

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)

Barnes Class Administrator
c/o Gilardi & Co. LLC
P.O. Box 8060
San Rafael, CA 94912-8060

NAME AND ADDRESS

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], 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; OR

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:

Instructions for completing the following questions:

Below you are asked to provide information to the best of your recollection. However, even if you do not know this information you may qualify as a class member. Fill out whatever information you know. Questions that you do not know may be left unanswered. These questions are solely intended to facilitate finding you in the D.C. Department of Corrections' records. Those records will ultimately determine if you qualify as a class member.

You should, however, fill in the circle at the beginning of each section (asking if you were overdettained or if you were strip searched after becoming entitled to release) if you believe it applies to you. Failure to fill in either of these circles may result in your claim not being evaluated with respect to that class.

The following is true to the best of my recollection and knowledge (please check all that apply and answer the follow-up questions, which are necessary to accurately process claims):

☐ I (or he or she) was overdettained as follows (please be as precise as possible, as providing these dates will help to verify potential claims):

I (or he or she) was incarcerated from	Start Date			/			/								to	End Date			/			/							
	Month	Day	Year														Month	Day	Year										

I (or he or she) was incarcerated from	Start Date			/			/								to	End Date			/			/						
	Month	Day	Year														Month	Day	Year									

I (or he or she) was incarcerated from	Start Date			/			/								to	End Date			/			/						
	Month	Day	Year														Month	Day	Year									

I (or he or she) was incarcerated from	Start Date			/			/								to	End Date			/			/						
	Month	Day	Year														Month	Day	Year									

I (or he or she) became entitled to release by Court order, or the expiration of the sentence, on:				/			/							
	Month	Day	Year											

I (or she or he) was not, in fact, released from the D.C. Jail or other facility operated by the D.C. Department of Corrections until:				/			/							
	Month	Day	Year											

☐ I (or he or she) was strip searched as follows:
I (or he or she) was taken to court from a DOC facility on:

				/			/							
	Month	Day	Year											

and was ordered released by the court or otherwise became entitled to release by virtue of the court appearance. Instead, I (or he or she) was returned from court to the D.C. Jail or CTF or other District facility, to be processed out of DOC custody and was subjected to a strip search and/or visual body cavity search before being released.

I understand that the fact that I received (or requested) a notice or file a claim does not mean that I am in fact a class member (of either the over-detention or strip search class); that all claims will be reviewed by an independent reviewer based on the complete jail record, and that that review will determine if I am a class member or not; that that review will make a final and non-appealable determination; and that I will then be notified as to whether or not I will receive money from the settlement fund.

I do solemnly swear, subject to the penalties of perjury, that the information provided on this form is true and correct to the best of my recollection and knowledge. By my signature, and in exchange for the sums to be provided as described in the Class Notice, I (or the estate for which I am personal representative) hereby waive and release all rights to any and all claims relating to overdettentions or strip searches by the District under any theory or cause of action whatsoever under District of Columbia law and federal law, up to and including July 31, 2013.

DATE: _____

SIGNED: _____

You must mail this completed form, postmarked no later than **April 11, 2014**, to:

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c/o Gilardi & Co. LLC
P.O. Box 8060
San Rafael CA 94912-8060

