

Foreman Claims Administrator  
P.O. Box 2003  
Chanhassen, MN 55317-2003

CLAIM FORM  
Must be postmarked  
by September 23, 2006.

CLAIM FORM

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

Name
Address:
City, State, and Zip Code:

Late claims will be denied. You must complete the form and answer all questions to the best of your ability and recollection. Incomplete forms will be returned to you, and if you do not resubmit a completed form before the deadline of September 23, 2006, your claim will be denied. Mail this completed Claim Form to:

Foreman Claims Administrator  
P.O. Box 2003  
Chanhassen, MN 55317-2003

**Step One - Provide your basic information.**

Please note that it is your responsibility to notify the Claims Administrator in writing at the above address if the address you provide changes.

SSN:	Date of Birth:	
Email:		
Home Phone:	Work Phone:	Cell Phone:

Provide the following information about someone who will always know how to contact you.

Name:	Relation to you:	
Address:	City, State, Zip:	
Home Phone:	Work Phone:	Cell Phone:

**To File for a Deceased Class Member:**

To submit a Claim Form on behalf of a deceased class member in **Step One**, give the class member's name and your contact information; in **Step Four**, sign your own name and note your relationship to the class member. To receive a settlement check for a deceased class member, you must be appointed a personal representative of the class member's estate or complete an affidavit of entitlement in compliance with Connecticut law, or satisfy the equivalent procedure under the state law that applies to the estate. You must send documentation of your appointment as personal representative, the original of an affidavit of entitlement, or the equivalent, to the Claims Administrator by September 23, 2006, or the claim will be denied. You may need to consult an attorney or probate court for more information on this process.

*-Continued on Back-*

**Please check one box to indicate how your check should be handled if your claim is approved:**

- Mail the check to my address above.**       **Hold the check for me to pick up in person.**       **Mail the check to this address:**

*If you do not select any of these options, the check will be sent to your address.*

*If you select this option, a letter to the address you entered for yourself above will inform you of when and where to pick up the check. You will need to provide a reliable photo ID when you pick up your check.*

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

**Step Two - Please answer the following questions truthfully.**

If you do not select Yes or No, then the form will be treated as if you selected No.

I was held at the New Haven Community Correctional Center (NHCCC) between **January 12, 1998**, and **January 12, 2001**, after my arrest for a non-violent, non-drug related misdemeanor offense or any civil contempt, and was required by the NHCCC to remove my clothing for visual inspection of my buttocks or genitalia, when there existed no basis for a reasonable, individualized suspicion that I was carrying or concealing weapons or contraband.

**Yes**       **No**

It will help us if you can list the date or dates when the above happened to you if you feel you fit the class definition. (This is optional. Answer to the best of your ability.):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Step Three - Substitute W-9 Request for Taxpayer Identification Number.**

This should be your Social Security Number, unless you have been given a different number by the IRS for this purpose.

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(9 digits)

The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the IRS that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding.

If you have been notified by the IRS that you are subject to backup withholding, you must cross out the word "not" and check here:

**Step Four - Please sign under penalty of perjury that all of the information you provided in this form is true and accurate to the best of your knowledge and belief.**

It is important that your answers are truthful. If you sign this and you know that the statement is not true, you can be charged with perjury pursuant to 18 USCA § 1621, 28 U.S.C. § 1746.

Under penalty of perjury, I certify that all of the information provided on this form is true and correct:

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

**Step Five - Mail this form, postmarked by September 23, 2006.**

Mail this form to: **Foreman Claims Administrator  
P.O. Box 2003  
Chanhassen, MN 55317-2003**

*This form must be postmarked by September 23, 2006, or your claim will be denied.*

The Claims Administrator will send notice to indicate that your claim form was received. You should keep a copy of this form as your receipt. If you move, notify the Claims Administrator in writing so that your check will be sent to the correct address.