

**CLAIM FORM AND RELEASE**

**PLEASE READ THESE INSTRUCTIONS AND CLAIM FORM CAREFULLY**

To get money from the Settlement, you must fill out the attached Claim Form and Release ("Claim Form"). The completed and signed Claim Form must be postmarked by **February 1, 2019**. If you fail to send it in on time, it will be rejected and you will not get any money. You must sign on the last page. You must submit it in the enclosed envelope or another properly addressed, postage-prepaid envelope to the following address:

Ocean County Settlement  
c/o A.B. Data, Ltd.  
P.O. Box 170500  
Milwaukee, WI 53217

- A. If you have any questions about the Settlement, you should write the Settlement Administrator at the above address or call the Settlement Administrator at 866-828-2555.
- B. All Settlement Class Members who do not exclude themselves are bound by the terms of the judgment. This is true whether you send in a Claim Form or not.
- C. If you have asked to be excluded, do not submit a Claim Form.

**1. WHO IS IN THE SETTLEMENT CLASS?**

You are in the "Settlement Class" if you satisfy ALL of the following three conditions:

- A. you entered the Ocean County Correctional Facility between November 28, 2005 through December 28, 2007; and
- B. you were charged with only a non-indictable offense, such as a traffic violation, a petty disorderly persons offense, a disorderly persons offense, or held on a civil matter such as on a Family Court warrant; and
- C. you were strip searched at the Ocean County Correctional Facility upon entry.

If you have questions about these requirements, you should review the Class Notice.

**2. CLAIM FORM INSTRUCTIONS**

- A. Please type or neatly print all the information that is asked for.
- B. If you want money from the Settlement Fund, you must complete the Claim Form.
- C. By signing the Claim Form, you are verifying that the information you have included is correct. You also agree to provide additional information necessary to support your claim.
- D. By signing below, you are also verifying that you have not filed a lawsuit about being strip searched at the Ocean County Correctional Facility.
- E. 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.
- F. A Claim Form will be considered submitted to the Settlement Administrator if it is mailed in a First-Class envelope that is postmarked by the due date. You may want to send in your Claim Form by Certified Mail, Return Receipt Requested. If you send the Claim Form to the Settlement Administrator in some way other than First-Class mail, the Claim Form will be considered "submitted" when it is received by the Settlement Administrator.
- G. The Settlement Administrator will not tell you when it receives your Claim Form. If you want to make sure the Settlement Administrator gets your Claim Form, you should send it by Certified Mail, Return Receipt Requested. No check will be mailed until after the Court considers and enters Final Approval of the Settlement.
- H. Please write or call the Settlement Administrator if your address changes.
- I. The Settlement Administrator will make arrangements for individuals without bank accounts to cash their Settlement checks with a local bank. You will receive more information about this when you receive your Settlement check.

**CLAIM FORM FOR UP TO \$300.00 (THREE HUNDRED DOLLARS). BECAUSE YOU ENTERED OCEAN COUNTY JAIL ON A NON-INDICTABLE CHARGE FROM NOVEMBER 28, 2005 THROUGH DECEMBER 28, 2007 AND WERE STRIP SEARCHED**

THIS SPACE RESERVED FOR ADMINISTRATOR'S USE



THIS 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 **FEBRUARY 1, 2019**, AND MUST BE MAILED TO:

Ocean County Settlement  
c/o A.B. Data, Ltd.  
P.O. Box 170500  
Milwaukee, WI 53217

**A. CLAIMANT IDENTIFICATION (Person who was strip searched)**

Claimant's Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Numbers: ( ) \_\_\_\_\_, Day ( ) \_\_\_\_\_, Evening ( ) \_\_\_\_\_, Mobile

Date of Arrest (if known): \_\_\_\_/\_\_\_\_/\_\_\_\_

Social Security Number: \_\_\_\_-\_\_\_\_-\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

**\*\*\* NOTE: IF YOU FAIL TO INCLUDE THIS INFORMATION, YOUR CLAIM MAY NOT BE PAID \*\*\***

Name of person to contact (next of kin, family member, attorney, etc.): \_\_\_\_\_

Address of additional contact person: \_\_\_\_\_

Telephone Numbers of additional contact person: ( ) \_\_\_\_\_, Day ( ) \_\_\_\_\_, Evening ( ) \_\_\_\_\_, Mobile

**B. SUBMISSION TO JURISDICTION OF THE COURT**

By signing below, I agree that the Superior Court of New Jersey 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 this Settlement Agreement and the following Release, Defendants, and all of their respective affiliates, predecessors, successors, assigns, parents, subsidiaries, officers, directors, agents, representatives, current and former employees, elected and appointed officials, claims administrators, insurers, reinsurers, retrocessionaires, and attorneys are released from any and all claims or causes of action that were, could have been, or should have been asserted in this lawsuit in the Superior Court of New Jersey, OCN-1644-17 by any Settlement Class Members against the Released Persons, or any of them, relating to the claim or practice of unlawful strip search during the defined Class Period.

**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 Ocean County Correctional Facility.

Sign your name here: \_\_\_\_\_

Type/Print your name here: \_\_\_\_\_