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August 1, 2022

The Honorable Karen Umberger, Chairman
Fiscal Committee of the General Court
State House
Concord, New Hampshire 03301

REQUESTED ACTION

Pursuant to RSA 21-M:11-a, IV, the Department of Justice (“DOJ”) requests approval, in substantially similar form, of the enclosed claims process documents developed by the DOJ for use in the submission, administration, settlement, and resolution of claims of abuse of former Youth Development Center (“YDC”) residents from the YDC settlement fund. The DOJ further requests permission to make non-substantive changes to the documents, once approved, to enhance their readability and accessibility to the potential claimant population, to incorporate the most trauma-informed and victim-centered language achievable, and to make other non-substantive changes thereto.

EXPLANATION

The DOJ is directed to administer the \$100 million YDC settlement fund established by RSA 21-M:11-a, II. As part of its administration of the fund, the DOJ is directed to “present to the joint fiscal committee a claims process consistent with this section including the development of claim forms, identification of necessary or helpful documentation, and guidelines for valuing claims for settlement purposes” which take into considering the factors specified in RSA 21-M:11-a, IV.

As required by the statute, the DOJ has created the enclosed claims process documents after soliciting feedback from potential claimants and their counsel and from victim/witness advocates. *See* RSA 21-M:11-a, IV. Specifically, the DOJ made the proposed claims documents available on its website and invited feedback, emailed drafts to known claimants’ counsel, and solicited feedback through two email notices to all members of the New Hampshire Bar Association.

The DOJ recognizes that the traditional litigation process can be difficult and even re-traumatizing for victims of crime—especially for victims of sexual abuse. This is especially true for child victims. Based on those concerns, and in accordance with the requirements of RSA 21-

M:11-a, the DOJ has endeavored to design a claims process that is trauma-informed and victim-centered, as an alternative to the traditional litigation process.

The DOJ also recognizes that some claimants will need assistance navigating this process, particularly those proceeding without counsel. The proposed process therefore contemplates assistance for claimants in initiating a claim and completing the required forms, and the claims process documents are designed to make clear that such assistance is available and how it can be accessed.

The process outlined by the enclosed claims documents is an optional (at the victim's election) dispute resolution process for those persons who were sexually and/or physically abused while residents at YDC. The proposed claims process is set forth through the following three (3) separate documents, for which the DOJ seeks approval:

- Claims Process for Administration of the YDC Settlement Fund. This document provides a comprehensive overview of the entire claims process and will be made available to claimants, their counsel, and the public. It sets forth the steps for the submission of claims to the Claims Administrator, the evaluation of claims, investigations of claims, claimant options based on the AG designee's position, resolution proceedings (when necessary), and payment/receipt of awards.
- Guidelines for Valuing Claims for Settlement Purposes. The Guidelines govern how claims of abuse will be valued and paid from the YDC settlement fund, with the aim of creating a uniform valuation of claims so that similar claims receive similar compensation. The valuation methodology, which considers both the seriousness of the offense as well as the frequency of occurrences, was designed based on significant and comprehensive research of verdicts and awards in abuse cases across the country and is intended to be in line with national averages.
- Claim Packet. The Claims Packet is the group of documents that will be provided to potential claimants and/or their counsel and includes the necessary documents and information to initiate a claim, including a Claim Form and a Claim Worksheet.
 - Claim Form. The Claim Form is the document claimants (with provided victim advocate endorsed assistance, if requested) and/or their counsel will complete and submit to the Claims Administrator to initiate the claims process.
 - Claim Worksheet. The Claim Worksheet is for use by claimants (with provided victim advocate endorsed assistance, if requested) and/or their counsel to determine the amount of compensation available to the claimant based on the Guidelines for Valuing Claims for Settlement Purposes.

Approval of these documents will enable the State to move towards providing an alternate, trauma-informed means of providing meaningful compensation to YDC victims of abuse. The

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DOJ is of course happy to answer any questions the Committee might have about the proposed documents or the proposed claims process.

Respectfully submitted,

A handwritten signature in blue ink, appearing to read "J.M. Formella", is positioned above the printed name.

John M. Formella
Attorney General

#3634945

Claims Process for Administration of the YDC Settlement Fund

Revision 1.0

August 10, 2022

Preface

This Claims Process has been developed pursuant to NH RSA 21-M:11-a, IV (a). It governs the submission, administration, settlement, and resolution of claims of abuse at the Youth Development Center, as set forth in NH RSA 21-M:11-a (the "Statute"). In any case of conflict between this Claims Process and the Statute, the Statute shall govern. References in the form "Subsection x" are to subsections of the Statute.

