

Must be Postmarked
No Later Than
September 8, 2009

Clinton County Settlement
c/o The Garden City Group, Inc.
PO Box 9360
Dublin, OH 43017-4260
1-800-382-6291

CLN



CLAIM FORM AND RELEASE

PART I: CLAIMANT IDENTIFICATION:

Claim Number: _____ Control Number: _____

IF THE ABOVE AREA IS **BLANK**,
YOU MUST ENTER YOUR FULL
NAME AND ADDRESS HERE →

WRITE ANY NAME AND ADDRESS CORRECTIONS BELOW OR IF THERE IS NO PREPRINTED DATA ABOVE, YOU MUST PROVIDE YOUR FULL NAME AND ADDRESS HERE:

Name:

Address:

City:

State/Country:

Zip Code:

Daytime Telephone Number:

Evening Telephone Number:

Mobile Telephone Number:

PLEASE READ THESE INSTRUCTIONS AND CLAIM FORM CAREFULLY

You must fill out and send in this Claim Form, postmarked by **September 8, 2009** to share in the Settlement money.

I. GENERAL INSTRUCTIONS

- A. To get money from the Settlement Fund in this litigation (*Mitchell v. County of Clinton*), members of the Settlement Class must fill out the Claim Form and Release. The completed and signed Claim Form and Release **must be postmarked by September 8, 2009. If you fail to send it in on time, it will be rejected and you will not get any money.** You must submit it in the enclosed envelope or another properly addressed, postage prepaid envelope to the following address:

**Clinton County Settlement
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It is highly recommended that you send it by certified mail return receipt requested or a form of overnight delivery that will provide proof that it was delivered. If a Claim Form is lost in the mail or not received for any reason, you will not be able to receive any money.

- B. If you have any questions about how the Settlement Fund will be divided up, you should write or call the Settlement Administrator. Their address and phone number are listed above.



- C. All Settlement Class Members who do not exclude themselves are bound by the terms of the Litigation judgment. This is true whether you send in a form or not.
- D. If you have asked to be excluded, **do not** submit a Claim Form and Release.

II. DEFINITIONS

- A. "Settlement Class" are all the people who satisfy ALL the following four conditions:
 - 1. you entered the Clinton County Jail;
 - 2. you were charged with a misdemeanor, violation, traffic infraction, violation of probation or parole, or held on a civil matter such as on a Family Court warrant;
 - 3. you were strip searched at the jail upon entry; AND
 - 4. you were searched during the period February 28, 2003 through July 1, 2007.
- B. "Defendant" is the County of Clinton.
- C. "Litigation" is the case of *Mitchell v. County of Clinton, Index No. 06-CV-0254 (NAM)(DRH)* in the United States District Court for the Northern District of New York.

III. CLAIM FORM INSTRUCTIONS

- A. Please type or neatly print all the information that is asked for.
- B. By signing below you are verifying that the information you have included is correct, and that you agree to provide additional information to Plaintiffs' Co-Lead Counsel or the Settlement Administrator to support your claim. They may ask you to do this in the future.
- C. By signing below you are also verifying that you have not filed a claim or lawsuit about being strip searched at the jail, and that you did not ask anyone else to file one for you, and you don't know of anyone who might have filed one for you.
- D. You also may be required to send other documents with this Claim Form and Release. **Please read the instructions carefully.** Your claim will be checked and verified by the Settlement Administrator. You should keep copies of all documents that support your claim while this is going on.
- E. If you want money from the Settlement Fund you must complete Part 1 of the Claim Form and the additional Parts of the Claim Form that apply to you.
- F. A Claim Form and Release will be considered submitted to the Settlement Administrator if it is mailed in a first-class envelope that is postmarked by the due date. If you send the Claim Form and Release to the Settlement Administrator in some way other than first-class mail, the Claim Form and Release will be deemed "submitted" when it is received by the Settlement Administrator.
- G. The Settlement Administrator will not tell you when they get your form. If you want to make sure the Settlement Administrator gets your form, you should send it by certified mail, return receipt requested. It will take some time to process all the forms and send the checks. This work will be done as fast as possible, but each claim must be checked for accuracy and recorded.
- H. Please write or call the Settlement Administrator if your address changes.

THE CLAIM FORM MUST BE FILLED OUT AND SIGNED IF YOU WANT TO GET MONEY FROM THE SETTLEMENT FUND. THE ENVELOPE MUST BE POSTMARKED NO LATER THAN SEPTEMBER 8, 2009, AND MUST BE MAILED TO:

**Clinton County Settlement
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PO Box 9360
Dublin, OH 43017-4260**



IV. CLAIM FORM

MITCHELL v. COUNTY OF CLINTON

Date of Birth:

Social Security Number:

(If you fail to include this information, your claim may not be paid.)

Date of Arrest, if known (Please say so if the date you give is an estimate):

Actual Estimate

Criminal charges or other reason for arrest, if known (i.e. violation of probation, Family Court warrant):

(If you do not know what the charges against you were, but believe you are still a Class Member, you should file a claim. We will get your arrest record from the County. You may still be asked to provide more information about your case.)

Person to contact if there are questions regarding this claim:

Daytime Telephone Number:

Evening Telephone Number:



SUBMISSION TO JURISDICTION OF THE COURT

By signing below, I agree that the United States District Court for the Northern District of New York has the power to rule on my claim as a Settlement Class Member, and that the Court has the power to enforce the Release described below.

RELEASE

By signing below, you acknowledge the release and discharge of the Defendants, and all of their respective parents, subsidiaries, affiliates, predecessors, successor and assigns, officers, agents, representatives, and employees, from any and all claims or causes of action that were, could have been, or should have been asserted by the named Plaintiffs or any member of the Settlement Class against the Released Persons, or any of them, based upon or related to strip searches in the Clinton County Jail.

VERIFICATION

I declare under penalty of perjury under the laws of the United States that the foregoing information provided by the undersigned is true and correct. I also declare that I was strip searched when I was admitted into the Clinton County Jail.

I filled out and signed this Claim Form and Release on _____, 2009, in:

(City, State, Country)

(Sign your name here)

(Type/Print your name here)