

**SANTA FE STRIP SEARCH LAW SUIT  
CLASS ACTION CLAIM FORM**

**LEYBA, et al., v. SANTA FE BOARD OF COMMISSIONERS, et al.**

**UNITED STATES DISTRICT COURT FOR THE DISTRICT OF NEW  
MEXICO  
No. CIV-05-0036 BB/ACT**

FILL OUT THIS FORM IF YOU WERE STRIP SEARCHED AT INTAKE AND BOOKING AT THE SANTA FE COUNTY ADULT DETENTION CENTER BEFORE YOU WERE ARRAIGNED BETWEEN JANUARY 12, 2002, AND JULY 6, 2006. (ARRAIGNMENT MEANS THE INITIAL APPEARANCE BEFORE A JUDGE EITHER BY VIDEO CONFERENCE IN THE DETENTION FACILITY OR IN COURT AT WHICH A PLEA IS ENTERED TO THE CHARGES AND AT WHICH CONDITIONS OF RELEASE ARE DISCUSSED.) ALL MEMBERS OF THIS CLASS WHO QUALIFY MAY RECEIVE A MONETARY AWARD.

**You must complete and submit this claim form no later than November 27, 2006 to qualify for payment from settlement of the class action strip search case against Santa Fe County, Management & Training Corporation, and the other named Defendants. If you do not return a completed claim form by the due date you will receive NO MONEY from the settlement.**

**CLASS ACTION CLAIM FORM**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

(Apt. #)

\_\_\_\_\_  
City

State

Zip Code

Phone Number: (\_\_\_\_) \_\_\_\_\_

Alternate Phone Number: (\_\_\_\_) \_\_\_\_\_

NM Driver's License No. \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Gender: Male\_\_\_\_\_ Female\_\_\_\_\_

Please list all other names, Social Security Numbers, and dates of birth you may have used at intake and booking:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\* \* \* \* \*

**INSTRUCTIONS:** Answer each of the following questions by placing a check in the “yes” or “no” box at the end of the question. If you check “yes” as the answer to any question and it is requested, you **MUST** submit an explanation, description of the circumstances, photographs, medical verification, witness statements, or other such documentation necessary to support your answer. If you do not provide the requested explanation, description or documentation, your “yes” answer will be disregarded.

**PLEASE PRINT YOUR ANSWERS CLEARLY**

**CAUTION: THESE ANSWERS ARE GIVEN UNDER PENALTY OF PERJURY. ANY MATERIAL FALSE STATEMENTS WILL RESULT IN A DENIAL OF THE CLAIM.**

\* \* \* \* \*

1. Were you strip searched during intake and booking at the Santa Fe County Adult Detention Center before arraignment at any time between January 12, 2002, and July 6, 2006?

YES  NO

If so, state the date of each time that you were strip-searched during intake and booking.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If you answered “yes” to the above, or if you are unsure of the date (in other words, if you were strip searched but you are unsure whether or not it happened between January 12, 2002 and July 6, 2006), please continue to answer the questions below.

2. \* Do you have a history of being the prior victim of sexual abuse that is documented in any records of courts, law enforcement agencies or medical or healthcare providers? If so, please explain this history below, and provide the following documents: original or true and correct copies of reports from law enforcement agencies and/or reports prepared by governmental agencies, healthcare providers, or mental health care providers.

YES

NO

Explanation: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. \*Did you have any significant physical deformities that were exposed as a consequence of any strip search, such as a missing limb or body part or substantial scarring, that would otherwise be hidden by clothing? If so, describe the physical deformity in detail and/or submit a photograph.

YES

NO

Explanation: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. \*If you are female, were you menstruating at the time of the strip search?

YES

NO

If you were strip searched more than one time, provide the date(s) of the strip search(es) that took place when you were menstruating:

---

---

5. \* Did you receive documented formal counseling by a counselor or therapist or documented medical treatment because of any strip search, within 60 days following the strip search? If so, please explain this counseling or medical treatment below, and provide the following documents: original or true and correct copies of records prepared by healthcare providers at or near the time of the services that were provided (if the records were prepared more than 30 days after the time that services were provided, they will not be considered).

YES

NO

The name, address and telephone number(s) of the counselor(s), therapist(s) or medical care provider(s), the dates of the visits and the treatment received are as follows:

---

---

---

---

6. \*Were you touched by a corrections officer on the breasts, genitals or buttocks during the search?

YES

NO

If so, describe completely, including a description of the corrections officer, the manner of touching, and the date(s) and location in the facility where you were when the touching occurred:

---

---

---

---

7.\* Were you an inmate in any state or federal detention center or prison at any time within five years before your first strip search upon intake and booking at the Santa Fe County Adult Detention Center?

YES

NO

8.\* Were you an inmate in any county, city or juvenile detention facility after being convicted of a crime at any time within five years before your first strip search upon intake and booking at the Santa Fe County Adult Detention Center?

YES

NO

\* If you answered "yes" to any of these questions you may be contacted and asked to provide further information.

---

**ANY MATERIAL FALSE STATEMENT WILL RESULT IN DENIAL OF YOUR CLAIM.**

I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF NEW MEXICO THAT THE ABOVE IS TRUE AND CORRECT.

DATED: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

**Note:** Not all persons strip searched at the Santa Fe County Adult Detention Center during the class period (January 12, 2002 to July 6, 2006) will be entitled to payment. If you were charged with a crime involving drugs, weapons, or violence substantially similar to those charges provided as examples in Exhibit 3 of the Stipulation of Settlement, for instance, you may not be entitled to payment under this settlement.

The information given here is private, and will be used only for purposes of evaluating and administering your claim. Your information may be reviewed by attorneys for any of the parties for accuracy. Verification of claims may involve review of your federal, state and county detention records. The information will not be released to the public. **DO NOT CALL OR WRITE TO THE CLERK OF THE COURT FOR INFORMATION REGARDING THE PROPOSED CLASS SETTLEMENT.** If you have any questions about this lawsuit, write to the Claims Administrator, Post Office Box 670, Tallahassee, FL 32302-0670, or visit the website at [www.santafestripsearch.com](http://www.santafestripsearch.com).

**THIS CLAIM FORM MUST BE SIGNED AND RETURNED WITH A POSTMARK NO LATER THAN NOVEMBER 27, 2006.** Use the enclosed return envelope and mail the completed **claim form** and any supporting information to:

CLAIMS ADMINISTRATOR  
Post Office Box 670  
Tallahassee, FL 32302-0670

**If you need assistance in completing this form, please feel free to contact the Administrator Post Office Box 670, Tallahassee, FL 32302-0670, at toll-free (866) 854-8632, or Plaintiffs' Class Counsel, Rothstein, Donatelli, Hughes, Dahlstrom, Schoenberg and Bienvenu, LLP, 1215 Paseo de Peralta, Santa Fe, New Mexico 87501; Telephone (505) 988-8004; Facsimile (505) 982-0307.**

**If you qualify for payment and you would like your settlement check mailed to an address other than that on the first page of the Claim Form, provide it here:**

Name or c/o \_\_\_\_\_

Street Address (or Post Office Box) \_\_\_\_\_

City \_\_\_\_\_, State \_\_\_\_\_ Zip Code \_\_\_\_\_