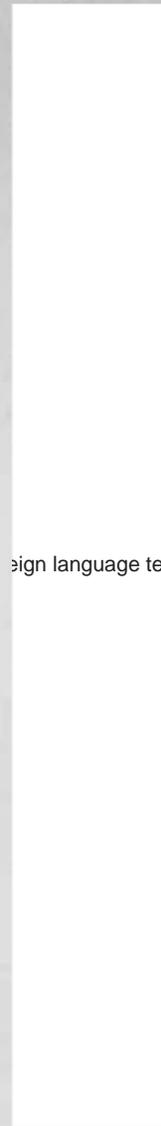


10 OCT



sign language te



(b)(6)

A976

A976

1009

29 June 06
PAID Approve \$2500
SIGACT

(2)Hic

The Nationality & Civil Affaires
Personal Certification Card.

I.D. No. : 01010378

First Name : (b)(6)

Second and Third Name : (b)(6)

Surname : /

Mother's Name : (b)(6)

Gender : male

Organized on : 28-9-2005

Organized by : /

Job : free work

Religion : Muslim

Birth Date : (b)(6)

(b)(6)

Status: Single

Wife's Name : /

Remarks

(b)(6)

FCA/CERP PACKETS

Claim #: _____

Name of Person Submitting Claim: _____

Location of Incident: _____

Date Claim Submitted: _____

Person Receiving Claim: _____

Date Packet Completed: _____

Date Claim Paid/Amount Paid: _____

Notes: *IF NO SIGACT DEED*

- Copy of ID Card
- Proof of ownership (deed, proof of inheritance, bill of sale)
- Death certificates
- Medical Examination
- POA's
- Pictures of Damage
- Checked SigActs: Yes No

Contract for Representation

(b)(6) (name, address, phone number), who hereinafter may be referred to as "Claimant," and _____, who hereinafter may be referred to as "Attorney" agree as follows:

DESCRIPTION and CONDITIONS

- 1. For the price and the terms and conditions set forth herein, Attorney hereby agrees to provide legal representation for the Claimant who agree to hire Attorney to perform the following services: investigate and file a claim under the Foreign Claims Act.
- 2. The price for these services will be 10% percent of the claim if paid in U.S. dollars. If the claim is denied no payment is due by the Claimant to the Attorney for the Attorney's services.
- 3. The Attorney's investigation will at a minimum consist of translating all documents to include witness statements in to English as well as, producing a Seven Point Memorandum in English.
 - a. This contract will be good until the claim is either paid or denied. Either party to the contract can terminate the agreement prior to the filing of the claim. Once a claim has been filed the contract can only be terminated by written consent of the other party.
 - b. Other conditions: _____

SOLE AND FINAL AGREEMENT

4. This document constitutes the sole and final Agreement between the parties. This instrument correctly sets forth the rights, duties, and obligations of each party to the other party. Any other written or oral Agreements, promises, negotiations, or representations concerning the subject matter of this Agreement not expressly set forth herein are no longer of any force and effect.

WRITTEN MODIFICATIONS

5. Any subsequent modifications to this Agreement must be in writing, dated and signed by both parties.

Executed on 4 day of 1 2006

_____, Claimant _____

(b)(6)

(b)(6)

The Lawyer

The personal No.

(b)(6)

28-9-2005

(b)(6)

Anbar, Iraq

From : Name:-----

(b)(6)

Address:----- Anbar Ramadi Khaleelija

I am

- a. A citizen and national of :----- Republic of Iraq
- b. A permanent resident of :----- Iraq
- c. Employed by :-----
- d. Check one () An insurer () Not an insurer
- e. Check one () A subrogee () Not a subrogee

I hereby make a claim against the united states government for damages or injuries
Caused by:(Name,Organization,Military Department, Address,Telephone Number)

The Multinational forces

The property damaged is owned by : (If the claim is made as an agent , parent , or guardian , attach a power of attorney or other evidence of authority and fill in the form below for party sustaining the damage or injuries .)-----

My claim arose at :----- Anbar Ramadi Iraq
(Town) (City) (Country)

My claim arose on :----- 4 1 2006
Month Day Year

Give a brief statement of the accident or incident on which the claim for damages to property or for personal injury is based .(Use back of this sheet if necessary .)

In the date 10-10-2005 . The multinational forces shot fires at random to my brother named (
) this accident led to kill him at once . The accident happened at 2.00 o'clock in the evening , therefore I ask for compensation .

The damaged person

(b)(6)

Killing

List in detail the amount of property damage and itemized expenses resulting from the property damage or personal injury : (Attach bills and receipts , if applicable .)

Item

Amount

5.000\$

7.500.000 I.D

Total : 5.000\$
7.500.000 I.D

I was insured to the following extent against the damage or injuries I have sustained:

The name and address of my insurer (if any) is:

(Name)

(address)

I claim as damages: (Indicate amount in U.S. dollars and local currency)

\$ 5.000 local 7.500.000

(Signature of Claimant)

Subscribed before me this 4 day of 1, 2006.

(b)(6)

(Print Name)

(Signature)

Pages 8 through 13 redacted for the following reasons:

Foreign Language Text
foreign language text
foreign language text, (b)(6)