**CLAIM FORM**

**SHELBY COUNTY JAIL SUIT CLASS ACTION**

***Turnage, et al. v. Oldham, et al., Case No: 2:16-cv-2907***

TO MAKE A CLAIM FOR A PAYMENT, YOU MUST PROVIDE ALL THE REQUESTED INFORMATION, ANSWER ALL QUESTIONS, PROVIDE THE REQUESTED DOCUMENT, SIGN IN FRONT OF A LICENSED NOTARY PUBLIC AND MAIL THIS COMPLETED FORM TO:

**CMM Settlement Solutions, P.O Box 341316, Bartlett TN. 38184-1316**

**IMPORTANT: For your claim to be considered for payment, your Claim Form must be put in the mail (postmarked) to the address listed above no later than DECEMBER 30, 2021.**

Please note that, depending on the total number of claims received, the amount of your settlement payment may be reduced so that each claimant in this settlement receives only a prorated amount.

PLEASE PROVIDE THE FOLLOWING INFORMATION:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current Street Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code \_\_\_\_\_\_\_\_\_\_\_\_

Social Security Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_\_/ \_\_\_\_\_\_\_/ \_\_\_\_\_\_\_

Home Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**and/or**

Mobile Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PLEASE ANSWER THE FOLLOWING QUESTIONS:

* I was arrested and then booked into the Shelby County Jail at some point between November 1, 2016 and March 21, 2021. Yes \_\_\_\_ No \_\_\_\_\_
* I was released from the custody of the Shelby County Jail on the following date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_, 20\_\_\_\_\_.
* I was held at the Shelby County Jail for a period of 9 hours or more after legal authority for my detention ceased. Yes \_\_\_\_\_ No \_\_\_\_\_ I don’t know \_\_\_\_\_
* I believe that I was over detained in the Shelby County Jail for a period of \_\_\_\_ days.
* I believe the reason that I was over detained in the Shelby County Jail is due to the November 2016 implementation of a computer system that allegedly contributed to my untimely release from jail. Yes \_\_\_\_\_ No \_\_\_\_\_ I don’t know \_\_\_\_\_
* I have not filed and do not have pending any case asserting individual claims against one or more of the Defendants containing allegations that are substantially similar to the Seventh Amended Class Action Complaint filed in the lawsuit. Yes \_\_\_\_\_ No \_\_\_\_\_\_

(You may review the Seventh Amended Class Action Complaint on the settlement website: www.shelbycountyjailclasssettlement.com

* I have not requested to opt out or be excluded from the class. Yes \_\_\_\_\_ No \_\_\_\_\_

PLEASE PROVIDE THE FOLLOWING DOCUMENT:

* With this Claim Form, provide a copy of ONE of the following:   
  (a) Driver’s License OR (b) Voter Registration Card OR (c) Other form of identification such as social security card or work identification card.

THIS CLAIM FORM MUST BE SWORN TO AND SIGNED IN FRONT OF A NOTARY PUBLIC:

I hereby acknowledge and understand that certain claims of mine against Defendants will be released as per the Released Claims (as defined in the Stipulation of Settlement).

**I swear under oath and declare under penalty of perjury that the information provided by me in this Claim Form is true and correct:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_, 2021.

STATE OF \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

COUNTY OF \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Personally appeared before me, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, with whom I am personally acquainted, and who acknowledged that he or she executed the within instrument for the purposes therein contained.

SWORN TO AND SUBSCRIBED before me this \_\_\_day of\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 2021.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Notary’s Signature

(Seal)

My commission expires: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**IMPORTANT NOTE:** If you are submitting this Claim Form on behalf of a Class Member as a representative (such as a conservator or executor of an estate), please describe the type of representative and attach some verifying documentation.

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