

Turner Claims Administrator  
P.O. Box 2002  
Chanhasen, MN 55317-2002

CLAIM FORM  
Must be postmarked  
by December 31, 2008.

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 and mail this Claim Form, postmarked by December 31, 2008, to:*

Turner Claims Administrator  
P.O. Box 2002  
Chanhasen, MN 55317-2002

*Please see below to learn how to file for a deceased class member.*

**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 Kentucky 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 **December 31, 2008**, or the claim will be denied. You may need to consult an attorney or probate court for more information on this process.

**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: \_\_\_\_\_  
          x \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

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

**Your answers to the following questions will assist in determining the validity of your claim. Provide as much detail as possible after searching your memory and/or any records you may have kept. If you cannot recall when an event occurred, or you cannot locate any written record of an event, you may write "I don't know" as an answer to one or more of these questions. You will not be automatically disqualified as a claimant if you do not recall the information requested. This information is only being used to assist in the evaluation of your claim.**

**ENTRY STRIP SEARCH INFORMATION**

- (1) **Between January 9, 2002 and June 2, 2008 (inclusive), were you strip-searched *on admission* to the Hopkins County Detention Center ("the Jail") after your arrest for a non-violent, non-drug related misdemeanor offense and without regard to whether there existed a reasonable, individualized suspicion that you might be carrying or concealing weapons or contraband?**

Yes       No

**\*\*\*NOTE: You were "strip-searched" if you were required to remove all or part of your clothing for visual inspection of your buttocks, breasts and/or genitalia.**

*If your answer is NO to Question No. 1, please skip ahead to Question No. 5.*

- (2) **List the date(s) of your arrest(s) when you were strip-searched, with the criminal charge(s) for each arrest when the strip search(es) occurred. Provide criminal charge(s), month, date, and/or year, if known (if you cannot recall when an event occurred, or you cannot locate any written record of an event, state that you do not recall; or if you only know part of the information, provide as much as you do recall):**

(a) criminal charges: \_\_\_\_\_ date: \_\_\_\_\_  
(b) criminal charges: \_\_\_\_\_ date: \_\_\_\_\_  
(c) criminal charges: \_\_\_\_\_ date: \_\_\_\_\_

- (3) **Prior to the search(es) listed above, were you ever charged with a drug or violence-related offense?**  
 Yes       No       Don't Recall

If "Yes", provide the date(s) of the prior drug or violence charge(s), if known: \_\_\_\_\_

- (4) **At the time that you were strip-searched entering the jail, did the strip search(es) occur:**  
(a) **After you were taken directly to the Jail after being sentenced by a Judge in court?**  
Date(s), if known: \_\_\_\_\_  Yes       No       Don't Recall

- (b) After turning yourself into the Jail?  
Date(s), if known: \_\_\_\_\_  Yes  No  Don't Recall
- (c) After returning from work release?  
Date(s), if known: \_\_\_\_\_  Yes  No  Don't Recall
- (d) Prior to being placed on suicide watch?  
Date(s), if known: \_\_\_\_\_  Yes  No  Don't Recall
- (e) After you were transferred from another jail?  
Date(s), if known? \_\_\_\_\_  Yes  No  Don't Recall

**RELEASE STRIP SEARCH INFORMATION**

(5) **Between January 9, 2002 and June 2, 2008 (inclusive), after your arrest for a minor offense, were you strip-searched *after you became entitled to be released* from the Jail pursuant to an order of the court, payment of bond, or any other reason?**

- Yes  No

**\*\*\*NOTE: You were "strip-searched" if you were required to remove all or part of your clothing for visual inspection of your buttocks, breasts and/or genitalia.**

*If the answer to Question No. 5 is NO, you may skip this section and proceed to Step Three.*

(6) Provide the criminal charge(s) for which you had been arrested when this strip search(es) occurred and the corresponding dates when the strip search(es) occurred. **Provide criminal charge(s), month, date, and/or year, if known (if you cannot recall when an event occurred, or you cannot locate any written record of an event, state that you do not recall; or if you only know part of the information, provide as much as you do recall):**

- (a) criminal charges: \_\_\_\_\_ date: \_\_\_\_\_
- (b) criminal charges: \_\_\_\_\_ date: \_\_\_\_\_
- (c) criminal charges: \_\_\_\_\_ date: \_\_\_\_\_

(7) Did the strip search(es) upon release occur:

- (a) After you had been ordered by a judge to be released on your own recognizance?  
Date(s): \_\_\_\_\_  Yes  No  Don't Recall
- (b) After bond was posted for your release?  
Date(s): \_\_\_\_\_  Yes  No  Don't Recall
- (c) After you had completed your sentence?  
Date(s): \_\_\_\_\_  Yes  No  Don't Recall
- (d) Upon release from the Jail, but before you were transferred to another jail or prison?  
Date(s): \_\_\_\_\_  Yes  No  Don't Recall

**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.

--	--	--	--	--	--	--	--	--	--

(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" in "b" 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 December 31, 2008.**

Mail this form to: **Turner Claims Administrator  
P.O. Box 2002  
Chanhasen, MN 55317-2002**

*This form must be postmarked by **December 31, 2008**, 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.