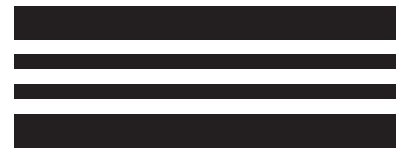


MBU Settlement Administrator
P.O. Box 301132
Los Angeles, CA 90030-1132



MBU

«Barcode»

Postal Service: Please do not mark barcode

Claim#: MBU-«Claim8»-«CkDig»
«FirstNAME» «LastNAME»
«Addr1» «Addr2»
«City», «State»«FProv» «Zip»«FZip»
«FCountry»

VISIT THE SETTLEMENT WEBSITE BY
SCANNING THE PROVIDED QR CODE

*United States of America v. Mobile
County Sheriff Paul Burch*

U.S. DISTRICT COURT
SOUTHERN DISTRICT OF ALABAMA
SOUTHERN DIVISION

Civil Action No. 1:21-cv-00114-KD-N

**Must Be Postmarked
No Later Than
December 3, 2023**

Claim ID: <<Claim8>>

PIN: <<PIN>>

Interest-In-Relief Form

I am requesting a monetary award under the Settlement Agreement agreed to by the United States, the Plaintiff-COs, and Mobile County Sheriff Paul Burch, and entered by the Court in the above-captioned case. By completing, signing, and returning this form, I certify that the information below is true and correct:

Part I. Contact Information

<input type="text"/>				<input type="text"/>					
First Name				Last Name					
<input type="text"/>									
Other name(s) used									
<input type="text"/>		MM / DD /		YYYY					
Last 4 digits of Social Security Number		Date of Birth (month/day/year)							
<input type="text"/>									
Street Address									
<input type="text"/>									
Street Address (continued)									
<input type="text"/>				<input type="text"/>		<input type="text"/>			
City				State		ZIP Code			
<input type="text"/>		-		<input type="text"/>		-		<input type="text"/>	
Primary Phone Number (home or cell)									
<input type="text"/>		-		<input type="text"/>		-		<input type="text"/>	
Secondary Phone Number (home or cell)									
<input type="text"/>									
Primary Email Address									
<input type="text"/>									
Secondary Email Address									

This form is eight (8) pages. You must complete and return ALL eight (8) pages.



FOR CLAIMS PROCESSING ONLY	OB <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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Part II. Additional Eligibility Information

Certification that You are Female

1. Are you female? *(please fill in yes or no)*

Yes No

2. In the cover letter that accompanied this Interest-in-Relief Form, we listed the dates that we believe you worked at the Metro Jail. Are the dates listed in your cover letter correct? *(please circle yes or no)*

Yes No

If no, what correction(s) do you have to the dates you worked at the Metro Jail?

Extended Absences from the Metro Jail

3. Please tell us about any extended absences (more than a few weeks) when you were not present and working at the Metro Jail between January 1, 2011 and April 21, 2023, such as military leave, workers' compensation/OWCP, leave without pay, parental leave, indefinite suspension, etc. If you have never had an extended absence from the Metro Jail, please leave this answer box blank and proceed to question 4.

Dates of extended absence from the Metro Jail	Reason for extended absence

Time Spent with Male Inmates

4. Approximately, for what percent of your time working at the Metro Jail between January 1, 2011 and April 21, 2023 did you work in the male housing units? (Please fill in only one circle.)

Fill in the circle next to the estimate that best applies	Percent of your employment that you worked in the male housing units at the Metro Jail between January 1, 2011 and April 21, 2023
<input type="radio"/>	0%
<input type="radio"/>	1-25%
<input type="radio"/>	25-50%
<input type="radio"/>	51-75%
<input type="radio"/>	76-100%

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Exposure to Sexual Harassment from Male Inmates

5. Between *January 1, 2011 and April 21, 2023*, have you experienced any of the behaviors described in the chart below from male inmates while working in the male housing units? If so, on average, how frequently did you experience each type of harassment? Please record your answers in the chart.

You may not remember exact incidents or the number of times that a type of behavior occurred. If you do not know a specific number, please estimate to the best of your ability. It may help to think about the circumstances that exposed you to that harassment, the area of the Metro Jail where you experienced that harassment, and how often you worked in that location. For example, if an inmate in the 1200 building gunned you almost every time you conducted roll call, and you worked the 1200 building once per week, then you would select the category of “Every week.”