This Claims Process was considered and approved by the Joint Fiscal Committee of the New Hampshire General Court on August 10, 2022. It may be revised from time to time pursuant to Subsection IV (b) of the Statute. Subsequent revisions will be posted on the websites of the Administrator and the Attorney General:

<https://www.>_____

<https://www.doj.nh.gov/ydc-claims-process/index.htm>

Interested parties are advised to check those websites or to contact the Administrator for the most up-to-date version of this Claims Process at:

New Hampshire Youth Development Center
Claims Administration and Settlement Fund

_____, Administrator

1 Granite Place, Suite _____

Concord, NH 03301

Phone: (603) xxx-xxxx

Fax: (603) xxx.xxxx

E-mail: Administrator@domain.ext

Organization

This Claims Process is organized as follows:

Section 1: Submission of Claims to the Administrator 4

This section describes the process for filing and submitting a Claim with the Administrator, and how the Administrator will initially process Claims received.

Section 2: Evaluation of Claims by the AG Designee 7

This section describes how the AG Designee will evaluate each Claim and provide a position regarding each Claim. It also describes how the AG Designee will communicate with the Administrator and the Claimant, and how and when the AG Designee may suggest referral of a Claim for investigation.

Section 3: Investigations 8

This section describes the investigation process and when an Investigator will be used.

Section 4: Claimant's Options Following the AG Designee's Position 9

This section describes the Claimant's options after the AG Designee's position on their Claim is received.

Section 5: Administrator's Resolution Proceedings 11

This section describes what is required when a resolution proceeding is requested and how the proceeding will be conducted. It also contains provisions regarding the report the Administrator will make after the proceeding.

Section 6: Payment and Receipt of Awards 13

This section describes how the Claimant and counsel will receive an award.

Section 7: Miscellaneous Provisions 15

This section contains provisions not appropriate for inclusion in any the preceding sections.

Glossary

The defined terms used in the Statute and this Claims Process are compiled here, for ease of reference. Terms used only in the Guidelines are defined in the Guidelines.

Appendices

The following documents are attached and incorporated as part of this Claims Process:

A – Guidelines for Valuing Claims for Settlement Purposes

B – Claim Packet, consisting of:

1. Important Notice
2. Instructions
3. Claim Form
4. Claim Worksheet
5. Notice of Filing of Claim and [Partial] Stay
6. IRS Form W-9
7. Submission Checklist

C – [Reserved for Additional Forms to be Added by the Administrator]

Section 1: Submission of Claims to the Administrator

1. Who May File a Claim

- a. Any living Former YDC Resident who was personally subjected to sexual or physical abuse may file a Claim for that abuse.

“YDC” is used here in the same way it is defined in the Statute. It includes the youth development center as identified in RSA 621, or its renamed or successor entity, and any predecessor entity performing the function of housing adjudicated delinquent or pre-adjudication detained youth, including the State Industrial School, the Philbrook School, the Tobey Special Education School and the Youth Services Center.

- b. A person who is uncertain whether the facility in which they resided meets the definition of “YDC” may still file a Claim. In the event the Claimant is ineligible, the Administrator will deny the Claim, but the Claim will still be forwarded to the AG Designee for informational purposes.
- c. If a living Former YDC Resident has a guardian or conservator, their guardian or conservator may file a Claim on their behalf.

2. When to File a Claim

- a. Claims may be filed at any time from January 1, 2023, until December 31, 2024.
- b. Claims will not be accepted or reviewed if they are not postmarked or submitted and received by midnight on December 31, 2024.

3. Form Required for Submission of Claims

- a. Claims must be submitted using the Claim Packet found at Appendix B. No other forms will be accepted.
- b. The Administrator and the AG Designee will make Claim Packets available for download on their respective websites, and in paper form upon request, including at the adult correctional facilities in New Hampshire through coordination with those facilities. Claim Packets may also be freely copied and distributed by others.

- c. Claims may be submitted to the Administrator by e-mail, by fax, by mail, or by hand-delivery to the address(es) provided in the Claim Packet Instructions.
- d. If a Claimant is unable to complete the Claim Form, Claimant should submit a Claim Form that is as close to complete as possible and the Administrator's staff will contact the Claimant to help complete the Claim Form.

