

CLASS ACTION SETTLEMENT CLAIM FORM

YOU OR YOUR CHILD MAY BE ENTITLED TO MONEY FROM NEW YORK CITY

PLEASE READ THIS FORM CAREFULLY

You may fill this form out for your child, or for yourself if you meet the below listed eligibility requirements, are over 18 and mentally competent to receive court ordered funds*

YOU PREVIOUSLY RECEIVED NOTICE OF THE SETTLEMENT OF A CLASS ACTION LAWSUIT. IN ORDER FOR YOU OR YOUR CHILD TO RECEIVE ANY MONEY IN CONNECTION WITH THAT SETTLEMENT, YOU MUST:

- 1. FILL OUT THIS FORM COMPLETELY AND SIGN IT.
- 2. ENCLOSE A COPY OF YOUR OR YOUR CHILD'S SOCIAL SECURITY CARD OR MEDICAID CARD; and
- 3. RETURN IT POSTMARKED NO LATER THAN MARCH 14, 2009 TO:

Adam D. Mitzner
Pavia & Harcourt LLP
600 Madison Avenue
New York, New York 10022

Your Child's Name*: _____

Your Child's Date of Birth* _____ Your Child's Social Security Number* _____

Your Name: _____ Are You The Parent Or Guardian? ___ Yes ___ No

Your Address _____

Your Phone Number _____

* If you are over eighteen years of age and mentally competent to receive court ordered funds, and are submitting this Proof of Claim for yourself, please put your own name, date of birth, Social Security number, address and phone number and check "No" indicating that you are not the parent or guardian.

IN ORDER TO PROPERLY CALCULATE THE AMOUNT OF THE REFUND TO WHICH YOU MAY ENTITLED, PLEASE PROVIDE THE FOLLOWING INFORMATION.

PLEASE BE AS SPECIFIC AS POSSIBLE AND INCLUDE ALL DETAILS YOU THINK ARE RELEVANT.

DESCRIPTION OF INJURY (example: lead paint poisoning; cerebral palsy; brain damage)

MONTH AND YEAR OF INJURY (provide day, If possible). If you do not know the exact month or day of the injury, please provide your best estimate of when you or your child began receiving medical treatment for the injury.

Was a Custodial Account or Special Needs Trust established? Yes ___ No ___

If Yes: Name of Trustee _____ Account Number _____
Financial Institution for Trust _____

I swear, under possible penalty of perjury, that all the information supplied in this form is true.

Your Signature

ELIGIBILITY FOR A REFUND

You or your child may be entitled to a Refund from New York City if you meet the following requirements: (1) were born after January 21, 1984 and still alive as of January 20, 2002 ; (2) settled or won a negligence lawsuit of any kind against anyone (malpractice, lead paint, sidewalk, etc) and was on Medicaid or still is on Medicaid; (3) satisfied or settled a Medical Lien in connection with that lawsuit prior to December 31, 2006; (4) was in Special Education, either in Early Intervention, pre-K, regular school or private school; and (5) received services for occupational therapy, physical therapy, speech therapy or counseling for injuries claimed in the negligence case;

QUESTIONS? CALL ADAM D. MITZNER AT (212) 508-2404.

Or log on to the HRA website at www.nyc.gov/html/hra and click onto the link entitled "Green Settlement" for more information.