

ALT Settlement
c/o JND Legal Administration
P.O. Box 91307
Seattle, WA 98111

CLASS ACTION CLAIM FORM

Name/Address Changes (if any). Please enter below:

First Name Last Name

Address

Please provide the following personal identification information:

City State Zip

Email address: _____

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Area Code Daytime Telephone Number Area Code Evening Telephone Number

Last four digits of Social Security Number: _____ Date of Birth: ____/____/____
Month Day Year

Other names used beginning 2004: _____

I understand that, if I received this preprinted form in the mail, and it is confirmed that I am a member of the Damages Class, I am entitled to receive compensation based on a formula approved by the Court that takes into account the alleged severity of conditions challenged in the lawsuit, including (1) variations in conditions over time (with the most allegedly discriminatory and restrictive conditions occurring before October 2014); and, (2) variations in inmates' sentencing status, security classification, and work eligibility (with sentenced, work-eligible inmates allegedly experiencing the most discriminatory conditions).

I understand my entitlement to compensation will be determined exclusively by records of the San Bernardino County Sheriff's Department ("SBCSD"). I also understand that, if I downloaded a claim form from the website, or otherwise obtained a blank form, whether I am a class member and the amount I can receive will be determined from SBCSD's electronic records.

I understand that the amount I may receive from this settlement may vary depending on the number and extent of claims filed, and that the settlement is explained more fully in the Class Notice mailed to class members and in documents posted on the Class Administrator's website.

You must mail this Claim Form with a postmark **NO LATER THAN JANUARY 7, 2019**,
in order to receive money from the class fund. **ACT NOW**

If your Claim Form is not mailed with a postmark no later than, January 7, 2019, you will not be considered a member of the class even if you wish to be, but you still will be bound by the settlement and will not receive any money. **DO NOT DELAY.**

The information given in this Claim Form is private, and will be held in strictest confidence, except as needed by the Parties and Settlement Administrator. If you have any questions about this lawsuit, write to us at ALT Settlement, c/o JND Legal Administration, P.O. Box 91307, Seattle, WA 98111; contact us by e-mail at info@ALTSettlement.com; or visit our web site at www.ALTSettlement.com.

YES, I WISH TO MAKE A CLAIM.

By signing this form below, I am confirming that the above information is correct and that:

1. I am the person identified above and am over the age of 18.
2. I have not received money or compensation for any of the claims involved in this case.
3. I will abide by, and be limited to, the formula for damages approved by the Court.
4. I will keep the Settlement Administrator informed of my whereabouts at all times.

I declare under penalty of perjury that the information given above is true and correct.

Date: _____ Signature: _____
(mm/dd/yyyy)