4. Content Required for a Claim to be Considered Complete

To be considered complete, a Claimant's submission must include:

- a. The Claim Form, with all required information included, signed under oath and notarized. If the Claimant has retained an attorney, the Claimant's attorney must also sign the Claim Form.
- b. A completed, signed Notice of Filing of Claim and [Partial] Stay
- c. A completed, signed IRS Form W-9 for the Claimant
- d. A copy of one of the following Identification Documents (or a substitute form of identification acceptable to the Administrator):
 - i. Claimant's driver's license,
 - ii. A government-issued ID card that contains Claimant's photo, or
 - iii. Claimant's passport.
- e. If a Guardian or Conservator is filing the Claim, a copy of the Guardianship or Conservatorship Order establishing their authority.
- f. If the Claimant has an attorney:
 - i. A completed, signed IRS Form W-9 for the attorney;
 - ii. A copy of the fee agreement between Claimant and the attorney; and
 - iii. An affidavit detailing the time and work the attorney spent on the Claim.

5. Additional Information That Can Be Submitted

A Claimant may also provide other documents and information related to a Claim. The following documents and information are encouraged, but are not required:

- a. A Claim Worksheet
- b. Medical Records
- c. Mental Health Records
- d. Diaries, Notebooks, or Journals
- e. Photographs
- f. The Complaint in any related Lawsuit
- g. Statements from Witnesses

Resident Files which have been provided to Claimant by the Office of the Attorney General do not need to be provided. Pages of the Resident File may be referenced by number or selected pages may be submitted.

Resident Files obtained from other sources, or selected portions of those files upon which Claimant wishes to rely may need to be provided if they are not accessible to the AG Designee. A Claimant wishing to avoid unnecessary copying should contact the AG Designee to determine whether or not their Resident File is accessible.

6. Evaluation of Completeness of a Claim by Administrator

- a. Within 30 days of receipt of a Claim, the Administrator shall acknowledge receipt of the Claim in writing to the Claimant and provide a copy of the acknowledgement and the Claim to the AG Designee. Additionally, the Administrator shall certify the Notice of Filing of Claim and [Partial] Stay and deliver the original notice to the AG Designee for filing with the appropriate Court.
- b. Within 60 days of receipt of a Claim, the Administrator shall review the Claim and determine whether it is complete as described in paragraph 4 above, or if not, what required information is missing.
- c. The Administrator shall notify the Claimant and the AG Designee of their determination and of what missing information is required, if any.

7. Completing Incomplete Claims

- a. The Administrator's staff shall provide assistance to the Claimant or advise the Claimant regarding additional resources available for further assistance, if needed, to help complete the Claim submission.
- b. The Claimant shall have 90 days from the date of notification that information is missing to provide the missing information.
- c. A Claimant may request an extension of time to supply the missing information, in writing or by phone. The Administrator shall document any oral requests received with a writing.
- d. The Administrator shall notify the AG Designee, in writing, of requests for extension of time to supply missing information.

- e. The Administrator shall grant requests for extension of time that are supported by good cause.
- f. The Administrator shall provide the AG Designee with all additional missing information received from the Claimant.

Section 2: Evaluation of Claims by the AG Designee

8. Notification of Claim Completion

The Administrator will notify the Claimant and the AG Designee when a Claim is deemed complete.

9. Evaluation of a Complete Claim by the AG Designee

- a. The AG Designee will evaluate each Claim deemed complete by the Administrator.
- b. The AG Designee shall indicate their position with respect to each complete Claim to the Claimant and Administrator within 30 days of receipt of notice of completeness.
- c. The AG Designee may request an extension of time to indicate their position. The request must be in writing and a copy must be provided to the Administrator and the Claimant.
- d. The Administrator shall grant requests for extension of time that are supported by good cause.
- e. The AG Designee may agree or disagree with the Claim, in whole or in part, and shall indicate whether the AG Designee believes that the Claim should be referred to an Investigator to further develop the Claim information. The Administrator will decide whether Claims should be referred to an Investigator as set forth in paragraph 10 below.
- f. For Claims referred to an Investigator, the AG Designee shall indicate their updated position with respect to the Claim to the Claimant and the Administrator within 30 days of receipt of the Investigator's report and any accompanying documents or information.
- g. The AG Designee may request an extension of time to indicate their updated position and the Administrator shall consider and decide upon

such requests in the same manner as set forth in sub-paragraphs c. and d. above.

Section 3: Investigations

10. Referral of a Claim for Investigation

Following receipt of the AG Designee's position, the Administrator may refer a Claim to an Investigator if, in their independent judgment, an investigation is needed. The choice of Investigator to be assigned will be at the discretion of the Administrator.

