

RECONSIDERATION REQUEST FORM

I. CLAIMANT INFORMATION

Claimant Name	<small>Last</small>	<small>First</small>	<small>MI</small>
Claimant ID		Law Firm (if represented by a lawyer)	

II. REQUEST FOR RECONSIDERATION

If you disagree with the result of our review, use this space to explain why you disagree. You may also submit additional documentation in support of your claim. Make sure to provide all information you have and include your Claimant ID on all supporting documents. You will not get another chance to prove your claim.

Explain why you disagree with the result of our review of your claim:

III. HOW TO SUBMIT THIS FORM

Submit your **Reconsideration Request Form** online with any accompanying documents by visiting www.maricopasheriffcompensationfund.org and following the steps provided. If you do not have access to a computer, you may submit your Reconsideration Request Form in any of the following ways, but be sure to write your Claimant ID on the top page of all the documents you submit.

By Mail <small>(Postmarked no later than your Reconsideration deadline)</small>	Maricopa County Sheriff's Office Immigration Stops and Detention Compensation Fund P.O. Box 26106 Richmond, VA 23260
By Overnight, Certified or Registered Mail <small>(If mail, postmarked no later than your Reconsideration deadline; if other overnight delivery, placed in the custody of an overnight carrier by your Reconsideration deadline)</small>	Maricopa County Sheriff's Office Immigration Stops and Detention Compensation Fund c/o BrownGreer PLC 250 Rocketts Way Richmond, VA 23231
By Facsimile <small>(Sent no later than 12:00 midnight on your Reconsideration deadline)</small>	(804) 521-7299
By Email <small>(Sent no later than 12:00 midnight on your Reconsideration deadline)</small>	info@MaricopaSheriffCompensationFund.org