

**OPCSO Strip Search Class Action Settlement**  
**c/o Analytics Incorporated, Claims Administrator**  
**P.O. Box 2007**  
**Chanhasen, MN 55317-2007**

**PROOF OF CLAIM AND RELEASE**  
**OPCSO STRIP SEARCH CLASS ACTION SETTLEMENT**

<b>WRITE ANY NAME AND ADDRESS CORRECTIONS BELOW OR IF THERE IS NO PREPRINTED DATA TO THE LEFT, YOU MUST PROVIDE YOUR NAME AND ADDRESS HERE:</b>
Name:
Address:
City:
State:
Zip Code:

**IF YOU WANT TO RECEIVE ANY MONEY FROM THIS SETTLEMENT YOU MUST SIGN AND DELIVER THIS FORM WITH A COPY OF YOUR IDENTIFICATION AND SUPPORTING DOCUMENTS SO THAT IT IS RECEIVED BY THE CLAIMS ADMINISTRATOR NO LATER THAN AUGUST 2, 2007.**

**1. INTRODUCTION**

Please read CAREFULLY, fill out this form completely and legibly, sign it in Paragraph 6 and send the original to the address below. It must be RECEIVED by the Claims Administrator no later than August 2, 2007 (see paragraph 7 below). You CANNOT fax or e-mail this form. You MUST provide a copy of your identification (driver's license, passport, state identification card, social security card or other identification) along with this Proof of Claim. Please print clearly in ink.

If you are completing this form as the representative of a deceased individual, CHECK HERE , and read and complete Paragraph 5 below before proceeding with the remainder of this form.

**2. CLASS MEMBER INFORMATION**

Print any name and address corrections in the address change box at the top of this page.

<b>PLEASE PROVIDE THE FOLLOWING:</b>	
Your Social Security Number	Your Date of Birth
Any Other Name Used Since 1999	

**3. OPCSO RECORDS**

Orleans Parish Criminal Sheriff’s Office (OPCSO) records show that you were at the Orleans Parish jail’s Intake and Processing Center between April 25, 1999 and May 31, 2003, charged with a minor offense only (not involving weapons or drugs), that you were transferred into general population after booking and that you were subject to a strip and/or visual body cavity search before your first court appearance or release. There are three sub-classes in the settlement. Sub-classes A and B include males and females who were arrested and transferred from April 25, 1999 through May 31, 2002. Sub-Class C includes only males who were transferred after booking to Templeman III, from June 1, 2002 through May 31, 2003. If you received this Claim Form with a pre-printed address, OPCSO records show that you are a member of the Sub-Class shown above beneath your name and address, which is the Sub-Class with the highest number of points for which are you eligible. (See the enclosed notice for more information on the different Sub-classes):

**4. A. IF YOU RECEIVED THIS CLAIM FORM WITH A PRE-PRINTED ADDRESS AND YOU BELIEVE YOU BELONG IN ANOTHER SUB-CLASS PLEASE EXPLAIN BELOW OR IN A SEPARATE ATTACHMENT. ATTACH ANY DOCUMENT(S) WHICH SUPPORT YOUR CLAIM.**

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**4. B. IF YOU RECEIVED THIS CLAIM FORM WITHOUT A PRE-PRINTED ADDRESS, PLEASE STATE BELOW THE SUB-CLASS TO WHICH YOU BELIEVE YOU BELONG. THE SUB-CLASSES ARE EXPLAINED IN PARAGRAPH 3 ABOVE. ATTACH ANY DOCUMENT(S) WHICH SUPPORT YOUR CLAIM.**

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**5. IF YOU ARE COMPLETING THIS FORM AS THE REPRESENTATIVE OF A DECEASED INDIVIDUAL, PLEASE PROVIDE THE FOLLOWING INFORMATION ABOUT YOURSELF AND ANY SUPPORTING DOCUMENTS:**

Name:
Address:
City:
State:
Zip Code:
Phone Number:

