

**Epstein Victims' Compensation Program
("Epstein VCP")
To Compensate and Resolve Claims of
Victims-Survivors of Sexual Abuse by Jeffrey Epstein**

REGISTRATION FORM

The Epstein Victims' Compensation Program has been established to provide compensation for victims-survivors who were abused by Jeffrey Epstein. If you believe you may be eligible to participate in this Program, please complete the information requested below and submit this Registration Form via the instructions provided on EpsteinVCP.com. The Administrator will review your submission, determine whether you are eligible to participate in the Program, and notify you in writing of the determination. If the Administrator determines that you are eligible to participate in the Program, you will be sent a Claim Form and other relevant Program information.

The registration process is required for individuals who have **not** filed a lawsuit, legal action or claim against Jeffrey Epstein and/or the Estate of Jeffrey Epstein on or before June 25, 2020. If you have filed a lawsuit, legal action or claim against Jeffrey Epstein and/or the Estate of Jeffrey Epstein on or before June 25, 2020, you do not need to complete this Registration Form.

Registrations will be accepted by the Administrator from the Effective Date through February 8, 2021.

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1. Are you an attorney or other authorized representative registering for a
Claimant? Yes No

If yes, what is your relationship to the Claimant? _____

2. Do you have written authority to communicate on behalf of your client with
Epstein VCP regarding this registration? Yes No N/A

Claimant Name and Contact Information:

First Name _____ Middle Name _____

Last Name _____ Date of Birth _____

Street Address 1 _____

Street Address 2 _____

City _____

State/Province _____

Zip/Postal Code _____

Country _____

Home Phone _____

Mobile Phone _____

Email Address _____

Please provide any other names that may be used, e.g., Maiden Name,
Pseudonyms:

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Attorney/Representative Name and Contact Information:

First Name	_____	Last Name	_____
Firm Name	_____		
Street Address 1	_____		
Street Address 2	_____		
City	_____		
State/Province	_____		
Zip/Postal Code	_____		
Country	_____		
Office Phone	_____		
Mobile Phone	_____		
Email Address	_____		

**Epstein Victims' Compensation Program
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General Information Regarding the Allegation:

1. Is this a claim of sexual abuse by Jeffrey Epstein? Yes No
Please specify location(s)/address(es) of the abuse, to the best of your ability.

2. Please describe the circumstances under which you first met Jeffrey Epstein.

3. When did the abuse occur? Please specify dates to the best of your ability.

4. What age was the Claimant when the abuse began?

5. On how many separate occasions did the abuse occur?

6. Briefly describe the nature and the frequency of the abuse.

7. Were there any witnesses to the abuse? Yes No
If yes, please provide that information below.

8. Was anyone notified of the abuse? Yes No
If yes, please provide that information below.