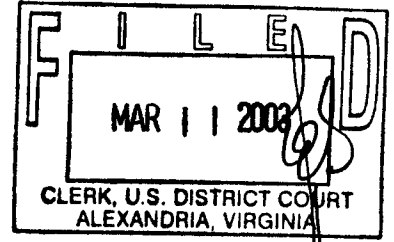


IN THE UNITED STATES DISTRICT COURT  
FOR THE EASTERN DISTRICT OF VIRGINIA

Alexandria Division



UNITED STATES OF AMERICA )  
 )  
 v. ) Criminal No. 01-455-A  
 ) The Honorable Leonie M. Brinkema  
ZACARIAS MOUSSAOUI, )  
 )  
 Defendant. )

ORDER

Pursuant to Section 203 of Public Law 107-206, which requires this Court to order closed circuit televising of the trial proceedings in this case for viewing by September 11 victims, and upon consideration of the United States' Motion for an Order Prescribing Procedures for Determining Eligibility of Persons Requesting to View the Closed Circuit Broadcast of the Trial Proceedings, and good cause having been shown, it is hereby ORDERED that:

1. The Victim Witness Unit of the United States Attorney's Office for the Eastern District of Virginia shall mail notices to those persons whose names and addresses are in the victim database maintained for the Moussaoui case, advising them of the passing of Section 203 of Public Law 107-206 (hereinafter "the CCTV statute") and of the eligibility requirements for viewing the closed circuit broadcast of the Moussaoui trial. The mailed notice shall include the "APPLICATION TO VIEW CLOSED CIRCUIT BROADCAST OF MOUSSAOUI TRIAL," attached hereto. The mailed notice shall advise the recipient that if there is an interest in viewing the closed circuit broadcast, the application must be completed and mailed to

the Victim Witness Unit and postmarked by June 20, 2003, The mailed notice shall also include an envelope, with prepaid postage, addressed to the Victim Witness Unit, United States Attorney's Office, 2100 Jamieson Avenue, Alexandria, Virginia, 22314.

2. Upon receiving a completed application, the Victim Witness Unit shall review the application to determine whether the application on its face meets the criteria for eligibility. If the Victim Witness Unit believes the applicant is ineligible to view the trial, it shall transmit the application to the Court for a judicial determination of eligibility. All transmittals of applications to the Court shall be made by the Victim Witness Unit as an under seal ex parte submission.

3. If the Victim Witness Unit determines that the applicant meets the statutory definition of victim based on the assertions contained in the application, it shall make reasonable efforts to verify the information provided in the application. Generally, if the applicant is in the victim database and the contents of the application satisfy the victim definition in the CCTV statute, the Victim Witness Unit shall deem the applicant eligible to view the closed circuit broadcast. The only exception to this general rule is an applicant who claims a relationship to a deceased or physically injured victim of a significance similar to that of a spouse, legal guardian, parent, child, or sibling. The Victim Witness Unit shall transmit to the Court for its consideration any application asserting a relationship of "similar significance." However, before submitting the application to the Court in an under

seal ex parte filing, the Victim Witness Unit shall make reasonable efforts to verify the applicant's relationship to the physically injured or deceased victim.

4. If the Victim Witness Unit determines that the applicant has asserted sufficient facts to meet the definition of victim under the CCTV statute, but the applicant is not in the victim database, the Victim Witness Unit shall make reasonable efforts to verify the information contained in the application. If the Victim Witness Unit verifies information provided by an applicant who meets the statutory definition of victim (other than having a relationship of "similar significance" to a deceased or injured victim), the Victim Witness Unit shall determine that the applicant is eligible to view the closed circuit broadcast.

5. For any applicant who is not in the victim database and whose information the Victim Witness Unit is unable to verify, the Victim Witness Unit shall forward the application to the Court for a judicial determination of eligibility. Such submission shall be made under seal and ex parte.

