

CLAIM FORM
RODRIGUEZ V. CITY OF LOS ANGELES

TO RECEIVE BENEFITS FROM THIS SETTLEMENT, YOU MUST COMPLETE, SIGN, AND MAIL THIS CLAIM FORM BY FIRST CLASS U.S. MAIL, POSTMARKED ON OR BEFORE AUGUST 14, 2020. HOWEVER, BECAUSE THE FUNDS IN THIS CASE ARE LIMITED, AND ARE MADE AVAILABLE ON A FIRST COME FIRST SERVED BASIS, YOU SHOULD SUBMIT THIS FORM AS SOON AS POSSIBLE. THIS CLAIM FORM MUST BE MAILED TO THE SETTLEMENT ADMINISTRATOR AT THE FOLLOWING ADDRESS:

Rodriguez v. City of Los Angeles Claims
c/o CAC Services Group, LLC
6420 Flying Cloud Dr., Ste. 101
Eden Prairie, MN 55344

IF YOUR CLAIM IS POSTMARKED AFTER AUGUST 14, 2020, OR IF YOU ASK TO PARTICIPATE IN THE JOBS AND EDUCATION PROGRAM AFTER THE SETTLEMENT MAXIMUM¹ HAS BEEN REACHED, YOUR CLAIM WILL BE REJECTED.

INSTRUCTIONS:

1. Please write clearly.
2. You must complete, sign, and mail this Claim Form to be eligible to receive a settlement payment.
3. If you move, please send the Settlement Administrator your new address. It is your responsibility to keep a current address on file with the Settlement Administrator.
4. If you are confirmed as a class member, you are entitled to ALL of the following benefits:
 - a. Participation for yourself OR for a family member in the Jobs and Education Program
 - b. Tattoo Removal Services
 - c. Participation in the expedited Gang Removal process in federal court
5. If you have any questions about this form or the settlement benefits, call (310) 997-0380 to speak with attorneys for the class members. You can also visit www.gangcase.com for more information.

CLAIM INFORMATION:

Please provide as much of the following information as you can to allow your identity to be verified. All information provided will be kept confidential and will be used only to determine your eligibility for the settlement benefits and not for any other purpose, with one exception: if you want to apply to be removed from the Gang Injunction, your information may be shared with local, state, or federal law enforcement agencies or personnel, as stated on the form "Request for Expedited Removal from Gang Injunction."

[NAME] _____ Make any address corrections here:
[ADDRESS] _____
[CITY, STATE, ZIP] _____
Telephone Number(s) (____) _____ - _____ (Home) (____) _____ - _____ (Other)

Other names or nicknames that I have used or that the LAPD may know me by or has given me:

Date of Birth: _____ SSN #: ____ - ____ - _____ Cal ID/CII/other identifiers: _____

IF YOU ARE INCARCERATED OR IN DETENTION, YOU MUST EITHER A) WAIT UNTIL YOU ARE RELEASED BEFORE YOU CAN PARTICIPATE IN THE JOBS AND EDUCATION PROGRAM, OR B) YOU CAN TRANSFER THESE BENEFITS TO A RELATIVE (SEE BELOW). IN DECIDING WHICH OPTION TO TAKE, PLEASE NOTE THAT THIS PROGRAM WILL LAST FOUR YEARS, BUT IT IS ON A FIRST COME, FIRST SERVED BASIS UNTIL THE FUNDS RUN OUT.

¹ The City has agreed to pay up to a maximum of \$7.5 million per year over four years to fund the Jobs and Education Program. If the annual maximum has been reached, your application will be carried over to the following year, until May, 2020, or the funds are completely used up, whichever happens first.

Check all that apply:

__ JOBS AND EDUCATION: I would like to obtain the Jobs and Education Program benefit for myself or for a family member.

- I would like to participate in the Jobs and Education Program and consent to have a program representative contact me, OR
- I would like to transfer my Jobs and Education Program benefit to the following first- or second-degree relative _____ (please the section below entitled "REQUEST TO TRANSFER JOBS AND EDUCATION PROGRAM BENEFIT TO RELATIVE" if you choose this option)

__ TATTOO REMOVAL: I am interested in receiving tattoo removal services and consent to have a program representative contact me.

__ REMOVAL FROM GANG INJUNCTION: I would like to apply to be removed from a Gang Injunction (please complete and return the attached form entitled "REQUEST FOR EXPEDITED REMOVAL FROM GANG INJUNCTION PURSUANT TO RODRIGUEZ V. CITY OF LOS ANGELES" if you choose this option).