11. Conduct of Investigation

- a. The purpose of an investigation shall be to verify a Claim, if possible, and it shall be conducted in a trauma-informed, respectful, and dignified manner.
- b. The Administrator may direct the Investigator to focus on a particular aspect of a Claim to obtain further information or verification, in which case the investigation shall be limited in scope to the identified issues.
- c. The Investigator may interview the Claimant, which interview may be conducted under oath and recorded, and may request and review additional records related to the Claim.
- d. The Claimant shall be entitled to the assistance of an advocate in connection with the investigation process, who shall be allowed to accompany the Claimant during any interview.
- e. If the Claimant is represented by counsel, counsel may also attend any interview.
- f. The Claimant shall execute such documents, releases and authorizations as may be necessary to permit the Investigator to access records.
- g. A Claim may be denied if a Claimant refuses to cooperate with the investigation.

12. Investigation Report

- a. The Investigator shall present a report of their findings to the Administrator, which shall include a summary of any interviews conducted

or records gathered, as well as copies of any such supporting documentation, records, and recordings.

- b. Except in extraordinary circumstances, the Investigator shall complete the investigation and provide their report to the Administrator within 90 days of assignment. In the event an investigation cannot be completed within 90 days, the Investigator shall provide an interim report to the Administrator within 90 days, providing the reasons the investigation has not been completed.
- c. The Administrator shall provide copies of all Investigator's reports and supporting documentation to the AG Designee and Claimant promptly upon receipt.

Section 4: Claimant's Options Following the AG Designee's Position

13. Notification to Claimant; When Required

- a. The Administrator shall notify the Claimant of their options for proceeding when the AG Designee's position is received in those cases where the AG Designee does not request that a Claim be referred for investigation and the Administrator does not independently refer a Claim for investigation.
- b. The Administrator shall notify the Claimant of their options for proceeding when the determination not to refer the Claim for investigation is made in those cases where the AG Designee requests that a Claim be referred for investigation, but the Administrator determines that an investigation is not needed.
- c. In cases where an investigation is undertaken, the Administrator shall notify the Claimant of their options for proceeding when the AG Designee's updated position is received.

14. Content of Notifications to Claimants

- a. The Notice sent to a Claimant shall inform the Claimant that they have three options: (1) to accept the AG Designee's position or updated position, (2) to request that the Administrator decide the Claim, or (3) to withdraw the Claim from further processing.
- b. The Notice shall make clear that the Claimant has 30 days from the date of the Notice to respond, and that if no response is made, the

Administrator will assume that the Claimant has accepted the AG Designee's position and is electing the first option.

- c. The Notice shall also make clear that if the Claimant elects the second option, they will waive the right to seek other or additional monetary relief in any forum from the State of New Hampshire or any of its agents or employees, or from any of its political subdivisions or their agents or employees arising out of or relating to any incidents which are or could have been the subject of a Claim, except that the Claimant will not waive their right to seek or continue to seek relief in any forum from an individual whose direct, personal actions constitute sexual abuse or physical abuse, even if said individual was a state employee at the time of the acts.
- d. The Notice shall also inform the Claimant that they may request a face-to-face meeting with the Administrator at such time as the Claim is resolved.
- e. The Notice shall also inform the Claimant about the options for receiving payment in a lump sum, in installments from the Fund, or in the form of periodic payments under a structured settlement agreement.

15. Claimant's Response; Actions Required

- a. If the Claimant does not respond within 30 days of the Notice, or responds and elects option one, indicating that they are in agreement with the AG Designee's position on the Claim; the Administrator will proceed as outlined in Section 6 below.
- b. If the Claimant responds and elects option two, indicating that they wish for the Administrator to decide the Claim, the Administrator will proceed as outlined in Section 5 below.
- c. If the Claimant responds and elects option three, indicating that they wish to withdraw the Claim from further proceedings, the Administrator will acknowledge the Claimant's request in writing and take no further action with respect to the Claim. Claimant may file the Administrator's acknowledgement with a court, if needed, in order to request that any stay imposed under the Statute be lifted.