Fill in the circle next to every answer that applies	Types of sexual harassment experienced from male inmates	Number of times you experienced each type of harassment between January 1, 2011 and April 21, 2023, if applicable <i>(Please fill in the circle for only <u>one</u> range (such as “A handful of times total”) in each category).</i>
<input type="radio"/>	Sexualized slurs (<i>such as “bitch,” “hoe,” “cunt”</i>)	<input type="radio"/> Every shift <input type="radio"/> Every week <input type="radio"/> Occasionally <input type="radio"/> A handful of times total
<input type="radio"/>	Comments about your physical appearance (<i>such as “You’re sexy,” “You have nice boobs.”</i>)	<input type="radio"/> Every shift <input type="radio"/> Every week <input type="radio"/> Occasionally <input type="radio"/> A handful of times total
<input type="radio"/>	Sexual propositions (<i>such as “Baby, I would love to have sex with you.”</i>)	<input type="radio"/> Every shift <input type="radio"/> Every week <input type="radio"/> Occasionally <input type="radio"/> A handful of times total
<input type="radio"/>	Sexual threats (<i>such as threats of rape or sexual harm</i>)	<input type="radio"/> Every shift <input type="radio"/> Every week <input type="radio"/> Occasionally <input type="radio"/> A handful of times total

(continued on next page)

This form is eight (8) pages. You must complete and return ALL eight (8) pages.



Fill in the circle next to every answer that applies	Types of sexual harassment experienced from male inmates	Number of times you experienced each type of harassment between January 1, 2011 and April 21, 2023, if applicable <i>(Please fill in the circle for only <u>one</u> range (such as "A handful of times total") in each category).</i>
<input type="radio"/>	Masturbation directed towards you (AKA "gunning")	<input type="radio"/> Every shift <input type="radio"/> Every week <input type="radio"/> Occasionally <input type="radio"/> A handful of times total
<input type="radio"/>	Multiple inmates gunning you at the same time (AKA "mass gunning")	<input type="radio"/> Every shift <input type="radio"/> Every week <input type="radio"/> Occasionally <input type="radio"/> A handful of times total
<input type="radio"/>	Having an inmate ejaculate at you or intentionally leaving semen where you would have to see or touch it	<input type="radio"/> Every shift <input type="radio"/> Every week <input type="radio"/> Occasionally <input type="radio"/> A handful of times total
<input type="radio"/>	Touching your body parts (<i>such as</i> arms, breast, genitals, buttocks)	<input type="radio"/> Every shift <input type="radio"/> Every week <input type="radio"/> Occasionally <input type="radio"/> A handful of times total
<input type="radio"/>	Attempts to touch your body parts (<i>such as</i> arms, breast, genitals, buttocks)	<input type="radio"/> Every shift <input type="radio"/> Every week <input type="radio"/> Occasionally <input type="radio"/> A handful of times total

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Management’s Response

6. Did you make any suggestions or recommendations to managers about how to correct the gunning or other sexual harassment between January 1, 2011 and April 21, 2023? *(Please fill in yes or no)*

Yes No

If yes, please describe any suggestions or recommendations that you made between January 1, 2011 and April 21, 2023.

7. Did you hear managers make dismissive comments between January 1, 2011 and April 21, 2023 when you informed them about the male inmates’ gunning or other sexual harassment? Examples of some dismissive comments are, “Put your big girl panties on.” “What did you expect? This is what you signed up for.” *(Please circle yes or no)*

Yes No

If yes, please describe which dismissive comments you heard between January 1, 2011 and April 21, 2023 when you informed managers about the male inmates’ gunning or other sexual harassment. Examples of some dismissive comments are, “Put your big girl panties on.” “What did you expect? This is what you signed up for.”

If yes, please fill in the circle next to the number of times, on average, that you heard managers make dismissive comments between January 1, 2011 and April 21, 2023:

Fill in the circle next to the estimate that best applies	How often you heard dismissive comments from managers between January 1, 2011 and April 21, 2023
<input type="radio"/>	Every shift
<input type="radio"/>	Every week
<input type="radio"/>	Occasionally
<input type="radio"/>	A handful of times total

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How the Inmate Sexual Harassment Affected You

It is extremely important that you answer these questions and tell us about how the inmate sexual harassment you described above affected you, because if you are not able to tell us about harm that you suffered, you will NOT be entitled to recover any money from the settlement. We understand that it can be extremely difficult to answer these questions and can sometimes even have the effect of making you relive the inmate sexual harassment you endured. We sincerely apologize, but we need you to answer the questions so that we can distribute the money fairly among the claimants.

