

APPLICATION TO VIEW CLOSED CIRCUIT BROADCAST OF MOUSSAOUI TRIAL

1. **Name of applicant:**_____ (Please Print)
Address:_____

Telephone: (Work) () _____ (Home) () _____ (Cell) () _____
2. **To assist the Court in determining your eligibility, please check the appropriate box if you:**
- ☐ are the spouse, legal guardian, parent, child, brother, or sister of, or have a relationship of similar significance to, an individual who died from direct physical harm sustained at the scene of the September 11, 2001 terrorist acts when they occurred or immediately thereafter.
Go to Part A.
- ☐ were present at the scene of the September 11, 2001 terrorist acts when they occurred, or immediately thereafter, and suffered direct physical harm as a result of the terrorist acts.
Go to Part B.
- ☐ are the spouse, legal guardian, parent, child, brother, or sister of, or have a relationship of similar significance to, an individual who
(1) suffered direct physical harm at the scene of the September 11, 2001 terrorist acts when they occurred or immediately thereafter, and
(2) is under 18 years of age, incompetent, incapacitated, has a serious injury, or disability that requires assistance of another for mobility.
Go to Part C.

Part A (Related to Deceased Victim)

Please provide the full name of the person who was killed. _____

Your relationship to the deceased victim:

- | | |
|--|----------------------------------|
| <input type="checkbox"/> spouse | <input type="checkbox"/> child |
| <input type="checkbox"/> legal guardian | <input type="checkbox"/> brother |
| <input type="checkbox"/> parent | <input type="checkbox"/> sister |
| <input type="checkbox"/> other of similar significance | |

If you marked other, please describe your relationship to the deceased victim and explain why it is a relationship of similar significance to another relationship listed above.

Part B (Physically Injured Victim)

Where were you when you sustained your physical injury? _____

Where were you employed when you sustained your physical injury? _____

Briefly describe your physical injury. _____

Part C (Related to Physically Injured Victim)

Please provide the full name of the person who was physically injured. _____

Check which box(es) applies to the physically injured person:

- ☐ is under 18 years of age ☐ is incompetent
☐ is incapacitated ☐ has a serious injury
☐ has a disability that requires assistance of another for mobility

Where was the injured person when he/she sustained physical injury? _____

Where was the injured person employed when he/she sustained physical injury? _____

Briefly describe the physical injury. _____

Your relationship to the physically injured victim:

- ☐ spouse ☐ child
☐ legal guardian ☐ brother
☐ parent ☐ sister
☐ other of similar significance

If you marked other, please describe your relationship to the physically injured victim and explain why it is a relationship of similar significance to another relationship listed above.

3. CCTV Sites You Plan On Attending

CCTV Sites	How often you would like to attend (rarely, occasionally, frequently, daily)

4. Special accommodations

Do you need any special accommodations (e.g., wheelchair access, closed captioning, sign language interpretation, etc.)?

If so, please specify. _____

5. Verification

I verify that the above-information is true to the best of my knowledge and belief.

Signature		Date	
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