

Declassified to Public

06 September 2012

EZ/87.1

DC-Cam Victim Participation Project

FORM FOR SUPPLEMENTARY REQUESTS

To Be Completed by Civil Party Applicants

Request for Protective Measures

I wish to request protective measures because I believe that my participation in the proceedings would place the life and/or health of me and/or my family members or close relatives in serious danger. *Details provided on a separate sheet.*

I do not wish to request protective measures at this time and elect to reserve my right to request such measures in the future.

Rob Hamill Signature OR Thumbprint
ROB HAMILL Name AND 15/1/09 Date