

Lynwood Strip Search Settlement
c/o JND Legal Administration
P.O. Box 91070
Seattle, WA 98111

CLASS ACTION CLAIM FORM

In order to receive money from the Settlement, please complete and return this Claim Form to the Settlement Administrator at the above address (postmarked by **June 4, 2020**). **DO NOT DELAY.**

Name/Address		
_____	_____	_____
First Name	Last Name	

Address		
_____	_____	_____
City	State	Zip

Email address: _____

Mobile Phone Number	Alternate Phone (if any)
(____) _____	(____) _____
Area Code	Area Code

Date of Birth: ____ / ____ / ____
Month Day Year

Last 4 Digits of Social Security Number: ____ ____ ____ ____

Other Names I Have Used: _____

By signing this form, I am confirming under penalty of perjury:

1. I am the person identified above.
2. Between March 5, 2008 and January 31, 2015, I was strip-searched in a group, in an outdoor area at the Century Regional Detention Facility (“CRDF” or “Lynwood”).
3. I understand I will be limited to the formula for damages approved by the Court and that determinations of the number of times I was searched and dates of my searches will be based exclusively on the records of the Los Angeles Sheriff’s Department (the “LASD”).

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

You must keep the Settlement Administrator apprised of your contact information at all times. If you move, please immediately update the settlement administrator by mail at the address above or by e-mail at info@lynwoodstripsearch.com.