I declare under penalty of perjury that I have been served with one or more of the gang injunctions listed in this lawsuit and that the above information is true and correct.

Dated: _____ Signed: _____

REQUEST TO TRANSFER JOBS AND EDUCATION PROGRAM BENEFIT TO RELATIVE

Please complete this section ONLY if you want to transfer the Jobs and Education Program benefit to a relative.

I, _____

hereby request that the Jobs and Education Program benefit to which I am entitled as a class member be transferred to the first- or second-degree relative (parent, child, brother or sister, spouse, cousin, aunt, uncle, nephew, or niece) who is named below.

I understand that by doing so, I am giving up my right to participate personally in the Jobs and Education Program.

I understand that if I transfer the Jobs and Education benefit to a first-degree relative (parent, child, sibling, or spouse), they will have the same priority as I would, but if I transfer the Jobs and Education benefit to a second-degree relative (cousin, aunt, uncle, nephew, or niece), they will be provided with the program only if the City's minimum annual contribution of \$1.125 million has not already been reached.

I understand that if I transfer the Jobs and Education benefit to a relative, I can still receive tattoo removal services and the gang injunction removal application for myself.

I understand that I cannot transfer the tattoo removal services or the gang injunction removal application to a family member. I can transfer only the Jobs and Education Program to my relative.

I declare under penalty of perjury that the Transferee named below is my first- or second-degree relative (parent, child, brother or sister, spouse, cousin, aunt, uncle, nephew, or niece), and that the information below concerning the nature of my relationship to the Transferee is true and correct.

Dated: _____ Signed: _____

Transferee Name: _____ Relationship to Claimant: _____

Transferee Address : _____ Transferee Telephone Number:(____) ____ - _____

REQUEST FOR EXPEDITED REMOVAL FROM GANG INJUNCTION
RODRIGUEZ V. CITY OF LOS ANGELES

Please complete this form if you are requesting an expedited removal from gang injunction pursuant to the Rodriguez settlement.

Please provide as much of the following information as you can to allow your identity to be verified. **NOTE: If you are not a United States citizen, you may be at risk if you participate in this program. Your current information will be shared with local, state, and/or federal law enforcement as part of the injunction removal review process. Please consult an immigration attorney and/or call (310) 997-0380 before applying to be removed from the gang injunction.**

[NAME] _____

[DATE OF BIRTH] _____

[ADDRESS] _____

[CITY, STATE, ZIP] _____

[PHONE NUMBER] _____

[OTHER NAMES/NICKNAMES] _____

SSN #: ____ - ____ - _____ Cal ID/CII/other identifiers: _____

I, _____ hereby request that the City of Los Angeles remove me from the list of those served with the following gang injunction(s): _____

In so requesting, I have read and agree to the following:

1. I understand that the City will have up to 90 days from the date it receives this request to decide whether to remove me from the gang injunction.

2. I understand that if the City does not agree to remove me from the gang injunction within that time, I will have the opportunity to have a hearing where the City will present facts to prove that I should be on that injunction, and I will have an opportunity to refute that evidence and/or present evidence that I should not be on that injunction.

3. I understand that this process is an alternative process that is being made available ONLY to all class members in the case of *Rodriguez v. City of Los Angeles*, 11-CV-01135-DMG.

4. I understand that I may represent myself in this proceeding, may have my own counsel, or that I may request representation free of charge. If I request free representation, I understand that such representative(s) will be made available by the counsel for the plaintiffs in the *Rodriguez* case, and such representative(s) may include law students or attorneys performing this service for free.

5. I understand that this process is voluntary, and that by engaging in the process I waive my right to pursue any available remedies in state court for a period of one year. I also understand that if the court rules against me, there is no appeal process, and I waive any and all arguments as to whether the decision was correct. However, I can still petition the City Attorney for removal via the regular removal process as described at the website: <http://www.lacityattorney.org/#!/gang-division/c14hh>

6. I understand that if I go through this process, the decision of the Magistrate Judge is not a determination of whether or not I am a gang member for purposes of any enhancements or other proceedings. I understand that I may use this decision in any proceeding relating to my being on a Gang Injunction.

7. I understand that the City may share the personal information that I have provided at the top of this form with local, state, and/or federal law enforcement personnel or entities in order to determine whether I should be removed from the gang injunction.

Dated: _____ Signed: _____