

J.V. v. Pomona Unified School District  
Settlement Administrator  
P.O. Box 404000  
Louisville, KY 40233-4000



**POJ**

*J.V. V. POMONA UNIFIED SCHOOL DISTRICT*  
UNITED STATES DISTRICT COURT CENTRAL DISTRICT OF CALIFORNIA

Case No. 2:15-cv-007895

**Must Be Postmarked  
No Later Than  
December 12, 2018**

**Claim Form**

**CLAIMANT INFORMATION**

<input type="text"/>	<input type="text"/>	<input type="text"/>
First Name	M.I.	Last Name
<input type="text"/>		
Primary Address		
<input type="text"/>		
Primary Address Continued		
<input type="text"/>	<input type="text"/>	<input type="text"/>
City	State	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>
Foreign Province	Foreign Postal Code	Foreign Country Name/Abbreviation

TO: ALL POMONA UNIFIED SCHOOL DISTRICT SPECIAL EDUCATION STUDENTS WHO WERE DESIGNATED BY THEIR INDIVIDUALIZED EDUCATION PROGRAM TEAM AS ELIGIBLE FOR SPECIAL EDUCATION UNDER ONE OR MORE OF THE CATEGORIES OF INTELLECTUAL DIABILITY, AUTISM (OR AUTISTIC-LIKE BEHAVIORS), OR MULTIPLE DISABILITIES, WHO CURRENTLY ATTEND, OR DID ATTEND A SCHOOL OPERATED BY POMONA UNIFIED SCHOOL DISTRICT AT ANY TIME BETWEEN AUGUST 1, 2013 AND SEPTEMBER 28, 2018.

This Claim Form should be submitted only by or on behalf of Special Education students enrolled in the Pomona Unified School District ("PUSD") between August 1, 2013 and September 28, 2018, who were identified by PUSD as having developmental disabilities as set forth above ("Damages Settlement Class Members").

**The deadline for Damages Settlement Class Members to complete and submit a Claim Form is December 12, 2018.**

When submitting a Claim Form, please make sure that all of the information provided by you in the Claim Form is accurate and complete. If you are a guardian, representative, assign, heir, executor, administrator, or custodian of a Damages Settlement Class Member, you may be entitled to complete and submit a Claim Form on their behalf. If you are submitting a Claim Form in a representative capacity, you must provide proof of your authority to act on behalf of the Damages Settlement Class Member and to bind the Damages Settlement Class Member on whose behalf you are acting, including providing the Damages Settlement Administrator with an Affidavit of Right, if applicable, and a copy of any required attachments to the Affidavit of Right.

\*If you are concerned about submitting a Claim Form electronically, you may submit a completed Claim Form to the Settlement Administrator by mail to:

*J.V. v. Pomona Unified School District*  
Settlement Administrator  
P.O. Box 404000  
Louisville, KY 40233-4000

**The Claim Form must be postmarked no later than December 12, 2018.**



FOR CLAIMS PROCESSING ONLY	OR <input type="text"/>	CB <input type="text"/>	<input type="radio"/> DOC <input type="radio"/> LC <input type="radio"/> REV	<input type="radio"/> RED <input type="radio"/> A <input type="radio"/> B
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When and only if you submit a timely Valid Claim and the Settlement is approved, a check for \$750.00 will be mailed to you at the address you provide to us in the Claim Form.

TO SUBMIT A CLAIM FORM FOR A PAYMENT FROM THE SETTLEMENT FUND, YOU MUST PROVIDE THE FOLLOWING INFORMATION:

History of Enrollment in Pomona Unified School District

School in which enrolled:

Grid for school name

Dates of attendance:

Month / Day / Year to Month / Day / Year

Additional schools in which enrolled, if applicable:

Grid for school name

Grid for school name

Dates of attendance:

Month / Day / Year to Month / Day / Year

Dates of attendance

Month / Day / Year to Month / Day / Year

Fill in the circle next to the following statements only if the statement is true and correct (If you are not able to fill in each of the circles below, you are NOT eligible to receive a payment from the Settlement Fund and you are NOT a Damages Settlement Class Member):

- Claimant was enrolled in PUSD as a Special Education student between August 1, 2013 and September 28, 2018.
Claimant was identified by PUSD as a student with developmental disabilities as defined above as a Settlement Class Member.