Section 5: Administrator's Resolution Proceedings

16. Scheduling; Preliminary Matters

- a. When a Claimant requests that the Administrator decide the Claim, the Administrator shall schedule the Claim for a resolution proceeding.
- b. The Administrator shall provide the Claimant with a waiver form and appropriate related documents, which may include releases, waivers, stipulations of dismissal, or other documents (together "Waiver and Release Forms").
- c. The Waiver and Release Forms must be executed by Claimant and Claimant's attorney, if any, and returned to the Administrator. The original of any Stipulations of Dismissal or similar documents will be delivered from the Administrator to the AG Designee for filing with the court. If fully executed Waiver and Release Forms are not returned to the Administrator in advance of the scheduled resolution proceeding, the proceeding will be cancelled.
- d. The Waiver and Release Forms shall provide that Claimant permanently and finally waives and relinquishes the right to seek other or additional monetary relief in any forum from the State of New Hampshire or any of its agents or employees, or from any of its political subdivisions or their agents or employees arising out of or relating to any incidents which are or could have been the subject of a Claim, except that the Claimant will not waive their right to seek or continue to seek relief in any forum from an individual whose direct, personal actions constitute sexual abuse or physical abuse, even if said individual was a state employee at the time of the acts. If the content and language of the Waiver and Release Forms is developed by the Administrator, it shall be approved by the Attorney General.
- e. Resolution proceedings shall be scheduled, to the extent practicable, in the order Claims are received and determined to be complete, while also giving consideration to the length of time litigation may have been pending prior to submission of the Claim. Consideration shall also be given to efficiency in scheduling.

17. Conduct of Resolution Proceedings

- a. Resolution proceedings shall take place within New Hampshire, though parties and witnesses may, in the discretion of the Administrator, participate by telephone or video from within or outside New Hampshire.

All witnesses and Claimants shall be sworn and their testimony taken under oath.

- b. In the resolution proceeding the position of the Claimant shall be as stated in their completed Claim and the position of the AG Designee shall be as stated in the position or updated position regarding the Claim which has previously been provided. The parties shall not disclose to the Administrator any other positions taken or communications made in an attempt to resolve their differences regarding a Claim. Such discussions shall be treated as settlement discussions conducted under NH Rule of Evidence 408.
- c. The Administrator may require or the parties may choose to provide additional written submissions, additional documents or other information in support of their positions. The parties may also be asked by the Administrator to provide answers to specific questions in advance of the scheduled proceeding.
- d. Claimant's counsel, if any, may also update and resubmit their fee affidavit as part of a resolution proceeding.
- e. Claims may be resolved on written submission, through an evidentiary hearing, and/or by oral argument based upon the previously developed record. In addition to the positions and other submissions of the parties, any Investigator's report shall also be considered as part of the record.
- f. No hearing in a resolution proceeding shall be scheduled to last more than three hours. Proceedings, including hearings and arguments, shall be conducted in a victim-centered, trauma-informed manner to the greatest extent possible.
- g. The Claimant shall be entitled to the assistance of an advocate in any resolution proceeding, who shall be allowed to accompany the Claimant during any hearing or meeting.
- h. The AG Designee or their counsel, as well as Claimant's counsel, if any, may also attend and participate in any hearing or meeting.

18. Decision of Administrator; Request for Reconsideration

- a. Within 30 days of the conclusion of the proceeding, or 30 days of the receipt of any additional information or documentary materials requested

by the Administrator during the proceeding and submitted thereafter (whichever is later), the Administrator shall issue a written decision on the Claim.

- b. The Administrator's decision may, but need not, include findings of fact or conclusions of law. It shall include a calculation of an approved Claim amount, in a form similar to the Claim Worksheet in the Claim Packet with the addition of any consideration to be given to Mitigation or Extreme Factors, as set forth in the Guidelines. The decision shall also include the Administrator's determination, if any, that the Claim should be paid in installments over a period of up to 10 years.
- c. The Administrator's decision shall be final and non-appealable, except that either party may ask the Administrator to reconsider a decision on grounds that it contains mathematical mistakes or miscalculations.
- d. Any request for reconsideration shall be made in writing and delivered to the Administrator with a copy to the other party, within 30 days of issuance of the decision.
- e. Any reply to a request for reconsideration shall be made in writing and delivered to the Administrator with a copy to the other party, within 15 days of the date of the request for reconsideration.
- f. The Administrator shall make a decision regarding any request for reconsideration within 30 days of its receipt.

Section 6: Payment and Receipt of Awards

19. Proceeding to Payment

A Claim shall proceed to payment when:

- a. the Claimant and the AG Designee stipulate to a disposition of the Claim in writing as described in paragraph 24 below, and provide their stipulation to the Administrator;
- b. the Claimant elects to accept the AG Designee's position or updated position pursuant to Section 4, paragraph 15 above, either expressly or by not responding; or
- c. the Administrator's decision in a resolution proceeding becomes final.

