

FIRST AMENDED ATTACHMENT J

**NOTICE OF AWARD OF INDIVIDUAL RELIEF
AS STATED IN THE FINAL RELIEF AWARDS LIST**

On [insert date], the Court approved a Final Relief Awards List pursuant to the Consent Decree entered by the Court in United States v. State of New Jersey and the New Jersey Civil Service Commission, Civ. Action No. 2:10-cv-00091 (D.N.J.). **You are being sent this Notice because you have been deemed eligible for back pay. If indicated on the attached form, you are also eligible for a priority promotion.**

To receive this back pay, and consideration for priority promotion if applicable, you must properly and completely fill out the attached Acceptance of Back Pay and Release of Claims form (or Acceptance of Back Pay and Consideration for Priority Promotion and Release of Claims form), initial the first page of this form, sign the form and return it to the Department of Justice no later than [insert date] to:

State of New Jersey Settlement Team
Employment Litigation Section
U.S. Department of Justice
Civil Rights Division
Post Office Box 14400
Washington, DC 20044-4400
Telephone: 1-800-556-1950, select mailbox option **number 1**
Website: <http://www.justice.gov/njcsc>

You also must **complete and return the enclosed federal and state tax forms** so that appropriate withholdings for taxes, FICA and Medicare may be made from the monetary award.

If you have any questions about how to submit your Acceptance of Back Pay and Release of Claims form (or Acceptance of Back Pay and Consideration for Priority Promotion and Release of Claims form), you may consult with an attorney of your own choosing and at your own expense, or you may call the Employment Litigation Section of the Civil Rights Division of the Department of Justice at 1-800- 556-1950, select mailbox option number 1. If you do call this number, please leave your name, social security number, address and telephone number and a time when you can be reached. Your call will be returned as soon as possible.

IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF NEW JERSEY
NEWARK VICINAGE

_____)	
UNITED STATES OF AMERICA,)	
)	
Plaintiff,)	
)	
v.)	Civil Action No.
)	2:10- cv-00091-KSH-MAS
STATE OF NEW JERSEY AND)	
NEW JERSEY CIVIL SERVICE)	Hon. Katharine S. Hayden
COMMISSION,)	
)	
Defendants.)	
_____)	

ACCEPTANCE OF BACK PAY AND RELEASE OF CLAIMS

I, [insert name], have received notice from the United States Department of Justice of the back pay award offered to me pursuant to the provisions of the Consent Decree entered by the Court on [insert date] in the above-named lawsuit.

The **BACK PAY AWARD** I am being offered consists of:

[insert amount] dollars (\$ _____), minus the appropriate withholdings for taxes, FICA and Medicare.

 I ACCEPT THIS AWARD.

INITIAL HERE: _____

In consideration for this award of the relief stated above, I release the State of New Jersey and the New Jersey Civil Service Commission and all prior and current elected and appointed officials thereof, and their employees, agents, attorneys, successors, and assigns from all or any legal claims based upon alleged discrimination on the basis of race and/or national origin with respect to the promotion of African-American and Hispanic candidates into the position of police sergeant in violation of any federal or state statutes, regulations or executive orders providing for or giving rise to claims or rights of action relating to equal employment, including Title VII of the Civil Rights Act of 1964, 42 U.S.C. § 2000e, et seq., that were, or could have been, the subject of the above-described lawsuit, of which I am aware, or through the exercise of reasonable diligence could have been aware. The above-named lawsuit was resolved by entry of the Consent Decree by the Court on [insert date].

The release of claims contained herein is not conditioned on my receipt of any other relief under the Consent Decree.

I understand that **I must properly and completely fill out this Acceptance of Back Pay and Release of Claims form, initial the first page of this form, sign the form and return it to the Department of Justice no later than [insert date]** in order to receive the relief award.

I also understand that **I must complete and return the enclosed federal and state tax forms** so that appropriate withholdings for taxes, FICA and Medicare may be made from the monetary award.

