

## NEAL CLASS ACTION LONG CLAIM FORM

### SECTION I: INSTRUCTIONS

If you believe that you have a claim which qualifies you to participate in the Neal Class Action claims process, you must file a Claim Form. All claims will be subject to verification and making a claim is making a legal representation to the court. Only claims that can be verified will be compensated.

As explained in the Plan of Allocation (enclosed in your packet), you will only be entitled to participate in one of the three injury pools described below:

- Pool 1            Sexual intercourse, oral sex, digital penetration (penetration with a finger)
  
- Pool 2            Cross-gender pat-downs, groping by a male employee of the Department, subjected to a male employee purposefully exposing his genitals and/or masturbating, forced to touch the genitals of a male employee of the Department, or attempted sexual assault
  
- Pool 3            Sexual harassment includes physical gestures, sexually degrading language, and privacy violations such as leering, observing while showering, dressing, using toilet, etc.

Your Claim Form should describe the incident or incidents that fall into the highest pool that applies to you. For example, if you were subjected to an assault which falls into Pool 2, you should not describe incidents which fall into Pool 3. Only those events which occurred between March 27, 1993 and August 14, 2009 involving male staff of the MDOC should be included in your claim form.

If you had previously completed a Neal Class Member Questionnaire it is attached. If your questionnaire adequately represents your claim, you may complete the Short Form only. If you believe that your previous questionnaire does not adequately represent your claim(s), you **must** complete this Long Form. You **must** complete either the Short or Long Form to be considered.

If you are filing a claim as a court appointed personal representative of a class member, you must fill out the long claim form to the best of your ability, including any documentation in your possession or to which you have access, together with evidence that you are the court appointed representative of the class member.

**THIS CLAIM FORM MUST BE POSTMARKED  
OR RECEIVED BY US ON OR BEFORE AUGUST 14, 2009.**

**SECTION II: IDENTIFICATION OF CLASS MEMBER**

- A. Name \_\_\_\_\_  
(Last) (First) (Middle Initial)
- B. Current Address: \_\_\_\_\_  
\_\_\_\_\_  
(Street Address)  
\_\_\_\_\_  
(City) (State) (Zip Code)
- C. Phone: Home: \_\_\_\_\_ Work: \_\_\_\_\_  
Cell: \_\_\_\_\_
- D. E-mail Address: \_\_\_\_\_
- E. Date of Birth: \_\_\_\_\_ Soc. Sec. #: \_\_\_\_\_
- F. Dates and location(s) of incarceration in an MDOC facility from March, 1993 through the present and MDOC ID #: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SECTION III: IDENTIFICATION OF POOL**

1. Were you subjected to sexual intercourse, oral sex and/or digital penetration by male staff member(s) of the MDOC?  
 Yes  No  
*If you responded yes, please proceed directly to question 4; if no go to question 2.*
2. Were you subjected to cross-gender pat-downs, groping by a male employee of the Department, subjected to a male employee purposefully exposing his genitals and/or masturbating, forced to touch the genitals of a male employee of the Department, or attempted sexual assault?  
 Yes  No  
*If you responded yes, please proceed directly to question 4; if no go to question 3.*
3. Were you sexually harassed or subjected to privacy violations by male staff of the MDOC?  
 Yes  No  
*If you responded yes, please proceed directly to question 4. If you responded no, please proceed to Section V, question 7.*

**SECTION IV: DESCRIPTION OF CLAIMS**

In order to support your claim that you are entitled to participate in the class pool relief, you must provide adequate information and documentation regarding your claim(s), including the name of the male staff member(s), the date(s) of the incident(s), the facility(s) where the incident(s) occurred and a description of the incident(s). Copies of any documentation in support of your claim must be provided with this claim form. If you have more than one claim, each claim must be described in detail as explained above. Please attach your description of each claim on additional sheets.

- 4. Please describe each and every claim(s) which fits the Pool you selected above. Please attach copies of any supporting documentation or evidence.

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*Please attach additional sheets if you need more space.*

- 5. Did you report the incident(s) to the MDOC?

Yes       No

*If you responded yes, please proceed directly to question 6; if no, proceed to question 7/Section V.*

- 6. Please detail the report. Include to whom, when and how the report was made. Please describe any action you believe the MDOC took regarding your report. Please attach copies of any supporting documentation or evidence.

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*Please attach additional sheets if you need more space.*

**SECTION V: RETALIATION**

- 7. Have any MDOC staff member(s) threatened you or retaliated against you in any way for reporting, or to prevent you from reporting, sexual misconduct as defined in the pool descriptions above?

Yes       No

*If you answered yes, please proceed to question 8, if no please proceed to Section VI.*

8. Please check all that apply to you:

- |   |  |
|---|--|
| <input type="checkbox"/> Received Misconduct ticket(s)              | <input type="checkbox"/> Lost Parole Date (include date) _____ |
| <input type="checkbox"/> Confined to Segregation/Protective Custody | <input type="checkbox"/> Lost Center Date (include date) _____ |
| <input type="checkbox"/> Confined to a higher security level        | <input type="checkbox"/> Lost Tether Date (include date) _____ |
| <input type="checkbox"/> Lost good time (# of days) _____           | <input type="checkbox"/> Lost Work Detail (include date) _____ |
| <input type="checkbox"/> Lost visitation or other privileges        | <input type="checkbox"/> Other (please describe) _____         |

You must provide adequate information and documentation regarding your claim(s) of retaliation, including the name of the MDOC employee(s), the date(s) of the retaliation, the facility(s) where the retaliation occurred and a description of the incident(s) of retaliation. Copies of any documentation in support of your claim must be provided with this claim form.

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*Please attach additional sheets if you need more space.*

#### SECTION VI: OTHER REQUIREMENTS FOR MAKING A CLAIM

In order to make this claim, you **must** sign and date this form. Your signature means that you understand the Instructions in Section I and that this form, including any documentation and/or evidence provided, will be used in a legal proceeding and that you are swearing that the information contained on this form is true and accurate to the best of your memory.

\_\_\_\_\_  
(Sign Here)

\_\_\_\_\_  
(Print Name)

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

**This claim form must be postmarked or received by us on or before AUGUST 14, 2009. Please mail or deliver the completed form, with supporting documentation to:**

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