

Must Be Postmarked
No Later Than
April 11, 2014

DCBR1



PROOF OF CLAIM AND RELEASE FORM

Barnes v. District of Columbia,
United States District Court for the District of Columbia,
Case 06-0315 (RCL)

<<Barcode>> <<ClaimID>>
<<FirstName>> <<LastName>>
<<Addr1>> <<Addr2>>
<<City>>, <<State>> <<Zip>>

CHANGE OF ADDRESS ONLY

First Name	M.I.	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Primary Address		
<input type="text"/>		
Continuation of Primary Address		
<input type="text"/>		
City	State	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>

ADDRESS OF INMATE AT THE TIME OF INCARCERATION

First Name	M.I.	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Primary Address		
<input type="text"/>		
Continuation of Primary Address		
<input type="text"/>		
City	State	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>

Other names, aliases under which you may appear in the D.C. Records:

<input type="text"/>
<input type="text"/>

Daytime Telephone Number	Date of Birth of Inmate
<input type="text"/> — <input type="text"/> — <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
Social Security Number	Month Day Year
<input type="text"/> — <input type="text"/> — <input type="text"/>	



FOR CLAIMS PROCESSING ONLY	OB <input type="text"/>	CB <input type="text"/>	<input type="radio"/> DOC <input type="radio"/> LC <input type="radio"/> REV	<input type="radio"/> RED <input type="radio"/> A <input type="radio"/> B
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I, _____ [print name], am the personal representative of
 _____ [print name of deceased], who has since died, but was incarcerated
 in the D.C. Jail or other facility operated by the D.C. Department of Corrections, at some point between September 1, 2005, and July 31, 2013: