

This is NOT a claim form

Complete this form ONLY if you do NOT want to be a part of the class certified in this case, and you do NOT want to receive the payment to which you would be entitled as part of the settlement in this case.

IF YOU WANT TO RECEIVE A SETTLEMENT PAYMENT FROM THE CLASS SETTLEMENT, DO NOT COMPLETE THIS FORM

If you decide to opt out, complete this form and mail it to

**Attn: Fulton County Jail Settlement
PO Box 130
Decatur, GA 30031**

This form must be received by no later than August 1, 2022.

THIS IS A LEGAL DOCUMENT. You should complete it carefully. Write legibly, in black or blue pen. If you make a mistake, cross it out with a single line, write your initials next to it, and then write the correct answer.

Please make sure to complete, sign, and mail this form to the provided address in order to fully complete all the requirements to OPT OUT. If it is your wish to opt out but you fail to return this form, such a failure to respond will operate as an acceptance to the terms of the settlement and you will be barred from asserting any claims in the future against Fulton County Jail for the events that occurred in November 2014.

Legal Name: _____
FIRST MIDDLE LAST SUFFIX

Date of Birth: _____
MONTH DAY YEAR

Sex: Female/Male

Thompson et al. v. Jackson et al., 1:16-cv-04217 (N.D.Ga.)
Opt-Out Form

Mailing Address: _____
NUMBER STREET APT/UNIT

TOWN/CITY STATE ZIP CODE

Phone Numbers: (_____) _____
AREA CODE PHONE NUMBER

Email Address: _____

I understand that by opting out, I will be excluding myself from the class certified in this case. Therefore, I will not be eligible to receive any part of the monetary award resulting from the class settlement of this lawsuit. I do not wish to receive any compensation under the terms of the class settlement or to otherwise participate in this case. I further understand that when I opt out, anyone who could assert a derivative claim for money will be deemed to have opted out as well.

By checking this box, I affirm that I wish to opt out.

Date: ____/____/_____
Mo. / Day / Year

Signature: _____

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