

# IMPORTANT:

## CONFIDENTIAL CHESHER CLASS FAMILY MEMBER INDIVIDUAL CLAIM FORM

The Settlement Master recognizes that you may have some questions on this Claim Form. Please feel free to call The Office of the Settlement Master at 513-979-5361 should you have any questions while you complete the form. We are here to assist you in any way we can.

**This Claim Form must be returned to the Settlement Master by June 10, 2008. Unless there are extenuating circumstances you will lose your right to make a claim if your form is late. Please read all information in this packet completely so that you will be fully informed.**

**NOTICE: PLEASE RETURN YOUR CLAIM FORM AS QUICKLY AS POSSIBLE. IF THE CLAIM IS FOR A MINOR CHILD UNDER THE AGE OF 15, A PARENT OR GUARDIAN OF THE MINOR SHOULD COMPLETE THIS FORM. IF THE CLAIM IS FOR A MINOR BETWEEN AGE 15 AND MAJORITY AGE IN THE MINOR'S STATE OF RESIDENCE (18 IN MOST STATES, 21 IN MISSISSIPPI), A PARENT OR GUARDIAN SHOULD HELP THE MINOR COMPLETE THIS FORM UNLESS THE PARENT OR GUARDIAN FEELS IT IS IN THE BEST INTEREST OF THE MINOR NOT TO INVOLVE THEM IN COMPLETION OF THE FORM. IF THAT IS THE CASE THE PARENT OR GUARDIAN SHOULD COMPLETE THE FORM WITHOUT INVOLVING THE MINOR. THANK YOU.**

**Please include with your claim a copy of an Identification Card with your picture on it (example - your driver's license).**

**Also, provide a copy of your Social Security Card or a document that has your social security card number on it.**

**BOTH OF THESE DOCUMENTS ARE REQUIRED TO PROCESS YOUR CLAIM.**

**CONFIDENTIAL CHESHER CLASS FAMILY MEMBER INDIVIDUAL CLAIM FORM**

United States District Court, Southern District of Ohio, Western Division Case No. 1:01-CV-00566

(Please print your answers as neatly as possible.)

To be completed by each individual Family Member, who is above the age of 18 (21 in Mississippi) and returned to the Settlement Master by June 10, 2008.

(If you are a minor child, please have your parent or guardian complete this form for/with you AS INDICATED IN THE INSTRUCTIONS ON PAGE ONE.)

**UNLESS THERE ARE EXTENUATING CIRCUMSTANCES, FILING THIS CLAIM FORM LATE WILL CAUSE THE CLAIM FOR THAT INDIVIDUAL TO BE DENIED.**

**ALL CLAIMS MUST BE APPROVED BY THE COURT BEFORE A DISTRIBUTION CAN BE MADE.**

**NOTICE**

*The goal of this claims process is to make applying for an award as easy as possible for you. Unfortunately there are situations in which people present false claims. To attempt to regulate false claims, both state and federal laws have been passed. Federal law requires that anyone asserting a claim provide copies of documents proving their identity. Ohio and Federal Law make presenting a false or fraudulent claim punishable by fines and/or imprisonment.*

- IMPORTANT INFORMATION:** -- Completion of this form is NOT a guarantee of inclusion in the settlement.  
 -- **Serious Emotional Distress** is a requirement for a distribution. "Next of kin" is defined in certain case law. All family members may not qualify for a distribution.  
 -- An award to a family member cannot be finalized until a claim form is received by the Settlement Master from each family member in the Family Unit or there is undue delay in submission of an individual claim form by a family member who loses their right to apply for an award.  
 -- You have a right to appeal if you do not agree with any decision of the Settlement Master.  
 (Please refer to Plan Document and Communication Bulletin Number 02.)

