



**Part II. Interest in Relief**

**1. Type of Relief Requested**

Please check one or both of the types of relief that you are seeking:

- Cash Award:** Please check this box if you are interested in a cash award to make up for some of the pain and suffering and/or emotional distress allegedly suffered as a result of Defendants' refusal to transfer female COs from WHV to other prisons on the same transfer terms that were applied to male COs.

Defendants have agreed to provide \$750,000 to be distributed amongst Charging Parties and eligible claimants. The amount of money that an individual eligible claimant receives will depend on the number of Charging Parties accepting their service awards; the number of claimants; and the duration of time the individual claimant worked at WHV, was eligible to transfer, wanted to transfer, and was harmed by her inability to transfer due to the transfer freeze.

- Consideration for Priority Transfer:** Please check this box if you are currently working as a CO at WHV and you are interested in being considered for priority transfer to another MDOC facility. Checking this box merely indicates your interest in being considered for transfer and does not mean that you will necessarily be permitted to transfer. Also, you will not have to accept a priority transfer if one is offered to you.

Defendants have agreed to allow up to 15 eligible claimants who currently work as COs at WHV to transfer out of WHV to another MDOC facility. Eligible claimants will be considered for priority transfer only if they meet the same conditions required for all other transfer applicants. Preference for the 15 priority transfers will be given to Charging Parties, in order of number of continuous service hours, and then to non-Charging Parties, in order of number of continuous service hours.

**Part III. Additional Eligibility Information**

**A. Discipline**

2. While working as a CO at WHV, were you ever disciplined? That is, did you receive a written reprimand, an unsatisfactory service rating, a suspension without pay, discharge, etc.?

Yes                       No

This form is four (4) pages. You must complete and return ALL four (4) pages.

3. If you answered yes to Question #2, above, identify each incident of discipline below to provide the date of the discipline, as well as the type of discipline imposed. If you select "Other" as the "Type of Discipline Imposed" from the drop-down menu, explain the discipline imposed in the text box below.

(1) Date of Discipline at WHV (MM/DD/YYYY) \_\_\_\_\_

Type of Discipline Imposed (choose one):

If you select "Other," explain the discipline imposed on the line below.

(2) \_\_\_\_\_  
Date of Discipline at WHV (MM/DD/YYYY) \_\_\_\_\_

Type of Discipline Imposed (choose one):

If you select "Other," explain the discipline imposed on the line below.

(3) \_\_\_\_\_  
Date of Discipline at WHV (MM/DD/YYYY) \_\_\_\_\_

Type of Discipline Imposed (choose one):

If you select "Other," explain the discipline imposed on the line below.

(4) \_\_\_\_\_  
Date of Discipline at WHV (MM/DD/YYYY) \_\_\_\_\_

Type of Discipline Imposed (choose one):

If you select "Other," explain the discipline imposed on the line below.

(5) \_\_\_\_\_  
Date of Discipline at WHV (MM/DD/YYYY) \_\_\_\_\_

Type of Discipline Imposed (choose one):

If you select "Other," explain the discipline imposed on the line below.

If you have more than 5 incidents of discipline, please describe them in the box below.

*You may attach another file to your email submission to describe your discipline, if necessary.*

This form is four (4) pages. You must complete and return ALL four (4) pages.

**B. Voluntary Transfer to WHV**

4. Did you voluntarily transfer to WHV as a CO from another MDOC facility? That is, did you come to WHV as a CO through an exchange transfer, seniority-based transfer, or closer-to-home transfer?

Yes       No

**C. Transfer from WHV**

5. While working as a CO at WHV, did you want to transfer to another MDOC facility at any time between January 2009 and the present?

Yes       No

6. Did you request to transfer out of WHV at any time between January 2009 and the present?

Yes       No

7. If you answered no to Question #6, above, was the transfer freeze the reason you did not request to transfer out of WHV?

Yes       No       N/A

8. If you wanted to transfer out of WHV but you were unable to transfer, did not being able to transfer cause you harm? The harm can include any of the following: emotional pain and suffering, mental anguish, inconvenience, stress, hardship, exhaustion, worsened commute, etc.

Yes       No

**Part IV. Acknowledgement and Certification**

I UNDERSTAND AND ACKNOWLEDGE that additional information regarding my background may be requested, and that I may be required to provide such information in order to be eligible to receive any award the Court may order in this lawsuit, **and that filling out this Interest-in-Relief Form does not guarantee that I will receive any individual relief award in this lawsuit.**

I CERTIFY under penalty of perjury that the foregoing is true and correct.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
*Electronic signature accepted. Type your name to sign electronically.*

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

*Email your Interest-in-Relief Form to [Community.MichiganDOC@usdoj.gov](mailto:Community.MichiganDOC@usdoj.gov) by clicking the "Submit Form by Email" button below no later than **April 19, 2021.***