

NYC DOC VISITOR SEARCH CLAIM FORM

You must Sign & Mail This Claim Form by April 27, 2020 to receive payment.

**THE ENVELOPE MUST BE *POSTMARKED NO LATER THAN APRIL 27, 2020*,
AND MUST BE MAILED IN THE ENCLOSED RETURN ENVELOPE (OR ANY OTHER ENVELOPE) TO:**

NYC DOC Visitor Search Settlement, c/o RG/2 Claims Administration LLC,
P.O. Box 59479, Philadelphia, PA 19102-9479

Please read the enclosed notice before completing this claim form.

CLASS MEMBER INFORMATION

The information given here is private, and will be used only for purposes of processing your claim.

Provide Contact Information:

Last Name of Class Member:

First Name:

Middle Initial (if any)

Mailing Address of Class Member:

City:

State:

Zip Code:

Social Security Number or I-TIN (if any):

Date of Birth (Month, Day, Year):

Note: If you do not provide a valid social security number or I-TIN, 24% of your payment will be withheld and paid to the federal taxing authorities. You can ask for a refund when you file your tax return.

Phone of Class Member (optional):

Verification & Release:

- I visited (or attempted to visit) an inmate who was housed at a New York City Department of Correction (“DOC”) facility between November 23, 2012 and October 30, 2019, and was subject to an invasive search by a DOC employee (or at the direction of a DOC employee), which included, but was not limited to: more than accidental or incidental exposure of, or contact with, my breasts, genitals, or buttocks as part of the search process.
- Additional information, if known, to assist in the processing of your claim:

Only answer these questions if during the class period you were ever denied a visit or had your visit restricted due to contraband:

1. Did you visit more than one time?

Yes; or

No.

2. Were you invasively searched on a visit where you were not found with contraband?

Yes; or

No.

- In consideration for the payment of this sum, I release and discharge the Defendants, and all of their respective affiliates, subsidiaries, parents, successors and predecessors, officers, directors, agents, employees, attorneys, advisors and insurers from any and all claims that arise out of me being invasively searched by a DOC employee as a visitor to a DOC facility between November 23, 2012 and October 30, 2019.
- I agree that the U.S. District Court for the Southern District of New York Court has the authority to rule on my claim for payment as part of the Settlement Class, and that the Court shall maintain jurisdiction on this matter for the purposes of enforcing the settlement and Release as power to rule on my claim as a Settlement Class Member, and that the Court has the power to enforce the Release described below.
- By signing this form, I declare under penalty of perjury under the laws of the United States that the information provided on this form is true and correct to the best of my knowledge, belief and recollection.

Date: _____

(Sign your name here)

(Print your name here)