In responding to questions 8 through 14, please consider harms you experienced and treatments you sought or received between January 2011 and April 2023.

8. Did the inmate sexual harassment you described above cause you harm in any way, such as mental or emotional harm, physical symptoms, or problems in your relationships? *(Please fill in yes or no)*

Yes No

9. If yes, how has experiencing sexual harassment from male inmates at the Metro Jail affected you?

Fill in the circle next to each symptom you experienced	Symptoms
<input type="radio"/>	Stress or anxiety
<input type="radio"/>	Crying
<input type="radio"/>	Depression
<input type="radio"/>	Hair loss
<input type="radio"/>	Irritability or anger
<input type="radio"/>	Lack of control over moods
<input type="radio"/>	Fear
<input type="radio"/>	Shortness of breath
<input type="radio"/>	Racing heart/heart palpitations
<input type="radio"/>	Upset stomach
<input type="radio"/>	Loss of appetite
<input type="radio"/>	Eating more than usual or different types of foods (such as more comfort food)
<input type="radio"/>	Significant weight loss/gain
<input type="radio"/>	Sleeping more/sleeping less
<input type="radio"/>	Nightmares
<input type="radio"/>	Ulcers

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This form is eight (8) pages. You must complete and return ALL eight (8) pages.



Fill in the circle next to each symptom you experienced	Symptoms
<input type="radio"/>	Vomiting
<input type="radio"/>	Dizziness
<input type="radio"/>	Headaches
<input type="radio"/>	Suicidal thoughts
<input type="radio"/>	Withdrawing from social settings
<input type="radio"/>	Being anxious or nervous to go out in public
<input type="radio"/>	Increase in addictive behaviors (such as drinking alcohol, smoking cigarettes)
<input type="radio"/>	Problems with spouse or significant other (such as separation, divorce)
<input type="radio"/>	Problems with family members besides spouse or significant other (such as children, parents)
<input type="radio"/>	Intimacy/sex life problems
<input type="radio"/>	Other: _____

10. Have you ever sought medical treatment (counseling, therapy, consulting with a physician or mental health provider) as a result of the inmate sexual harassment? *(Please fill in yes or no)*

Yes No

11. Have you ever taken or been prescribed medication (such as anti-depressants, anti-anxiety medication) as a result of the inmate sexual harassment? *(Please fill in yes or no)*

Yes No

12. If you no longer work at the Metro Jail, was the primary reason you left the Metro Jail (such as quitting, retiring early) to get away from the sexual harassment by male inmates? *(Please fill in yes or no)*

Yes No

13. Did you transfer to a different area of the Metro Jail to get away from the sexual harassment by male inmates? *(Please fill in yes or no)*

Yes No

14. Has participating in this case caused you additional harm or distress? *(Please fill in yes or no)*

Yes No

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Additional Information

15. Is there any additional information you would like to add about the harassment you experienced from male inmates at the Metro Jail and/or how that harassment affected you?

If you need additional space, please attach another sheet of paper.

Part III. Acknowledgement and Certification

I UNDERSTAND AND ACKNOWLEDGE that additional information regarding my background may be requested, and that I may be required to provide such information in order to be eligible to receive any award the Court may order in this lawsuit, **and that filling out this Interest-in-Relief Form does not guarantee that I will receive any monetary award in this lawsuit.**

I CERTIFY under penalty of perjury that the foregoing is true and correct.

Signature: _____ Date (mm/dd/yyyy): _____

Print Name: _____

Submit your Interest-in-Relief Form by DECEMBER 3, 2023:

- By electronic submission at <https://kcccconnect.com/mobilemetrojailsettlement>.
 - To avoid possible mail delays, we prefer submission on the website or by email, if possible.
 - When you scan your form, please make sure there is a full image of each page and each page is clear.
- Or by email to **info@MobileMetroJailSettlement.com**.
 - You may access a PDF version of the Interest-in-Relief Form at <https://kcccconnect.com/mobilemetrojailsettlement>.
 - When you scan your form, please make sure there is a full image of each page and each page is clear.
- Or by U.S. mail to the following address (a return envelope has been enclosed for your convenience):

MBU Settlement Administrator
P.O. Box 301132
Los Angeles, CA 90030-1132

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