#### **RESTITUTION CLAIMFORM** For American Immigration Federation ("AIF")Immigrant Restitution Fund

#### Deadline for Filing Restitution Claim Form: November 30, 2017

This Restitution Claim Form must be electronically submitted or postmarked no later than November 30, 2017. Claims not filed by the above deadline will not be reviewed by the Administrator.

### **NOTE:** This form will not be accepted unless each field marked with an asterisk (\*) has been completed and a form of identification containing your name and date of birth, as specified in Part II below, are provided.

Providing false, misleading, or incomplete information on this form could jeopardize your right to restitution.

You are receiving this Restitution Claim Form because you previously submitted to the New York State Office of the Attorney General ("OAG") information about immigration-related services provided to you by AIF. Completion of the Restitution Claim Form will help the OAG determine your eligibility to receive money from the AIF Restitution Fund, which has been established to compensate individuals who were defrauded by AIF.

# This claim form together with the required form of identification as specified in Part II below can be submitted to the OAG in one of four ways:

(1) by Mail to:

New York State Office of the Attorney General Attn: AIF Restitution Fund 28 Liberty Street, 20<sup>th</sup> Floor New York, NY 10005;

- (2) **by Email** (Email to: AIF.Fund@ag.ny.gov with "AIF Restitution Fund" in the subject line);
- (3) **by Facsimile** (Fax to: 212-416-6030); or

(4) **in Person**, by first scheduling an appointment to present your claim form and form of identification. Call 866-390-2992 to make an appointment to present your documents *in advance* of visiting our offices in person.

Please call the OAG's immigration services fraud hotline at 866-390-2992 with any questions or concerns. Once all completed claim forms and the required form of identification have been reviewed, the OAG will contact those applicants deemed eligible and issue a restitution payment from the Fund.

**NOTE:** Only individuals who submit the enclosed claim form and the form of identification as specified in Part II below may be eligible to receive restitution from the Fund.

PART I – PERSONAL INFORMATION	
First Name:*	
Phone Number:* () If outside U.S., country code	
Zip Code	Country
	First Name:* Phone Number:* () If outside U.S., country code Zip Code

### PART II – FORMS OF IDENTIFICATION\*

To be eligible for compensation, you must submit **one copy** of at least one form of identification with this form or present your form of identification for an in-person review during a scheduled appointment.

Acceptable forms of identification must include your name and date of birth. Examples may include:

- U.S. or other country-issued passport,
- Birth certificate,
- Certificate of naturalization,
- National identification card,
- Consular identification,
- Permanent resident card,
- Reentry permit,
- Refugee travel document,
- U.S. military photo id card,
- U.S. military dependent id card,
- Employment authorization card,
- Welfare/Medicaid/New York State ("NYS") Food Stamp Card with photo,
- Welfare/Medicaid/NYS Food Stamp Card without photo,
- Driver's License,
- NYS Interim License/Permit without photo,
- NYS or New York City New York City ("NYC") Pistol Permit,
- NYS Professional License,
- School identification,
- Employee identification, or
- Trade certificate.

# I declare under penalty of perjury that the information provided in this claim is true and correct to the best of my knowledge.\*

Signature

Date