I HAVE READ THIS ACCEPTANCE OF BACK PAY AND RELEASE OF CLAIMS FORM AND UNDERSTAND THE CONTENTS THEREOF. I SIGN THIS FORM OF MY OWN FREE ACT AND DEED.

Date Signed

Signature

(Street Address) (City) (State) (Zip code)

() ____ - ____ (Home Telephone) () ____ - ____ (Work Telephone)

____ - ____ - ____ (Social Security Number)

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IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF NEW JERSEY
NEWARK VICINAGE

_____)	
UNITED STATES OF AMERICA,)	
)	
Plaintiff,)	
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v.)	Civil Action No.
)	2:10- cv-00091-KSH-MAS
STATE OF NEW JERSEY AND)	
NEW JERSEY CIVIL SERVICE)	Hon. Katharine S. Hayden
COMMISSION,)	
)	
Defendants.)	
_____)	

**ACCEPTANCE OF BACK PAY AND/OR CONSIDERATION FOR
PRIORITY PROMOTION AND RELEASE OF CLAIMS**

I, [insert name], have received notice from the United States Department of Justice of the back pay award offered to me pursuant to the provisions of the Consent Decree entered by the Court on [insert date] in the above-named lawsuit.

The **BACK PAY AWARD** I am being offered consists of:

[insert amount] dollars (\$ _____), minus the appropriate withholdings for taxes, FICA and Medicare.

 I ACCEPT THIS AWARD.

I am also being offered consideration for priority promotion to the position of police sergeant with [insert local jurisdiction] with a retroactive presumptive appointment date of [insert date]. I understand that I am not guaranteed a position as a police sergeant. I understand that my eligibility for priority promotion is subject to the number of available positions for priority promotion in the local jurisdiction in which I serve; my final score on the new selection procedure for police sergeant as developed under the Decree; and my satisfying any other lawful, objective appointment criteria in use by the State at that time.

 I ACCEPT THIS AWARD.

INITIAL HERE: _____

In consideration for this award of the relief stated above, I release the State of New Jersey and the New Jersey Civil Service Commission and all prior and current elected and appointed

officials thereof, and their employees, agents, attorneys, successors, and assigns from all or any legal claims based upon alleged discrimination on the basis of race and/or national origin with respect to the promotion of African-American and Hispanic candidates into the position of police sergeant in violation of any federal or state statutes, regulations or executive orders providing for or giving rise to claims or rights of action relating to equal employment, including Title VII of the Civil Rights Act of 1964, 42 U.S.C. § 2000e, et seq., that were, or could have been, the subject of the above-described lawsuit, of which I am aware, or through the exercise of reasonable diligence could have been aware. The above-named lawsuit was resolved by entry of the Consent Decree by the Court on [insert date].

The release of claims contained herein is not conditioned on my receipt of any other relief under the Consent Decree. Specifically, I understand that, although I may or may not be eligible for priority promotion relief with a retroactive seniority date, I am not assured that I will be offered a promotion to police sergeant under the Consent Decree even if I am eligible for such relief.

I understand that **I must properly and completely fill out this Acceptance of Back Pay and Consideration for Priority Promotion and Release of Claims form, initial the first page of this form, sign the form and return it to the Department of Justice no later than [insert date]** in order to receive the relief award.

I also understand that **I must complete and return the enclosed forms** so that appropriate withholdings for taxes, FICA and Medicare may be made from the monetary award.

I HAVE READ THIS ACCEPTANCE OF BACK PAY AND CONSIDERATION FOR PRIORITY PROMOTION AND RELEASE OF CLAIMS FORM AND UNDERSTAND THE CONTENTS THEREOF. I SIGN THIS FORM OF MY OWN FREE ACT AND DEED.

Date Signed

Signature

(Street Address) (City) (State) (Zip code)

() ____ - ____ (Home Telephone) () ____ - ____ (Work Telephone)

____ - ____ - ____ (Social Security Number)

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