



# North Carolina Industrial Commission

Docket Section • 4336 Mail Service Center • Raleigh, North Carolina 27699-4336  
Telephone: (919) 807-2504 • Fax: (919) 715-0282  
Internet Address: <http://www.ic.nc.gov/>

## Instructions on How to File a Claim for Compensation under the Eugenics Asexualization and Sterilization Compensation Program

- (1) Claimant must have been alive on **June 30, 2013** to be eligible to be a qualified recipient.

To be a qualified recipient, you must have been asexualized involuntarily or sterilized involuntarily under the authority of the Eugenics Board of North Carolina.

Involuntary means that the procedure was done contrary to or without choice, including a procedure performed on:

- (a) A minor child, either with or without the consent of the minor child's parent, guardian, or other person standing in loco parentis;
- (b) An incompetent adult, with or without the consent of the incompetent adult's guardian or pursuant to a valid court order; or
- (c) A competent adult, without the adult's informed consent, with the presumption being that the adult gave informed consent.

- (2) Claimant, or a person lawfully authorized to act on the claimant's or claimant's estate's behalf, must file a claim **on or before June 30, 2014**.
- (3) Claimant, or a person lawfully authorized to act on the claimant's or claimant's estate's behalf, should complete pages 1 and 2 of the following *Claim for Compensation under the Eugenics Asexualization and Sterilization Compensation Program* form. A claim will not be rejected for incomplete information.

**Note to Claimant: Do not complete page 3.**

Mail claim form to North Carolina Office of Justice for Sterilization Victims  
1330 Mail Service Center, Raleigh, N.C. 27699-1330.

**To ensure compliance with the statutory deadlines, the Industrial Commission would encourage that you file your claim in person or by certified mail, with return receipt.**



I.C. File No.: \_\_\_\_\_

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## Claim for Compensation under the Eugenics Asexualization and Sterilization Compensation Program

*Please print or type, do NOT use any abbreviations or initials.  
A claim will not be rejected for incomplete information.*

### **Section 1. To be completed with information of claimant.**

#### **Part A: Current Information**

Current First, Middle, Last Name \_\_\_\_\_  
Maiden Name \_\_\_\_\_  
Current Mailing Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
County \_\_\_\_\_  
Email \_\_\_\_\_  
Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_  
Claimant's Date of Birth (MM/DD/YYYY) \_\_\_\_\_

#### **Part B: Identifying Information at Time of Procedure**

Full Name at Time of Procedure (First, Middle, Last Name) \_\_\_\_\_  
Nickname or Alias at the Time of Procedure \_\_\_\_\_  
Estimated Date or Year of Procedure \_\_\_\_\_  
County of Residence at Time of Procedure \_\_\_\_\_  
Name of Facility Where Procedure was Performed \_\_\_\_\_  
If Applicable, Name of Facility Where Institutionalized at Time of Procedure \_\_\_\_\_

### **Section 2. To be completed by person lawfully authorized to act on the claimant's or the claimant's estate's behalf (COMPLETE ONLY IF APPLICABLE):**

I believe that (name of claimant) \_\_\_\_\_ may have been a victim of sterilization by the North Carolina Eugenics Board program.

Please check one of the following:

**Living Potential Claimant**

The person potentially impacted is living and I represent that I have permission to access his/ her records, as indicated by the attached **General Power of Attorney or Letters of Appointment as Guardian**.

**Deceased Potential Claimant** (Date of Death if known: (MM/DD/YYYY) \_\_\_\_\_)

The person potentially impacted is deceased, and I represent that I have permission to access his/her records, as indicated by the attached **Letters Testamentary or Letters of Administration** that name me as the **Executor or Administrator of this estate**.

**Information of person lawfully authorized to act on the claimant's or the claimant's estate's behalf:**

Current First, Middle, Last Name \_\_\_\_\_

Maiden Name \_\_\_\_\_

Current Mailing Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

County \_\_\_\_\_

Email \_\_\_\_\_

Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_

Date of Birth (MM/DD/YYYY) \_\_\_\_\_

Relation to Claimant \_\_\_\_\_

*This form permits the North Carolina Office of Justice for Sterilization Victims, related entities and assisting state agencies access to search North Carolina Eugenics Board program records on your behalf. Submission of this request does not confirm or deny your status as a person impacted by the actions of the North Carolina Eugenics Board program between 1929 and 1974. Potential guardian ad litem must submit documentation as specified. I understand that completion of this form does not guarantee any type or form of compensation.*

\_\_\_\_\_  
Signature Line of  
Claimant's or person lawfully authorized to act on the claimant's or the claimant's estate's behalf

*(Please sign in the presence of a Notary Official)*

Date \_\_\_\_\_

Subscribed and affirmed before me in the County of \_\_\_\_\_,

State of \_\_\_\_\_, this \_\_\_ day of \_\_\_\_\_ (month), 20\_\_\_\_.

Notary's Official Signature \_\_\_\_\_

Notary's Printed Name \_\_\_\_\_

Commission Expiration Date \_\_\_\_\_

**Notary Seal**

**Completed forms shall be notarized and filed at the following address:**

North Carolina Office of Justice for Sterilization Victims  
1330 Mail Service Center • Raleigh, N.C. 27699-1330 • Office: (919) 807-4270



**The Office of Justice for Sterilization Victims cannot access confidential documents without determining the guardian or authorized agent of the claimant.**

**Living Claimant**

For a living claimant, please submit one of the following documents:

- General Power of Attorney
- Health Care Power of Attorney
- Letters of Appointment as Guardian

**Deceased Claimant**

For a deceased claimant, please submit one of the following estate documents:

- Letters Testamentary
- Letters of Administration



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## Addendum for Claim for Compensation under the Eugenics Asexualization and Sterilization Compensation Program

*This form is **not** to be completed by the claimant, but shall be left blank and filed with claim. This form shall be completed by an employee of the North Carolina Office of Justice for Sterilization Victims.*

### Certification of Records by the North Carolina Office of Justice for Sterilization Victims

I, \_\_\_\_\_, am an employee of the North Carolina Office of Justice for Sterilization Victims and I do hereby certify that the following identified records have been obtained for the above referenced claimant, after a diligent search and review of records: *(circle all applicable responses)*

- (1) Yes No Petition for Operation of Sterilization or Asexualization;
- (2) Yes No Order for Operation of Sterilization;
- (3) Yes No Certificate of Surgeon;
- (4) Yes No Letter of Authorization to Surgeon;
- (5) Yes No consent of parent, guardian, spouse, or next of kin;
- (6) Yes No minutes of proceedings of the Eugenics Board;
- (7) Yes No proof of any search efforts of the Justice for Sterilization Victims Foundation
- (8) Yes No other pertinent records: \_\_\_\_\_

- (9) Yes No other evidence submitted by the claimant (describe with particularity: \_\_\_\_\_)

This claim was filed with the North Carolina Office of Justice for Sterilization Victims on \_\_\_\_\_ and is being forwarded to the North Carolina Industrial Commission on \_\_\_\_\_.

\_\_\_\_\_  
Signature of employee

\_\_\_\_\_  
Date