

VISIT THE SETTLEMENT WEBSITE BY SCANNING THE PROVIDED QR CODE

Zarkower v. City of New York, et al.

UNITED STATES DISTRICT COURT FOR THE EASTERN DISTRICT OF NEW YORK

Case No. 19 CV 3843 (ARR) (JRC)

Must Be Postmarked By June 6, 2024

Claim Form

I. CLAIMANT INFORMATION

First Name	M.I. Last Name	
Primary Address		
Primary Address Continued		
City		State ZIP Code
Foreign Province	Foreign Postal Code	Foreign Country Name/Abbreviation
Email Address		
Area Code Telephone Number		
MM/DD/YYYY		
Date of Birth		

TO BE INCLUDED IN THE CLASS SETTLEMENT, YOU MUST COMPLETE THIS FORM. YOU MUST ANSWER EVERY QUESTION, SIGN, AND MAIL OR EMAIL, THIS CLAIM FORM BY JUNE 6, 2024 TO:

Zarkower v. City of New York Settlement Administrator P.O. Box 301132 Los Angeles, CA 90030-1132 Email: Info@DATsettlement.com

Please Read the Notice Accompanying this Claim Form Before Filling Out this Claim Form.

1



FOR CLAIMS PROCESSING ONLY	ОВ	СВ	DOC LC REV	RED A B
----------------------------------	----	----	------------------	---------------

II. VERIFICATION OF ELIGIBILITY

Were you arrested and detained at the 114th Precinct between November 11, 2013 and June 30, 2021?

Yes No

Were you issued a desk appearance ticket ("DAT")?

Yes No

Were you further detained after being issued a DAT?

Yes No

Were you debriefed during this further detention.

Yes No

If you answered yes to all four of the above questions, you may be eligible to receive payment pursuant to this Settlement, subject to verification of your Claim by the Administrator and your acknowledgment of the Verification and Release below.

III. VERIFICATION & RELEASE

By signing below, I confirm the following:

I have received, read, and understood the Notice of Class Action Proposed Settlement and Hearing and I wish to be included in the Class.

I understand that in consideration for the payment of the sum set forth in the Notice, I release defendant City of New York and any present or former employees and agents of the City of New York or any entity represented by the Office of the Corporation Counsel, from any and all liability, claims or rights of action alleging a violation of my constitutional rights and any and all related state law claims arising out the 114th Police Precinct Debriefing Practice referenced in this form and accompanying Notice.

I understand that if my claim is denied, this release will become null and void and that I will not receive a payment under this Settlement.

I declare under penalty of perjury under the laws of the United States that the information in this form is true and correct to the best of my knowledge, belief, and recollection.

I agree that the U.S. District Court for the Eastern District of New York has the authority to rule on my claim for payment as part of the Settlement Class, and that the Court shall maintain jurisdiction of this matter for the purposes of enforcing the Settlement and Release as described below. I also understand that the District Court may allow the City of New York to access additional information related to my DAT, including, but not limited to, Police Department records.

Signature:	_ Date (mm/dd/yyyy):	
e	_ (55555)	

Print Name:

PLEASE NOTE: Proof of identity and a W-9 Form must either be submitted with this Claim Form, or on or before sixty (60) days after the Court approves this Settlement. If the documents you submit to prove identity are deemed insufficient, you may be determined not to qualify for payment, in which case you will be notified of that determination and given an opportunity to submit further proof of identity before the deadline expires. Even if you have filed a Claim Form and satisfied the Proof of Identity Requirement, the City of New York will not issue a payment to you unless you have also filled out and submitted the W-9 form.

If possible, you should keep copies or photos of anything you send and proof of when you sent it.