**Return this claim form in the enclosed prepaid envelope to:**

Karen D. Meyers, MBA/JD, MEd, CPCU, CLU, FLMI, CSSC  
 Settlement Master, Chesher Class Qualified Settlement Fund  
 2651 Observatory Avenue  
 Cincinnati, Ohio 45208

**SECTION 1**

Name of Deceased \_\_\_\_\_

Your Relationship to Deceased\* \_\_\_\_\_

Date of Death of the Deceased \_\_\_\_\_

**For Example: Son of Deceased;  
 Mother of Deceased, etc.**

(Date of Death must be between August 16, 2000 and January 10, 2001 to be a potential member of the Class.)

**\*Note:** Under Ohio Law as interpreted in recorded cases, next of kin entitled to receive a distribution from the settlement generally does not include aunts, uncles, cousins, nieces and nephews of the deceased. Spouses, parents, children, brothers, sisters, grandparents, and grandchildren generally are entitled to make a claim. [However, if no spouses, parents, children, brothers, sisters, grandparents and grandchildren are surviving, aunts, uncles, cousins, nieces and nephews may be eligible to make a claim.] If you are an aunt, uncle, cousin, nephew, or niece please describe your relationship with the deceased on a separate sheet of paper for review for special circumstance.

**SECTION 2**

Your Name \_\_\_\_\_ Phone Number (with area code) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Social Security Number \_\_\_\_\_ Date of Birth\* \_\_\_\_\_

\*If you are a minor in your state of residence, please review this application with your parent or other appropriate adult. Laws require you to have someone past the age of majority appointed for settlement purposes. Place the name of the adult working with you on the following line along with his/her phone number.

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

**SECTION 3****DO YOU INTEND TO MAKE A CLAIM FOR PAYMENT OF MONIES TO YOU IN THE CHESHER CLASS ACTION?**

YES, I DO WISH TO FILE A CLAIM. Please proceed to complete the rest of this Claim Form.

NO, I DO NOT. **I understand that I will not receive any money from the settlement.** I am a spouse, parent, child, brother, sister, grandparent, or grandchild of the deceased. I understand that I am permanently waiving my right to participate in the Cheshier case and cannot file another lawsuit to collect monies from any party involved in the Cheshier case. I waive this right of my own free will. I understand by waiving any right I may have to a distribution, I will increase the payments to certain other members of my Family Unit on a pro-rata share basis as calculated by the Settlement Master under the terms of the Plan. I understand that I cannot gift my share to a particular Family Member, unless my Family Unit proposes a formal plan to do so and the Settlement Master and Court approve that plan. I understand any Family Member can file an appeal if they do not agree with any proposed plan and/or individual award.

NO, I DO NOT. **I understand that I will not receive any money from the settlement.** I am an aunt, uncle, cousin, niece, nephew, great aunt, great uncle, great grandchild or great grandparent of the deceased. I understand case law in Ohio has not generally provided payment to a relative in my degree of bloodline. I understand that I am forfeiting any claim I may have to participate in the Cheshier case and cannot file another lawsuit to collect monies from any party involved in the Cheshier case. I waive this claim of my own free will. I understand that by waiving any claim I may have to a distribution, I will increase the payments to certain other members of my Family Unit on a pro-rata share basis as calculated by the Settlement Master under the terms of the Plan. I understand that I cannot gift my potential share to a particular Family Member, unless my Family Unit proposes a formal plan to do so and the Settlement Master and Court approve that plan. I understand any Family Member, including me, can file an appeal if they do not agree with any proposed plan and/or individual award.

**IF YOU ANSWERED "NO," YOU DO NOT HAVE TO COMPLETE MOST OF THIS CLAIM FORM. HOWEVER: YOU MUST SIGN AND RETURN THE CLAIM FORM even if you answered "NO" so the other members of your Family Unit can be paid. A late Claim Form will be denied unless there are extreme extenuating circumstances.**

**PLEASE SIGN IT ON PAGE 6 in front of a notary and RETURN IT to the Settlement Master with the requested copies.**

**SECTION 4**

**Do you have a bankruptcy action pending in any Federal Court in the United States? YES \_\_\_\_\_ NO \_\_\_\_\_**

(This information is required by law.)

