____ [county where signed]

NOW COMES the Affiant, _____ [name], being first duly sworn under oath, and states as follows:

1. I am _____ [name].
I am over the age of 18 and competent to testify as to the matters set forth herein.
2. I request benefits from the United for Waukesha Community Fund.
3. Please initial applicable statements below:

_____ I was physically present or am applying on behalf of someone who was physically present at the Waukesha Christmas Parade at the time of the incident on November 21, 2021 (the "11/22 Parade") and have experienced physical or psychological trauma as a result of that attendance.

_____ I am a First Responder, Emergency Room or other Professional who has treated victims who were present at the 11/22 Parade and I have experienced psychological trauma as a result of providing direct care.

Briefly describe symptoms or injury:

4. I completed all other requirements of the Application and all the information I provided is true and accurate.

FURTHER AFFIANT SAYETH NAUGHT.

[Signature of Affiant]

Note: This must be signed in the presence of the Notary.
Do not sign until instructed to do so by Notary.

Sworn and subscribed before me this _____ day of _____ [month], 2021

Notary Public

My Commission Expires: _____