

**NOTICE OF RIGHT TO FILE FOR COMPENSATION FOR
A WORK-RELATED INJURY** CDFRM

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

(Last Name, First, Middle Initial, Reg. No., Institution)

I have been furnished a copy of Inmate Accident Compensation Procedures (Part 301 of Chapter III of Title 28, Code of Federal Regulations).

I have been advised regarding accident compensation eligibility and the necessity for filing a claim prior to release from confinement or transfer to a Community Treatment Center. I am aware that in the event I do not file a claim prior to release or transfer to a Community Treatment Center, that should I decide to file later, my claim may be denied for failure to file in a timely manner. I am also aware that should a late claim be accepted I may have to bear the expense of a medical examination to substantiate my claim.

(Date)

(Signature)

NOTE: This completed form is to be filed in the above inmate's central file.