Stout v. The GEO Group c/o JND Legal Administration PO Box 91420 Seattle, WA 98111 Must Be Postmarked Or Submitted Online No Later Than August 24, 2023

Claim Form

Use this claim form if you were physically disabled while housed at the Western Region Detention Facility and experienced difficulty, discomfort, and/or embarrassment as a result of encountering architectural barriers. The Western Region Detention Facility is located in San Diego, California, and is operated by The GEO Group, Inc. You may be entitled to receive a payment based on the number of days you were physically disabled while at the Western Region Detention Facility and encountered an architectural barrier that caused you difficulty, discomfort, and/or embarrassment.

Examples of architectural barriers may include, but are not limited to, problems with grab bars in showers and near toilets; a lack of folding seats in showers; shower curbs/thresholds that are too high; and access routes that are too narrow for those with mobility aids.

Your stay at the Western Region Detention Facility must have taken place on or after January 4, 2017.

FIRST NAME															_	M.I.									
LAST	LAST NAME																								
PRIMARY ADDRESS																									
MOR	MORE SPACE FOR PRIMARY ADDRESS																								
СІТУ																STATE					ZIP CODE				
EMA	EMAIL ADDRESS FOR ADMINISTRATOR TO CONTACT YOU REGARDING YOUR CLAIM																								
DAY	ГІМЕ	TEL	EPH	ONE	NUM	BER				1	1		EVE	NING	TEL	EPH	ONE	NUM	BER		1	1		1	
]				_					1													

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Part A. Describe your physical disability, including whether you used a mobility aid (e.g., cane, crutches, walker, wheelchair), while you were housed at the Western Region Detention Facility. When returning your Claim Form, please provide supporting documentation if available of your physical disability while you were housed at the Western Region Detention Facility.

Part B. State the dates during which you were housed at the Western Region Detention Facility and were physically disabled.

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Part C. State the floor(s) and/or housing unit(s) in which you were housed at the Western Region Detention Facility while you were physically disabled.

Part D. Describe which architectural barriers you encountered that resulted in difficulty, discomfort and/or embarrassment, including the number of days you encountered those architectural barriers. **Please provide supporting documentation if available.**

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Part E. Describe how the architectural barriers you identified in **Part D** caused you to experience difficulty, discomfort, and/or embarrassment. **Please provide supporting documentation if available.**

IT IS IMPORTANT TO NOTIFY THE SETTLEMENT ADMINISTRATOR OF ANY CHANGES TO YOUR MAILING ADDRESS OR CONTACT INFORMATION. PLEASE PROVIDE UPDATES BY CALLING 1-855-678-0651 OR EMAILING INFO@GEOSETTLEMENTSANDIEGO.COM.

BY SUBMITTING THIS CLAIM FORM, YOU HEREBY AUTHORIZE THE GEO GROUP, INC. TO PROVIDE CONFIDENTIAL MEDICAL RECORDS AND INFORMATION ABOUT YOU TO JND LEGAL ADMINISTRATION.

SIGNATURE

DATED / /

Please submit your claim either online at <u>www.GEOSettlementSanDiego.com</u> or send this completed Claim Form postmarked by **August 24, 2023** to:

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info@GEOSettlementSanDiego.com

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Questions? Visit www.GEOSettlementSanDiego.com or call toll-free at 1-855 678-0651 To view JND's privacy policy, please visit https://www.jndla.com/privacy-policy