If yes, what is the case number? \_\_\_\_\_

In what city (or Court) was your bankruptcy filed? \_\_\_\_\_

Who is your attorney representing you on that bankruptcy? \_\_\_\_\_

What is his/her phone number (with area code)? \_\_\_\_\_

**SECTION 5**

**Are you on Medicaid (a state administered government benefit)? YES \_\_\_\_\_ NO \_\_\_\_\_**

If yes, what is your Medicaid Card Number? \_\_\_\_\_ *Please provide a copy of that card.*

**NOTICE: Receipt of a settlement can cause a Loss in Medicaid Benefits and/or eligibility. You should seek advice from a lawyer with expertise in Medicaid if the settlement amount paid to you and any other assets you have add up to more than \$1,500.00.**

**I AM ON MEDICAID AND TOTALLY AND PERMANENTLY DISABLED AND WOULD LIKE INFORMATION ON A POOLED MEDICAID PAYBACK TRUST. \_\_\_\_\_ YES \_\_\_\_\_ NO (IF THIS IS NOT CHECKED IT IS ASSUMED THE ANSWER IS NO.)**

**SECTION 6**

**Do you have a guardian appointed by any Court? YES \_\_\_\_\_ NO \_\_\_\_\_**

If yes, what is your guardian's name? \_\_\_\_\_

What is his/her phone number (with area code)? \_\_\_\_\_

In order to participate in the plan, the Judge has ruled that you must have suffered Serious Emotional Distress. This psychological condition must be directly related to the access that was allowed in the Hamilton County Morgue between August 16, 2000 and January 10, 2001. Serious Emotional Distress caused by the death of your loved one is not to be included. This award is only for the issues related to the access to the Hamilton County Morgue.

**SECTION 7 - REQUIRED FOR ADULTS - OPTIONAL FOR CHILDREN UNDER THE AGE OF 18 - OFFICE OF THE SETTLEMENT MASTER WILL MAKE CONTACT WITH THE PARENT OR GUARDIAN IN THE CASE OF MINOR CHILDREN.**

**Under penalty of fraud, with a possible fine and/or incarceration and/or probation, I swear under oath that I have experienced the following indications of severe emotional distress due to the circumstance occurring at the Hamilton County Morgue between August 16, 2000 and January 10, 2001, a date in which my loved one (the deceased mentioned on page one of this form) was in the Morgue and a date on which Thomas Condon, a photographer, had access to the Morgue.**

**NOTE: If you have had one or more symptoms sworn to under oath, that will satisfy this requirement.**

Please check all symptoms of severe emotional distress that you have had resulting from the activities regarding access to the Hamilton County Morgue:

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Feelings of Detachment   | <input type="checkbox"/> Gastro-intestinal Problems/Nausea | <input type="checkbox"/> Unable to Cope with Activities of Daily Living |
| <input type="checkbox"/> Feelings of Estrangement | <input type="checkbox"/> Increased Stress                  | <input type="checkbox"/> Avoiding Friends and Family                    |
| <input type="checkbox"/> Feelings of Despair      | <input type="checkbox"/> Unable to Sleep                   | <input type="checkbox"/> Depression                                     |
| <input type="checkbox"/> Horrified                | <input type="checkbox"/> Suicidal Thoughts                 | <input type="checkbox"/> Major Change in Relationship with God          |
| <input type="checkbox"/> Nightmares               | <input type="checkbox"/> Cold Sweats                       | <input type="checkbox"/> Anger  |

Other : (Describe below or on another page you attach to this form.) Please note any treatment by a physician that you sought. Be specific as to date(s) and name of physician(s).

