

- If another survivor filed a petition or an amendment to a previously submitted petition, but then died before receiving a payment, check the box and fill in the name of that deceased person.
- If the original petition was filed by multiple surviving children or parents and any of those survivors has died, check the box and fill in the name of the survivor who filed the previous petition.

SECTION D – INSTRUCTIONS

Complete this section if you are a personal representative of any eligible individual

This section describes an attorney or other representative for the eligible individual, if any. If this section is completed, all communications related to the petition will go directly to the personal representative. Enter the requested information.

- **Name:** The personal representative's full name.
- **Address:** The personal representative's current home or office address.
- **City:** The personal representative's current city of office or residence.
- **State:** The personal representative's current state of office or residence.
- **Zip:** 5 or 9 digit zip code of the personal representative's current office or residence.
- **Daytime phone:** The daytime telephone number of the personal representative, including the area code.
- **Filing for:** The name of the eligible individual on whose behalf you are filing a petition.
- **Nature of relationship to eligible individual.** Fill in the blank indicating attorney, guardian or other (be specific).
- **Does the eligible individual have the legal capacity to receive payments?** Check the "Yes" box if the person you are representing has the legal capacity. Check the "No" box if the person you are representing does not have the legal capacity to receive payments (e.g., you represent a minor or an individual who is otherwise incompetent). In the space provided, please explain.

If the personal representative lives or works outside of the United States of America, in the State field, enter the country. In the Zip field, use any applicable mailing code. In the phone field, include the international dialing code for the country.

- **Signature of Personal Representative:** The personal representative's original signature in ink.

SECTION E – INSTRUCTIONS

All petitioners or their representatives must complete this section

All eligible individuals must sign the petition, unless he/she does not have the legal capacity to receive payments under the Act. In that case, a personal representative must sign for the individual (even if the personal representative also signed in Section D above). If multiple surviving children or surviving parents are filing jointly, at least one of these survivors must sign the petition. Enter the requested information.

- **Name (printed clearly or typed):** The name of the person signing the petition, presented legibly.

(Section E continued, next page)

If you have any questions, go to the Ricky Ray web-site, www.hrsa.gov/bhpr/rickyray, or call the toll-free number, 1-888-496-0338.