

- 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 #: _____
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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
4. 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 responded yes, please proceed directly to Section IV.

SECTION IV: 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:

Deborah LaBelle, Attorney at Law
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