

**INSTRUCTIONS FOR FILING A CLAIM TO BE CONSIDERED FOR MONEY,  
A FIREFIGHTER JOB, OR RETROACTIVE SENIORITY**

1. To be eligible for an individual award in this lawsuit (such as money or a job offer), you must return a completed Claim Form with your signature.

**NOTE: Filling out the Claim Form does not guarantee that you will receive an award, but if you do not complete and return the Claim Form, you may not be eligible to receive any benefits from this lawsuit.**

2. This Claim Form includes a Consent Form. Please be sure to fill out and sign the Claim Form AND the Consent Form. The Consent Form will only be used to obtain your earnings information from the Social Security Administration if you are eligible for an award and to assist in calculating the amount of money you should receive.

3. **FILL OUT EVERY SECTION OF THIS CLAIM FORM.**

4. Mail your Claim Form and the attached Consent Form to the address listed below. A return envelope has been enclosed for your convenience:

U.S. Department of Justice  
FDNY Litigation Team  
Civil Rights Division/ELS  
P.O. Box 14400  
Washington, DC 20044-4400

5. **All forms must be postmarked by JUNE 18, 2012 or else you will lose the chance to receive an award (such as money or a job offer), absent good cause.**

6. If you return the Claim Form and the attached Consent Form:

- You authorize the U.S. Department of Justice to share your materials with the other parties, the special masters, and the Court.
- If you would like the U.S. Department of Justice to send you an acknowledgment of receipt, please include a self-addressed, stamped envelope when you return your Claim Form and Consent Form. If you do so and don't receive confirmation by **July 2, 2012**, please call 1-800-556-1950 (mail box number 7).
- We will evaluate your eligibility for an individual award.
- We may ask for more information from you, so please look out for another mailing.
- We will notify you of our initial eligibility determinations.
- If you disagree with these determinations, you will have a chance to object.
- The Court will make the final decision about whether you are eligible for an award.

7. Please keep all records of your employment earnings, employment history, medical history, and out-of-pocket expenses for insurance and medical care from 1999 to the present. You may be asked to provide these records.

GETTING MORE INFORMATION

<p><b>If you are black or Hispanic...</b></p>	<p>You may visit <a href="http://www.justice.gov/fdnycase"><u>www.justice.gov/fdnycase</u></a>.</p> <p>You may call the Department of Justice at 1-800-556-1950 (mail box 7):</p> <ul style="list-style-type: none"><li>▪ Leave a message with your full name,</li><li>▪ Telephone number(s), and</li><li>▪ Time when you can be reached.</li></ul>
<p><b>If you are black and you were not hired by the FDNY....</b></p>	<p>You may also call the Levy Ratner, P.C. law firm at 1-212-627-8397 ext. 269 to speak with an attorney representing black claimants who were not hired as firefighters.</p> <p>Leave a message and you will be called back.</p> <p>You may visit <a href="http://www.fdnycase.com"><u>www.fdnycase.com</u></a></p>
<p><b>If you are black and you were hired by the FDNY...</b></p>	<p>You may also call the Center for Constitutional Rights at 1-212-614-6494 to speak with an attorney representing black claimants who were hired as firefighters.</p> <p>Leave a message and you will be called back.</p> <p>You may visit <a href="http://www.fdnycase.com"><u>www.fdnycase.com</u></a></p>
<p><b><i>Do <u>not</u> contact the court for information about this lawsuit.</i></b></p>	

**CLAIM FORM**

Please type or print clearly.

**I. Background Information**

Name: \_\_\_\_\_  
(first) (middle initial) (last)

Other name(s) used: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
(mm/dd/yyyy)

Address: \_\_\_\_\_  
(Number & Street) (Apt./Unit)

\_\_\_\_\_  
(City) (State) (Zip)

Home Telephone: \_\_\_\_\_

Work Telephone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Other Telephone: \_\_\_\_\_

Email address: \_\_\_\_\_

*Please include all of your contact information.*

**II. Secondary Contact Information**

Please list an individual who can reach you in the event that you cannot be reached using the contact information you listed above.

Contact Person's Name: \_\_\_\_\_

Relation to You: \_\_\_\_\_

Contact Person's Home Telephone: \_\_\_\_\_

Contact Person's Work Telephone: \_\_\_\_\_

Contact Person's Cell Phone: \_\_\_\_\_

Contact Person's Email address: \_\_\_\_\_

**III. Monetary Award**

You may be entitled to, and will be considered for, backpay (for lost salary) and reimbursement for medical expenses. *Black applicants may also be entitled to compensatory damages (money in addition to lost salary and benefits).*

Please Select Your Race:    Black     Hispanic

(You may check only one box above, even if you identify as both black and Hispanic.)

**IV. Firefighter Job**

You may be entitled to a job offer from the FDNY. If you are hired, your salary will be set as if you had been working as a firefighter since the time you would have been hired, based on the test you originally took. You would also receive retroactive seniority and pension credits as of those dates.

**Please check here** if you want to be considered for a firefighter job. Checking this box merely indicates your interest in being considered and does not mean you will be hired. Also, you will not have to accept a firefighter job, if the City offers one to you.



(6) Can you presently understand and be understood in English?

Yes       No

(7) Have you ever been convicted of a felony?

Yes\*       No

If yes, date(s) of conviction: \_\_\_\_\_ (mm/dd/yyyy)

*\*Answering yes will NOT automatically disqualify you for an individual award*

**VII. Acknowledgement and Certification that My Answers are True and Correct**

I UNDERSTAND AND ACKNOWLEDGE that additional information regarding my background may be requested, and 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 Claim Form does not guarantee that I will receive any individual award in this lawsuit.**

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Your Name Here: \_\_\_\_\_

AUTHORIZATION FOR SSA TO RELEASE DETAILED EARNINGS INFORMATION  
U.S. v. CITY OF NEW YORK

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

Date of Birth: \_\_\_\_\_ Other Name(s) Used: \_\_\_\_\_  
(Include Maiden Name)

I, \_\_\_\_\_, authorize the Social Security  
(Print your Name)

Administration ("SSA") to release detailed earnings information about me to the employees of the Department of Justice, Civil Rights Division, Employment Litigation Section who are personally and directly engaged in *United States v. City of New York*, Civ. Action No. 07-CV-2067, for the purpose of determining the amount payable to me pursuant to the Court's decision.

I authorize SSA to provide this information to the Department of Justice for calendar years 2001 through 2011 inclusive. Please send this information to:

U.S. Department of Justice  
FDNY Litigation Team  
Civil Rights Division/ELS  
P.O. Box 14400  
Washington, DC 20044-4400

Signature: \_\_\_\_\_ Date: \_\_\_\_\_\*

Relationship (if not Self): \_\_\_\_\_ Daytime Phone Number: \_\_\_\_\_

**\*The authorization in this Consent Form must be submitted to SSA within 60 days of the signature. Therefore, please do not date this Consent Form until you are ready to mail in your Claim Form.**