

Impairment of Family Relationship(s)

The purpose of this supplemental hardship questionnaire is to provide you with the opportunity to submit a claim for payment from the Hardship Impact Pool because you experienced the impairment of a family relationship(s) to which the UIA's wrongful fraud determination and collection activity was a contributing factor. To potentially receive a payment based on experiencing adverse familial consequences, please provide the following information.

Preliminary Information

Date of UIA
wrongful fraud
determination: _____

Date of UIA
wrongful
collection
activity: _____

Specific Information

Question #1: Please explain how the UIA's wrongful fraud determination and collection action contributed to the impairment of your family relationship(s). Please be sure to include (a) the dates of UIA wrongful fraud determination and collection, (b) the general onset date of familial strife related to the collection, and (c) the present state of the relationship.

Response:

Please provide a brief explanation of any other factors related to the impact of the UIA's wrongful fraud determination and collection on the familial relationship that you believe support your claim for a hardship allocation based on the impairment.

I certify under penalty of perjury under the laws of the United States and Michigan that the foregoing is true and accurate.

Claimant Signature: _____