



ACKNOWLEDGEMENT FORM FOR THE DISBURSEMENT INFORMATION MANUAL

TO BE COMPLETED AND SIGNED BY THE ADVOCATE(S)

Please sign this form indicating you have read and understand the *Disbursements Manual* and return to CCT per the instructions below.

Beneficiary's Name (printed)

Advocate's Name (printed)

Advocate's Signature

Advocate's Name (printed)

Advocate's Signature

Date

Return by:

US Mail: CCT
Attn: Client Services
PO Box 29408
Richmond, VA 23242

Email: paymentrequest@trustCCT.org

Fax: 804-740-6065