

Claimant's Affidavit

In order to be eligible to participate in the Claims Program for out-of-pocket losses, property damage and/or injuries incurred at the Valley Stream Wal-Mart store on November 28, 2008, you must complete this form. This affidavit must be truthfully completed, signed and sworn to before a Notary Public under the penalty of perjury.

_____, **Claimant**
(Print first, middle, and last name)

State of _____
(State/province where form is notarized)

County of _____
(County where form is notarized)

Country of _____
(Country, if outside U.S., where form is notarized)

I, _____ *(print first, middle, and last name)*, **being duly sworn, depose and state:**

1. I am the above-named Claimant or the Parent or Guardian (*circle one*) of the above-named Claimant. I reside at _____

(print street number and street name, apartment number (if applicable), city, state, zip, and country (if not U.S.)).

My mailing address is _____

(print mailing address).

2. My home telephone number is _____ *(include area or country code)*; my mobile telephone number is _____
(include area or country code). My e-mail address is _____
_____.

3. I was present at the Valley Stream Wal-Mart Store (located at 77 Green Acres Road, Valley Stream, Nassau County, NY 11580) on November 28, 2008 between the hours of _____ (state when you were present).

4. I was injured and/or my property was damaged at the Valley Stream Wal-Mart Store on November 28, 2008 at approximately (state the time of injury and/or damage) _____ a.m., specifically (describe your injuries and/or the damage to your property) _____

(If necessary, attach a separate sheet describing additional injuries and/or damage.)

5. My injuries and/or damage to my property, which occurred at the Valley Stream Wal-Mart Store on November 28, 2008, were/was directly caused by crowd-related events, specifically (describe how crowd-related events caused your injuries and/or damaged your property) _____

(If necessary, attach a separate sheet describing how crowd-related events directly caused your injuries and/or damaged your property.)

6. Complete this paragraph only if applicable: As a result of my injuries and/or damage to my property described in Paragraph 4 above, I have incurred out-of-pocket losses, for such items as non-reimbursed medical expenses (including co-pays), lost wages, costs of repair and/or replacement of damaged property and/or other types of out-of-pocket losses, in the amount of \$ _____ (state the total dollar amount of your claim) for the following items (list out-of-pocket losses, if any, for example, medical expenses, lost wages, etc., and the dollar amount of each loss)

_____ \$ _____

_____ \$ _____

_____ \$ _____.

(If necessary, attach a separate sheet describing out-of-pocket losses.)

7. Complete this paragraph only if applicable: As a result of my injuries and/or damage to my property described in Paragraph 4 above, I have incurred physical injury (including pain and suffering) and/or non-physical damages, specifically: _____

_____.

(If necessary, attach a separate sheet describing other damages.)

8. In support of my claim, I have submitted the following documentation, which I believe to be sufficient to demonstrate the factual basis of my claim (list document type/title):

a. _____

b. _____

- c. _____
- d. _____
- e. _____
- f. _____
- g. _____

(If necessary, attach a separate sheet listing and explaining additional documentation.)

9. Were you a temporary, seasonal, or regular employee of Wal-Mart on November 28, 2008 (*check one*) who was working in that capacity when your claimed losses occurred?

YES (*Print title and location*) _____

NO

10. Were you a public employee on November 28, 2008 (for example, of the Village of Valley Stream, Nassau County, or the State of New York) (*check one*) who was working in that capacity when your claimed losses occurred?

YES (*Print title and employer*) _____

NO

11. By signing my name below, I hereby swear under penalty of perjury (*see* New York Penal Law Article 210, attached) that the information I have provided and the statements I have made herein and any documents I have submitted herewith are true and correct.

(*Sign your full name*)

Sworn and/or affirmed before me, this
_____ day of _____, 2009

Notary Public

[AFFIX SEAL HERE]

[ATTACH CONSULAR CERTIFICATION, IF APPLICABLE]