6. Upon determining that an applicant is eligible to view the closed circuit broadcast pursuant to the procedures described above, the Victim Witness Unit shall notify the applicant in writing that the applicant has been approved to view the closed circuit broadcast of the Moussaoui trial.

7. The Victim Witness Unit shall also notify an applicant whose application was submitted to the Court as to whether the Court approved the application or rejected it.

8. The names and addresses of individuals who submit applications to view the closed circuit broadcast shall not be made public nor disclosed to the defendant or his counsel.

/S/

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Leonie M. Brinkema  
United States District Judge

Date: 3/11/03  
Alexandria, Virginia

**APPLICATION TO VIEW CLOSED CIRCUIT BROADCAST OF MOUSSAOUI TRIAL**

1. **Name of applicant:** \_\_\_\_\_ (Please Print)  
**Address:** \_\_\_\_\_  
\_\_\_\_\_  
**Telephone:** (Work) ( ) \_\_\_\_\_ (Home) ( ) \_\_\_\_\_ (Cell) ( ) \_\_\_\_\_

2. **To assist the Court in determining your eligibility, please check the appropriate box if you:**

are the spouse, legal guardian, parent, child, brother, or sister of, or have a relationship of similar significance to, an individual who died from direct physical harm sustained at the scene of the September 11, 2001 terrorist acts when they occurred or immediately thereafter.

**Go to Part A.**

were present at the scene of the September 11, 2001 terrorist acts when they occurred, or immediately thereafter, and suffered direct physical harm as a result of the terrorist acts.

**Go to Part B.**

are the spouse, legal guardian, parent, child, brother, or sister of, or have a relationship of similar significance to, an individual who

(1) suffered direct physical harm at the scene of the September 11, 2001 terrorist acts when they occurred or immediately thereafter, and

(2) is under 18 years of age, incompetent, incapacitated, has a serious injury, or disability that requires assistance of another for mobility.

**Go to Part C.**

**Part A (Related to Deceased Victim)**

Please provide the full name of the person who was killed. \_\_\_\_\_

Your relationship to the deceased victim:

- |  |                                  |
|--|----------------------------------|
| <input type="checkbox"/> spouse                        | <input type="checkbox"/> child   |
| <input type="checkbox"/> legal guardian                | <input type="checkbox"/> brother |
| <input type="checkbox"/> parent                        | <input type="checkbox"/> sister  |
| <input type="checkbox"/> other of similar significance |                                  |

If you marked other, please describe your relationship to the deceased victim and explain why it is a relationship of similar significance to another relationship listed above.

\_\_\_\_\_

\_\_\_\_\_

**Part B (Physically Injured Victim)**

Where were you when you sustained your physical injury? \_\_\_\_\_

Where were you employed when you sustained your physical injury? \_\_\_\_\_

Briefly describe your physical injury. \_\_\_\_\_

\_\_\_\_\_

**Part C (Related to Physically Injured Victim)**

Please provide the full name of the person who was physically injured. \_\_\_\_\_

Check which box(es) applies to the physically injured person:

- is under 18 years of age
- is incompetent
- is incapacitated
- has a serious injury
- has a disability that requires assistance of another for mobility

Where was the injured person when he/she sustained physical injury? \_\_\_\_\_

Where was the injured person employed when he/she sustained physical injury? \_\_\_\_\_

Briefly describe the physical injury. \_\_\_\_\_

Your relationship to the physically injured victim:

- spouse
- child
- legal guardian
- brother
- parent
- sister
- other of similar significance

If you marked other, please describe your relationship to the physically injured victim and explain why it is a relationship of similar significance to another relationship listed above.

\_\_\_\_\_  
\_\_\_\_\_

**3. CCTV Sites You Plan On Attending**

CCTV Sites	How often you would like to attend (rarely, occasionally, frequently, daily)

**4. Special accommodations**

Do you need any special accommodations (e.g., wheelchair access, closed captioning, sign language interpretation, etc.)?

If so, please specify. \_\_\_\_\_

**5. Verification**

I verify that the above-information is true to the best of my knowledge and belief.

Signature		Date	
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