CRMC
Claims Resolution Management Corporation

APPLICATION FOR CLASSIFICATION AS EXIGENT HARDSHIP CASE
C. E. THURSTON & SONS ASBESTOS TRUST

I. CLAIMANT INFORMATION

Claimant Name: _____ ClaimID: _____
Attorney Name: _____ Phone#: _____
Law Firm: _____
Alleged Injury: _____

II. STATEMENT FROM CLAIMANT

To qualify for Exigent Hardship status which might accelerate the processing and payment of a claim, a C. E. Thurston & Sons Asbestos Trust claimant must demonstrate an immediate need for assistance. Attach a narrative statement from the claimant (or surviving spouse/dependents) explaining the nature and extent of the immediate financial hardship and how it is the direct result of an asbestos-related injury.

III. FINANCIAL HARDSHIP

For the Trust to evaluate a claimant's financial hardship, you must complete the financial statement below and attach documentation where requested. In the absence of this financial information your request for hardship status will not be reviewed.

Dependents

List all current dependents, their relationship to the claimant, and their ages.

Name	Relationship	Age

Federal Tax Returns

Attach a copy of the claimant's (or surviving spouse's) Federal tax return for each of the last two years for which returns were filed.

Specify years:_____

3120 Fairview Park Drive
Suite 200
Falls Church, VA 22042
Phone: 1800-536-2722
Fax: 703-205-6249
e-mail: Inquiry@claimsres.com

Statement of Monthly Expenses

On the lines below, list all monthly expenses incurred. Extraordinarily high expenses must be supported by explanation and/or copy (ies) of a monthly billing statement.

HOUSEHOLD EXPENSES:	**AMOUNT**
Cleaning, laundry, clothing, groceries	_____
HOUSEHOLD UTILITIES:	
Gas, fuel oil, electricity, water, telephone	_____
TRANSPORTATION:	
Car payment, gasoline, maintenance, bus fares	_____
INSURANCE PREMIUMS:	
Automobile, homeowners/renters, life, medical	_____
SCHOOL: (if college, name school _____)	
Activities, books, supplies, uniforms	_____
OTHER EXPENSES:	
Allowance,spending money, child care	_____
MEDICAL AND DENTAL:	
Dental, doctor, drug store items, prescription drugs	_____
Other medical expenses:	_____
Describe on separate sheet.	
	_____
TOTAL MONTHLY EXPENSES	_____

Statement of Monthly Income

List all sources and amounts of monthly income. If the spouse or any other members of the household are employed or receive any benefits, these amounts must be included.

SOURCE

Wages:	**Amount:**
Pension:	**Amount:**

If claimant or spouse is not working, please explain why on the back of this page.

Social Security: (List benefits)	**Amount:**

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Worker's Compensation:	Amount:
Other: (Annuities, investment income)	**Amount:**

If none, explain why:

_____

_____

_____

TOTAL MONTHLY INCOME: _____

Statement of Financial Liabilities

List all large outstanding liabilities (e.g., mortgage, medical bills, loans). If any of these are in arrears, attach supporting documents.

Mortgage Payments:	Monthly Payments	Total Amount Due

Automobile Payments:	Monthly Payments	Total Amount Due

Outstanding Medical/ Dental Bills:	Monthly Payments	Total Amount Due

Other Outstanding Debts:	Monthly Payments	Total Amount Due

Statement of Financial Assets

List all available assets (e.g., savings/checking accounts, stocks, bonds, face value of life insurance policies, etc.) Copies of bank statements will serve to support the amounts listed.

Liquid Assets: Checking/Savings account etc.

Institution	Balance	Account No.

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Real Property:

Address:	**Purchase Price**	**Mortgage Balance**

Personal Property:
Vehicles (automobiles, boats, campers, etc.)

Year/Make/Model	**Owner**	**Lien**

Other Assets:

Please send your hardship request and supporting documents to the attention of Melissa L. Metzfield, President at the address below or email it to Mmetzfield@claimsres.com.

Upon receipt of a request for Exigent Hardship consideration and the items of documentation listed above, your case will be reviewed. Clarification or further explanation of certain items or facts may be required as each case has its own unique set of circumstances.

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