

Scouting Settlement Trust (“Trust”)
Third-Party Witness Statement Form
Claimant
Connection to Scouting
(Pink Form)

Third-Party Witness Statement Form Claimant Connection to Scouting (Pink Form)

Claim Number and Claimant Name				
Claim SST ID *	Claim ID Number (SST-XXXXXX) <div style="font-size: 1.2em; margin-top: 5px;">SST-</div>			
Claimant Name *	First Name	Middle Initial	Last Name	Suffix

* Required

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 <div style="height: 40px; border: 1px solid black; margin-top: 5px;"></div>			

Statement in Support of Claimant	
I have personal knowledge about how the Claimant, <div style="border-bottom: 1px solid black; width: 80%; margin: 10px 0;"></div> <div style="text-align: center; font-size: 0.8em; color: gray;"><Name of Claimant></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 Claimant is/was connected to Scouting: <div style="height: 200px; border: 1px solid black; margin-top: 10px;"></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