Declaration (must be completed to be eligible for settlement benefit)

I have received Notice of the class action Settlement in J.V. v. Pomona Unified School District, et al., United States District Court for the Central District of California, Case No. 2:15-cv-007895, and I submit this Claim Form under the terms of the Settlement. I also submit to the jurisdiction of the U.S. District Court with regard to my claim as a Damages Settlement Class Member and for purposes of enforcing the release of claims set forth in the Settlement. I understand that the full and precise terms of the proposed Settlement are set forth in the Settlement. I further acknowledge that I am bound by the terms of any Court judgment that may be entered in this Litigation and may not bring any separate Litigation against PUSD or against any other Released Party, as contemplated by the Settlement, or that could have been asserted in this litigation, as set forth in the Settlement. I agree to furnish additional information to support this claim if required to do so.

I declare under penalty of perjury under the laws of the United States that the foregoing information and all information I have submitted in support of my claim is true and correct, and I agree to abide by the terms of the Settlement in this action, including the acknowledgement that I am bound by the terms of any judgment in this Litigation and may not bring separate litigation.

Signature: \_\_\_\_\_ Dated (mm/dd/yyyy): \_\_\_\_\_

Print Name: \_\_\_\_\_

If applicable:

If person submitting claim is representative of Claimant (because, e.g., Claimant is a minor):

Signature: \_\_\_\_\_ Dated (mm/dd/yyyy): \_\_\_\_\_

Print Name: \_\_\_\_\_



Claimant's Representative's Name:

First Name

M.I.

Last Name

Claimant's Representative's Mailing Address:

Primary Address

Primary Address Continued

City

State

Zip Code

Claimant's Representative's Relationship to Claimant:

**If applicable:**

**Affidavit of Right (because, e.g., Claimant is deceased)**

Decedent's Name:

First Name

M.I.

Last Name

Date and Place of the Decedent's Death:

 /  / 

Month

Day

Year

City

State

Zip Code

Affiant's Name:

First Name

M.I.

Last Name

Affiant's Address:

Primary Address

Primary Address Continued

City

State

Zip Code

Affiant's Phone Number:

 —  — 

Area Code

Telephone Number

- At least 40 days have elapsed since the death of the Decedent, as shown in a certified copy of the Decedent's death certificate that will be mailed to the Settlement Administrator at the address set forth above.



Fill in the applicable circle:

- No proceeding is now being or has been conducted in California for administration of the Decedent's estate.
- The Decedent's personal representative has consented in writing to the payment, transfer, or delivery to the Affiant or declarant of the property described in the affidavit or declaration.

The current gross fair market value of the Decedent's real and personal property in California, excluding the property described in California Probate Code section 13050 does not exceed one hundred fifty thousand dollars (\$150,000.00).

Fill in the applicable circle:

- I am the successor of the Decedent (as defined in California Probate Code section 13006) to the Decedent's interest in payment due to the Decedent, a Damages Settlement Class Member, under the Settlement.
- I am authorized under California Probate Code section 13051 to act on behalf of the successor of the Decedent (as defined in California Probate Code section 13006) with respect to the Decedent's interest in the described property.

No other person has a superior right to the interest of the Decedent in the payment due to the Decedent, a Damages Settlement Class Member, under the Settlement.

The Affiant requests that the payment due to the Decedent, a Damages Settlement Class Member under the Settlement, be paid, delivered, or transferred to the Affiant.

If the Decedent's personal representative has consented to the payment, transfer, or delivery of payment due to the Decedent, a Damages Settlement Class Member under the Settlement, a copy of the consent and of the personal representative's letters will be mailed to the Settlement Administrator at the address set forth above.

**I declare under penalty of perjury under the laws of the United States that the foregoing information and all information I have submitted in support of my claim is true and correct, and I agree to abide by the terms of the Settlement in this action, including the acknowledgement that I am bound by the terms of any judgment in this Litigation and may not bring separate litigation.**

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

Dated (mm/dd/yyyy): \_\_\_\_\_

Print Name: \_\_\_\_\_

