

**EDNA MAHAN CORRECTIONAL FACILITY FOR WOMEN
CLASS ACTION LITIGATION SETTLEMENT**

OPT-OUT FORM

ONLY COMPLETE AND RETURN THIS FORM IF YOU DO NOT WISH TO PARTICIPATE IN
THE SETTLEMENT CLASS.

IF YOU WISH TO FILE A CLAIM, PLEASE FILL OUT AND COMPLETE THE CLAIM FORM
ENCLOSED WITH THIS NOTICE, AND DISREGARD THIS FORM.

SUBMITTING THIS FORM MEANS YOU WILL NOT RECEIVE
COMPENSATION UNDER THE CLASS ACTION SETTLEMENT

Must be Postmarked by **January 10, 2022**

Name: _____

SBI No.: _____ D.O.B.: _____

Address: _____

By submitting this Opt-Out Form, I am deciding that I do not want to be a Class Member in the class action settlement involving allegations of sexual abuse, sexual harassment, gender discrimination, and retaliation for such conduct at Edna Mahan Correctional Facility for Women.

I acknowledge that I will not be bound by any terms of the class action settlement agreement, that I will not receive any compensation in connection with the settlement, and that I will be able to assert individual claims for sexual abuse, sexual harassment, gender discrimination, and retaliation for such conduct.

Date: _____

Signature: _____

Name: _____