

**DUNN, ET AL. v. KELLEY, CASE NO 18-CV-6304
CLAIM FORM AND VERIFICATION**

PLEASE READ THESE INSTRUCTIONS AND CLAIM FORM CAREFULLY

Before completing the Claim Form, please be sure that you have read and understood the Notice of Proposed Class Action Settlement and Final Approval Hearing (“Detailed Notice”), which provides an overview of the Settlement and explains your rights. If you have not received a copy of the Detailed Notice, you may obtain one by visiting the Settlement website, www.strategicclaims.net/Dunn, or by emailing, calling, or writing to the Administrator at the below address.

To get money from the Settlement, you must fill out the attached Claim Form completely. Please submit your completed and signed Claim Form electronically or postmarked by May 12, 2020. **If your Claim Form is incomplete when submitted, it may be deemed ineligible; ineligible claims will not receive money from the Settlement.** If you fail to submit your Claim Form by the deadline, it may be rejected, and you may not be eligible for any money from the Settlement. When submitting your Claim Form, you may either fill out the Claim Form online at www.strategicclaims.net or send it to the Administrator at the below address:

Dunn v. Kelley Settlement
c/o Strategic Claims Services
600 N. Jackson St., Suite 205
P.O. Box 230
Media, PA 19063
info@strategicclaims.net
Fax: (610) 565-7985

By completing and submitting this Claim Form, you are certifying that you are a member of the Settlement Classes, as described in the Detailed Notice, and that you have not excluded yourself from the Settlement. **If you have asked to be excluded from the Settlement, please do not submit a Claim Form, as it will be ineligible.** All members of the Settlement Classes who do not exclude themselves submit to the jurisdiction of the Court and will be bound by any judgment entered by the Court pursuant to the Settlement, whether or not they submit Claim Forms. If you have any questions about the Settlement, you should contact the Administrator by toll-free phone at 1-866-274-4004, by email at info@strategicclaims.net, or by mail at the address above.

CLAIM FORM INSTRUCTIONS AND INFORMATION

1. Please read the instructions carefully. Your claim will be checked and verified by the Administrator.
2. Please type or neatly print all of the required information.
3. By signing the Claim Form, you verify that the information you have included on your Claim Form is true and correct. You also agree to provide additional information necessary to support your claim, if required by the Administrator, Class Counsel, or the Court.
4. By signing below, you also verify that you have not filed, nor are you continuing, any other lawsuit about the legal claims in the Settlement.
5. A Claim Form will be considered submitted to the Administrator if it is mailed first-class and postmarked by May 12, 2020. If you do not submit your Claim Form by first-class mail, it will be considered submitted on the date that it is actually received by the Administrator.
6. If you want to receive confirmation that the Administrator has received your Claim Form, you must send your Claim Form via Certified Mail, Return Receipt Requested, or you must submit your Claim Form electronically.
7. Please call, email, or write the Administrator if your address changes after you submit your Claim Form. Failure to submit updated information to the Administrator may result in delay of correspondence regarding the Settlement, including any possible payments from the Settlement.
8. No check will be mailed until after the Court considers and enters Final Approval of the Settlement.

CLAIMANT IDENTIFICATION
(This should be for the person who was detained)

Claimant's Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Numbers:

(day) _____ (evening) _____ (mobile) _____

SUBSTITUTE W-9

Request for Taxpayer Identification Number:

Enter taxpayer identification number below for the Beneficial Owner(s). For most individuals, this is your Social Security Number. The Internal Revenue Service ("I.R.S.") requires such taxpayer identification number. If you fail to provide this information, your claim may be rejected.

Social Security Number (for individuals)	or	Taxpayer Identification Number (for estates, trusts, corporations, etc.)
_____		_____

We require your Social Security number for tax reporting requirements and for verification purposes.

SUBMISSION TO JURISDICTION OF THE COURT

By signing below, I agree that the United States District Court for the Northern District of Illinois has the power to rule on my claim as a member of the Settlement Classes, and that the Court has the power to enforce the Release described in the Class Action Release and Settlement Agreement.

VERIFICATION

YOU MUST CERTIFY YOUR ELIGIBILITY FOR PAYMENT BY CHECKING THE FOLLOWING BOX. IF YOU ARE NOT ABLE TO MAKE THE STATEMENT BELOW, YOU ARE NOT ELIGIBLE FOR PAYMENT.

I was either (1) detained in a booking cell for more than 24 hours or detained in a booking cell throughout the period from 10:00 p.m. on one day through 6:00 a.m. the following day; or was (2) arrested without an arrest warrant or other judicial process and not released within 48 hours or did not receive a judicial determination of probable cause within 48 hours of my arrest, or I am the legal representative of someone who was detained or arrested as described herein, and I am filing on behalf of the detainee/arrestee.

I certify under penalty of perjury that the foregoing information supplied is true and correct to the best of my knowledge, and that this Claim Form was signed this _____ day of _____, 2020.

Signature

Type/Print Name