

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

## Third-Party Witness Statement Form Abuser Connection to Scouting (Olive Form)

Claim Number and Claimant Name				
<b>Claim SST ID *</b>	Claim ID Number (SST-XXXXXX) <div style="text-align: center; font-size: 1.2em;">SST-</div>			
<b>Claimant Name *</b>	First Name	Middle Initial	Last Name	Suffix

\* Required

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  <div style="height: 100px; border: 1px solid black;"></div>			

Statement in Support of Claimant	
I have personal knowledge about how the alleged abuser,  <div style="border-bottom: 1px solid black; width: 80%; margin: 5px 0;"></div> <div style="text-align: center; font-size: 0.8em; color: gray;">&lt;Name of alleged abuser&gt;</div> , is/was connected to Scouting. *	<div style="text-align: center;"> <input type="checkbox"/> Yes      <input type="checkbox"/> No         </div>
If yes, please describe how you personally know that this alleged abuser is/was connected to Scouting:  <div style="height: 200px; border: 1px solid black;"></div>	
If requested, I am willing to answer questions about my statement. *	<div style="text-align: center;"> <input type="checkbox"/> Yes      <input type="checkbox"/> No         </div>

## Signature Under Penalty of Perjury

I make the above statement under penalty of perjury.

Signature\*

Date\*

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

Printed Name\*

First

Middle Initial

Last

Suffix

Mailing Address\*

Address

City

State

Zip

Email Address\*

Phone Number\*

☐ Mobile    ☐ Other