**RELATIONSHIP (Check One)**

- Spouse
- Adult Child
- Succession Representative
- Other (specify):

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Attach a copy of the deceased’s death certificate and any documents concerning your authority to represent him or her (Court Orders, Succession Judgments, letters of representation, etc.). Also attach a copy of your own personal identification and provide your personal Social Security number and date of birth below:

**Social Security Number**    -   -

**Date of Birth** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**6. YOU MUST SIGN AND DATE THIS PROOF OF CLAIM AND RELEASE.**

In submitting this Proof of Claim Form:

**I swear or affirm that the Notice that I received has provided me with sufficient information regarding my options and rights in this lawsuit and that if I wanted to have more complete information I could review all of the documents in this case at the Clerk's Office, United States District Court for the Eastern District of Louisiana, 500 Poydras St., New Orleans, LA, or review the settlement documents at the website [www.nolastripsearch.com](http://www.nolastripsearch.com); and**

**I believe that I am sufficiently informed to sign this Proof of Claim and Release and I agree to all of the terms and conditions of the Settlement Agreement. I agree to be bound by this Release and any judgment that may be entered in these proceedings; and**

**I further swear or affirm that I have not submitted any other claims concerning the incident(s) described in the Notice(s) and Settlement Agreement, nor do I know of any other person having done so on my behalf, nor have I have transferred my claim for payment in this case to anyone; and**

**I fully understand that I am releasing all Defendants (whether their name is on the lawsuit or not), the OPCSO and its past, present, and future sheriffs, wardens, deputies and employees, from any claims that I may have against them as a member of a Sub-Class in this lawsuit.**

**SUBSTITUTE IRS FORM W-9**

**By signing this form I also verify the following information:**

- 1. The social security number entered above is my correct Taxpayer Identification Number; and**
- 2. I am NOT subject to backup withholding because; (a) I am exempt from backup withholding; or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to back-up withholding as a result of a failure to report all interest or dividends; or (c) the IRS has notified me that I am no longer subject to back-up withholding.**

**NOTE: If you have been notified by the IRS that you are currently subject to backup withholding, you must cross out Item 2 on this Substitute IRS Form W-9.**

**The IRS does not require your consent to any provision of this document other than the certification required to avoid backup withholding.**

**I swear or affirm, UNDER PENALTY OF PERJURY, to all of the above with the knowledge that any false statement can subject me to criminal prosecution and that the information contained herein is true and correct to the best of my knowledge, information and belief.**

Signature

Print Name

Date (Month/Day/Year)

**7. MAIL YOUR PROOF OF CLAIM AND RELEASE AND A COPY OF YOUR IDENTIFICATION AND SUPPORTING DOCUMENTS.**

The Claims Administrator is Analytics, Incorporated. The Proof of Claim and Release must be RECEIVED by the Claims Administrator no later than August 2, 2007. Send to:

**OPCSO Strip Search Class Action Settlement  
c/o Analytics, Incorporated, Claims Administrator  
P.O. Box 2007  
Chanhassen, MN 55317-2007**

**8. IMPORTANT NOTES**

\*If you move or your address changes you must tell the Claims Administrator, in writing, of your new address in order to receive any further notices or your payment.

\*Any money you receive from the settlement may or may not be taxable to you. It is your responsibility to check with your tax advisor and pay any taxes you may owe. No opinion or advice is being given regarding any possible tax consequences or obligations as a result of any payment.

\*Unless you timely file with the Court a Request for Exclusion to “opt out” of this lawsuit, you will be bound by this settlement whether or not you submit a Proof of Claim. The enclosed Notice explains how, where and when you may file a Request for Exclusion. The only way you can get any money from the settlement is to remain in this lawsuit and submit a signed, original Proof of Claim (this form), with a copy of your identification and any supporting documents that you may wish to submit to the Claims Administrator. The Proof of Claim must be received by the Claims Administrator no later than August 2, 2007.