20. Claimant's Election Regarding Installments or Structured Settlement

- a. If the Claim has proceeded to payment under paragraph 19 b. or c. and the AG Designee has recommended or the Administrator has made a determination that the Claim should be paid in annual installments, the Claimant may indicate whether or not they wish to receive installment payments from the Fund. The Claimant's wishes in this regard shall be honored.
- b. Additionally, the Claimant may alternatively request that they receive an award in the form of periodic payments under a structured settlement that (i) is the subject of a qualified assignment that satisfies the conditions of Internal Revenue Code Section 130 and releases the Fund from any liability for the periodic payments; and (ii) is funded by an annuity contract issued by a life insurance company domiciled in the United States, licensed in New Hampshire and rated A or better by A.M. Best. The Claimant's wishes in this regard shall be honored.

21. Verification of Execution of Waiver and Release Forms Prior to Payment

Before authorizing payment from the Fund, the AG Designee shall verify that the Claimant has executed the Waiver and Release Forms necessary to proceed to a resolution proceeding. If the Claim has proceeded to payment prior to the Claimant executing Waiver and Release Forms, the AG Designee shall require Waiver and Release Forms be executed by the Claimant prior to authorizing payment.

22. Authorization and Processing of Payment

Once decisions regarding form of payment have been made by the Claimant, and verification of the execution of Waiver and Release Forms has occurred, the AG Designee will promptly authorize payment according to the terms of the decisions made by the Claimant. Payments will be processed by the Department of Justice. The AG Designee will provide notice to both the Administrator and the Claimant when processing is scheduled to occur. The notice shall make clear that payment may take up to 4 weeks after authorized by the Department of Justice.

Section 7: Miscellaneous Provisions

23. Duty to Update Contact Information

Claimants and their counsel shall keep the Administrator's staff apprised of their current contact information at all times. Loss of contact with a Claimant may result in denial and closure of a Claim, as set forth in paragraph 25 below.

24. Settlement Discussions

At any time during the pendency of a Claim, the AG Designee and the Claimant (or Claimant's counsel) may engage in discussions separate and apart from their stated Claim positions in an effort to resolve any disagreements regarding a Claim, or to discuss matters which may fall outside the Claim. These discussions shall remain confidential as set forth in Section 5, paragraph 17, b. above, and in paragraph 26, b. below.

If settlement discussions result in an agreement for resolving a Claim, the parties shall stipulate to their agreement in writing and present it to the Administrator. The stipulation shall include the form of payment elected by the Claimant. The Administrator, upon receipt of the parties' stipulation shall take no further action regarding the Claim, other than to finalize and close the Claim according to the parties' agreement.

25. Administrative Closure of Claims

The Administrator shall deny and administratively close a Claim when any of the following circumstances exists and cannot reasonably be cured in the judgment of the Administrator:

- a. When missing information is not provided, assistance by the Administrator's staff has been offered and/or utilized, and a Claim cannot be determined to be sufficiently complete under Section 1, paragraph 7 above, to proceed to an AG Designee evaluation;
- b. When the Claimant fails to cooperate with an investigation being conducted under Section 3 above;
- c. When the Claimant fails to provide current contact information or ceases communication or cooperation with the Administrator; or
- d. If the Claimant fails or refuses to execute Waiver and Release Forms as required for conducting a resolution proceeding or authorizing payment.

The effect of an administrative closure under any of these circumstances shall be the same as if the Claimant had withdrawn the Claim under Section 4 above.

26. Confidentiality and Privacy

- a. The Administrator and the AG Designee shall respect the privacy of Claimants and the confidentiality of proceedings under this Claims Process to the greatest extent permitted by law.
- b. With the exception of settlement discussions, which shall remain confidential until any resolution proceeding is concluded, the Claimant may disclose information regarding a Claim or Claim proceedings at any time.

27. Attorney's Fees and Costs

When the Administrator is required to determine the portion of an award that may be paid to an attorney to compensate the attorney for the fees and costs associated with representing the Claimant, the Administrator's determination shall be guided by these provisions.

- a. The Administrator shall approve only those fee requests that are reasonable.
- b. In determining whether a request is reasonable, the Administrator may consider factors including:
 - the amount of time and effort expended in representation;
 - whether the Claim was settled by agreement between the Claimant and AG Designee;
 - whether there was an investigation or resolution proceeding in consideration of the Claim;
 - any efficiencies of scale the attorney may have achieved in representing multiple Claimants;
 - the factors set out in N.H. Rule of Professional Responsibility 1.5; and/or
 - any additional factors the Administrator shall consider pertinent.
- c. In no event may the Administrator approve an attorney's fee award in excess of one third (33.33%) of the amount awarded.
- d. No award of attorney's fees shall be made without the filing of an appropriately detailed attorney fee affidavit.

