

Kincaid v. City of Fresno
Class Settlement Claim Form

I. Personal Information

Name:

Date of Birth:

Mailing Address (if you have one):

Phone Number (if you have one):

Where You Stay:

Best Way to Contact You (i.e., message phone, friend or relative's house, etc.):

Please provide as much information as possible on this form. If you cannot remember something – a date or an exact location, for example – please write what you remember and also write that you are not sure. If you have any of paperwork that is relevant to your claim – for example, receipts for items that you lost or for items that you bought to replace what you lost, or paperwork relating to medical care – please include copies of that paperwork. Please write clearly and print your name on every page. Finally, if your contact information changes please let the Administrator know ASAP. If the Administrator cannot locate you, you may not be able to receive benefits.

**YOU MUST EITHER MAIL THIS CLAIM FORM TO:
KINCAID SETTLEMENT ADMINISTRATOR, 4460 W.
SHAW AVE., SUITE 233, FRESNO, CA, OR DELIVER IT IN
PERSON TO 149 NORTH FULTON AVE, FRESNO, CA
93722 BEFORE JULY 18, 2008 IN ORDER TO BE
ELIGIBLE TO PARTICIPATE IN THE SETTLEMENT.**

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II. Description of Claim

Complete this page for each incident where you lost property. Give as many details about the incident as possible. You may add more pages if you need to.

Date and Time of Incident (if you do not remember the exact date, give the year and time of year):

Location of Incident:

Details About What Happened:

- Where were you?
- Where was your property?
- What happened to your property?
- Who took your property?
- What did the people who took your property say and do?
- How did you respond?
- Did you receive any notice that people were coming to take your property? What kind of notice?
- What else should the Claims Administrator know about this incident?

How did this incident make you feel?

Did you feel any physical effects from this incident? If so, please describe.

Did you seek treatment from a health care professional as a result of this incident? Did you see a counselor or a therapist? If so, when and where?

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III. Damages

Please list all of the personal property and belongings that were taken and/or destroyed. Be as specific as possible. For each item, list the value of that item, if possible. For damages over \$500, you may be asked to explain your list to the Claims Administrator.

<u>Item Lost</u>	<u>Approximate Value</u>

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Name: _____

Date: _____

Signed: _____