**SECTION 8****A Plan May Be Established In Three Different Ways:**

- 1). A Family Unit may accept a plan of 75% divided equally among spouse, parents, and children of the deceased and 25% to brothers, sisters and next of kin (so long as the amount to those in the 25% category does not exceed the amount to the 75% distributees).
- 2). A Family Unit or Family Member can propose their own plan for review by the Settlement Master.
- 3). The Settlement Master can propose a plan at the family's request or based on observed circumstance.

**Please INITIAL the appropriate box.**

I agree with the 75%/25% distribution proposed in the Plan. I understand the way the money is divided up under this theory. In agreeing I hereby release The Qualified Settlement Fund and its Administrator from any and all duties related to the handling of this claim upon payment to me. I understand I have no further claim than the amount this 75%/25% division of funds provides to me given my relationship to the deceased. I understand if the payment per person is higher in the 25% category than the 75% category, the Settlement Master will adjust the payment to eliminate that result because it is not equitable. I understand if I am denied a payment under this claim, I have the right to appeal that denial within 30 days of the Denial Notice under the terms of the Plan.

I agree to the 75%/25% Division of Funds in the Plan, but I want to see and agree to the exact amount each Family Member will receive before I sign a release. I understand this requires at least one additional mailing once all my Members have returned their individual claim forms. I understand I will have to sign a release as will each member of my Family Unit.

My Family Unit is submitting another distribution plan for review. (Copy Attached)

My Family has requested that the Settlement Master propose a Plan for our Family Unit/each Family Member.

**Sample 1: Sub Class Two Award - \$2,000.00**

Deceased died leaving a wife, a mother, and 2 children and 2 brothers and 2 sisters all of whom suffered severe emotional distress. All Family Members accept the 75%/25% Award in the Plan Document.

**TAXABLE DISTRIBUTION**

4 people share in 75%	The wife, children and mother each receive:	\$375.00
4 People share in 25%	The 2 brothers and 2 sisters each receive:	\$125.00

**Sample 2: Sub Class Two Award - \$2,000.00**

Deceased died leaving a wife, father, 2 children and 2 brothers and 2 sisters. One brother and one sister **did not suffer severe emotional distress as required by the Court.** All Family Members accept the 75%/25% Award in the Plan Document.

**TAXABLE DISTRIBUTION**

4 people share in 75%	The wife, children and mother each receive:	\$375.00
2 people share in 25%	The 1 brother and 1 sister each receive:	\$250.00

**SECTION 9**

Please Check the Appropriate Box and List Other Questions You May Have Below:

I have no further Questions at this time.

I have Questions. I **will call the Settlement Master on 513-979-5361** to discuss them within the next few weeks. My phone with area code number is \_\_\_\_\_.

**NOTE: If these next lines are not completed the assumption is there are no pages attached.**

I have attached additional pages to this form. YES \_\_\_\_\_ NO \_\_\_\_\_

If "YES, " please indicate number of pages attached \_\_\_\_\_

**I swear fully aware of the penalties involved in filing a false claim, including, but not limited to, fines and/or incarceration and/or probation, that all the information provided on this form is true and accurate to the best of my knowledge.**

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

\_\_\_\_\_  
Printed Name (Please print your name on the above line.)

Sworn to and subscribed before me as accurate and true by the person signing below of whom I have personal knowledge or who provided picture identification to me this \_\_\_\_\_ day of \_\_\_\_\_, 2008.

\_\_\_\_\_  
Notary Public

State of \_\_\_\_\_

My Commission Expires \_\_\_\_\_

**Please remember to include in your envelope:**

A copy of an Identification Card which has your picture on it (example: your driver's license); **AND**  
A copy of your Social Security Card or a document that has your social security card number on it.

**BECAUSE OF POTENTIAL CLAIM FRAUD, PAYMENT CANNOT BE MADE TO ANY MEMBER OF YOUR FAMILY UNTIL YOU SEND THIS FORM TO THE SETTLEMENT MASTER OR YOU FAIL TO SUBMIT YOUR CLAIM FORM IN A TIMELY FASHION AND IT IS DENIED.**