28. Face-to-Face Meetings

The Claimant may request, and the Administrator shall hold, a face-to-face meeting with the Administrator, where the Claimant may speak with the Administrator privately about their experiences without the AG Designee being present. The Claimant may also have an advocate present at the meeting. Such a meeting may not occur until after the rendering of a final decision on a Claim.

29. Docketing and Organization

- a. The Administrator shall assign a Claim number and, when applicable, a resolution proceeding number to each Claim received.
- b. The Administrator shall maintain a docket, including:
 - the name of the Claimant,
 - Claim number,
 - claimed amount,
 - date of initial submission of the Claim,
 - date of determination of administrative completeness of the Claim,
 - date of filing of any related civil litigation (and the docket number of the litigation),
 - date of receipt of the AG Designee's position regarding the Claim,
 - date of referral for investigation, if applicable,
 - date of completion of the investigation, if applicable,
 - date of receipt of the AG Designee's updated position regarding the Claim,
 - date a resolution proceeding is requested, if applicable,
 - date of resolution proceeding, if applicable,
 - date of disposition of the Claim,
 - amount paid to dispose of the Claim, if any,and such other information as the Administrator deems appropriate.
- c. The docket shall be shared with the AG Designee but shall not be released to others or made publicly available without redaction or anonymization to protect the confidentiality and privacy of Claimants.
- d. Information from the docket related to a given Claimant may be shared with that Claimant and that Claimant's counsel.
- e. If, when Claims are filed, it is determined that a significant number of Claimants are currently incarcerated, the AG Designee and the Administrator shall work with the Department of Corrections to develop a

prison sub-docket. The prison sub-docket may be used as a basis for efficiently conducting interviews and investigations and holding hearings for Claimants who are incarcerated.

30. Lists of Volunteers

- a. The Administrator shall maintain and make available to Claimants a list of volunteer attorneys willing to consult with any Claimant regarding whether or not to file a Claim, preparation or submission of their Claim, and the Claimant's options after receipt of notice of the AG Designee's position or updated position on the Claim.
- b. The Administrator may also maintain a list of trained victim's advocates who are willing to assist Claimants..
- c. The Administrator may also maintain a list of structured settlement specialists who are willing to work with Claimants.

31. Law Enforcement Referrals

- a. A Former YDC Resident's participation in the Claims Process is voluntary. A Claimant shall not be required to cooperate in a criminal investigation as a condition of participating in the Claims Process. Perpetrators of sexual abuse or physical abuse identified by Claimants may be referred to law enforcement by the Administrator, but only with the consent and cooperation of the Claimant.
- b. A Claimant who the Administrator believes to have deliberately submitted a false Claim in order to fraudulently obtain compensation from the Fund may also be referred to an appropriate law enforcement agency.

32. Future Forms Development

The Administrator may develop forms for communication and reporting where specified in this Claims Process and may append them to the Claims Process in Appendix C without further approval by the Joint Fiscal Committee.

Glossary

"Administrator" means an independent, neutral attorney admitted to the practice of law in New Hampshire, chosen in the manner set forth in Subsection III of RSA 21-M:11-a to administer youth development center claims pursuant to that statute.

"AG Designee" means one or more individuals within the attorney general's office designated by the attorney general.

"Claim" means a request for compensation related to one or more incidents of sexual abuse and/or physical abuse perpetrated upon a Former YDC Resident by or at the behest of a member of the YDC staff.

References to the **"Claim Form"** and **"Claim Worksheet"** are to the documents contained in the **"Claim Packet"** attached as Appendix B.

"Claimant" means an individual who has filed a Claim.

"Former YDC Resident" means an individual who resided at YDC at any time.

"Fund" means the YDC settlement fund established by RSA 21-M:11-a.

"Investigator" means one or more individuals assigned by the administrator to independently investigate a claim.

"Physical abuse" means an incident of conduct that would constitute an offense under RSA 631:1, RSA 631:2, or RSA 631:2-a, and that is not justified under RSA 627:6, or a common law cause of action for assault or battery.

"Resident File" means the file maintained by the Youth Development Center for each resident pursuant to RSA 621:15 or a similar file maintained by any other facility covered by the definition of "YDC."

"Sexual abuse" means an incident of conduct which would constitute an offense under RSA 632-A:2, RSA 632-A:3, or RSA 632-A:4, or a common law cause of action for assault or battery that involves sexual contact or sexual penetration as defined by RSA 632-A:1.

"Statute" means RSA 21-M:11-a.

"YDC" means the Youth Development Center, as identified in RSA chapter 621, or its renamed or successor entity, and any predecessor entity performing the function of housing adjudicated delinquent or pre-adjudication detained youth, including the State Industrial School, the Philbrook School, the Tobey Special Education School and the Youth Services Center.

