

# CATHOLIC SOCIAL MINISTRIES, INC.

## REQUEST FOR ACCOUNTING OF DISCLOSURES

Name: (First/Middle/Last) \_\_\_\_\_

Address: (Street/City/State/Zip Code) \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Date of Request: \_\_\_\_\_

I REQUEST AN ACCOUNTING OF ALL DISCLOSURES FOR THE FOLLOWING TIME PERIOD:  
(note: the maximum time period that can be requested is six years prior to the date of your request but not for time periods prior to April 14, 2003):

From: (Month/Day/Year) \_\_\_\_\_ To: (Month/Day/Year) \_\_\_\_\_

I REQUEST THE ACCOUNTING BE SENT TO THE FOLLOWING ADDRESS:

\_\_\_\_\_

I UNDERSTAND THE FOLLOWING: (check one)

There is no fee for this request

There is a fee for this request

I UNDERSTAND THE ACCOUNTING I HAVE REQUESTED WILL BE PROVIDED TO ME WITHIN 60 DAYS OF THIS REQUEST UNLESS I AM NOTIFIED IN WRITING THAT AN EXTENSION OF UP TO 30 DAYS IS NEEDED.

\_\_\_\_\_  
Signature of Individual

\_\_\_\_\_  
Date

IN THE EVENT THIS REQUEST IS MADE BY THE INDIVIDUAL'S PERSONAL REPRESENTATIVE:

\_\_\_\_\_  
Signature of Personal Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Legal Authority of the Personal Representative

### For Office Use:

Date request received: \_\_\_\_\_ Date accounting sent: \_\_\_\_\_

Extension requested:  No  Yes If yes, give reason \_\_\_\_\_

Individual notified in writing of extension

Name of person processing request: \_\_\_\_\_