



## CLAIM FORM

|  |   |   |
|--|---|---|
| <b>Must be postmarked<br/>no later than<br/>November 24, 2016.</b> | <b>JENKINS v. CITY OF JENNINGS SETTLEMENT<br/>C/O DAHL ADMINISTRATION<br/>PO BOX 3614<br/>MINNEAPOLIS MN 55403-0614<br/>Toll-Free: 1-866-236-6721<br/>Website: <a href="http://www.JenningsSettlement.com">www.JenningsSettlement.com</a></b> | This Claim Form has multiple pages. All Sections of the Claim Form must be completed. |
|--|---|---|

### SECTION 2: CLASS MEMBERSHIP INFORMATION

|  |  |
|--|--|
| Please respond YES or NO to the statement below <b>(REQUIRED)</b> :  |  |
| Between February 8, 2010 and September 16, 2015, I was placed and/or kept in the custody of the City of Jennings Jail after being detained pursuant to a warrant issued by the City of Jennings Municipal Court arising from the nonpayment of a previously imposed fine or court costs. | <input type="radio"/> YES <input type="radio"/> NO |

### SECTION 3: DECLARATION

With my signature below I declare under penalty of perjury that the information in this Claim Form is true and correct to the best of my knowledge. **(REQUIRED)**

|            |  |      |  |  |  |
|------------|--|------|--|--|--|
| PRINT NAME |  |      |  |  |  |
| SIGNATURE  |  | DATE |  |  |  |

**Note:** The Settlement Administrator may request additional information if the Claim Form is insufficient to process your claim. Failure to provide any requested documentation may result in the denial of your claim and may limit the type of remedy you receive.

**All Claim Forms must be postmarked by November 24, 2016 and mailed to:**

**City of Jennings Settlement  
c/o Dahl Administration  
PO Box 3614  
Minneapolis, MN 55403-0614**

**Or sent by email by November 24, 2016 to:**

**[info@JenningsSettlement.com](mailto:info@JenningsSettlement.com)**