Appendices

A – Guidelines for Valuing Claims for Settlement Purposes

B – Claim Packet, consisting of:

1. Important Notice
2. Instructions
3. Claim Form
4. Claim Worksheet
5. Notice of Filing of Claim and [Partial] Stay
6. IRS Form W-9
7. Submission Checklist

C – [Reserved for Additional Forms to be Added by the Administrator]

Claims Process for Administration of the YDC Settlement Fund

Appendix A— **Guidelines for Valuing Claims for Settlement Purposes**

Revision 1.0

August 10, 2022

Guidelines for Valuing Claims for Settlement Purposes

Introduction

These Guidelines for Valuing Claims for Settlement Purposes (“the Guidelines”) govern how Claims of abuse will be valued and paid from the YDC Settlement Fund (“the Fund”). They are intended to be used uniformly by the Claimant, the AG Designee and the Administrator. It is the goal of these Guidelines to provide for a fair and uniform valuation of Claims for all Claimants, so that similar Claims receive similar compensation.

Overview of the Valuation Process

Valuing a Claim involves four basic steps:

1. Determining the Base Award;
2. Determining and Applying a Frequency Multiplier;
3. Applying any Applicable Aggravating Factors; and
4. Taking into Account any Mitigating or Exceptional Factors.

These steps will be performed separately for each type of abuse—sexual abuse and physical abuse. For Claimants making both types of Claims, these steps will be performed twice.

The Claim Packet contains a Claim Worksheet which is intended to help each Claimant perform the first three of these steps. Claimants will use the Claim Worksheet to calculate their awards, adjusted for frequency and increased by any applicable Aggravating Factors. Claimants are not asked to make reductions based on any Mitigating factors. The AG Designee may determine whether they believe any Mitigating or Exceptional factors apply in arriving at their position regarding Claims. The Administrator may also determine whether any Mitigating or Exceptional factors apply in arriving at a final Claim determination.

Valuing Claims

Step One: Determining the Base Award

The Base Award for a Claimant is a dollar amount. For sexual abuse Claims, Base Award amounts range from \$25,000.00 to \$200,000.00. For physical abuse Claims, Base Award amounts range from \$2,500.00 to \$50,000.00.

Each Base Award corresponds to a category of abuse.

For Claimants who experienced only one category of abuse of a single type (sexual or physical), the Base Award amount is the amount corresponding to that category.

For Claimants who experienced abuse falling in multiple categories of a single type (sexual or physical), the Base Award for that type of abuse is the amount corresponding to the category of abuse that provides the most compensation.

The following tables identify the categories for each type of abuse which can be compensated by the Fund:

Table 1 – Categories of and Base Award Amounts for Claims of Sexual Abuse

Category	Description	Base Award Amount
A	Anal or Genital Rape (Sexual Penetration of the Anus or Genital Openings)	\$200,000
B	Oral Rape (Fellatio, Cunnilingus, Sexual Penetration of the Mouth)	\$150,000
C	Intimate Sexual Touching (Masturbation)	\$100,000
D	Other Touching (Groping)	\$50,000
E	Conduct Creating a Reasonable Apprehension of Sexual Touching or Sexual Penetration (Indecent Exposure, Lewdness, Violations of Privacy)	\$25,000

Table 2 – Categories of and Base Award Amounts for Claims of Physical Abuse

Category	Description	Base Award Amount
A	Physical abuse resulting in permanent or life-threatening bodily injury	\$50,000
B	Physical abuse resulting in serious bodily injury	\$25,000
C	Physical abuse resulting in bodily injury	\$10,000
D	Physical abuse with no significant injury	\$2,500

The categories of sexual abuse and physical abuse contained in these tables are further described below. To the extent an incident of abuse does not fit clearly within one of

these categories, the category which most closely resembles the incident in question should be used.

Sexual Abuse

"Sexual Abuse" means "an incident of conduct which would constitute an offense under RSA 632-A:2, RSA 632-A:3, or RSA 632-A:4, or a common law cause of action for assault or battery that involves sexual contact or sexual penetration as defined by RSA 632-A:1." (RSA 21-M:11-a, I. (i))

To be the basis of an award, sexual abuse must have been perpetrated upon a Former YDC Resident by or at the behest of a member of the YDC staff. (RSA 21-M:11-a, I. (c))

"Former YDC Resident" means an individual who resided at YDC at any time. (RSA 21-M:11-a, I. (d))

"YDC" means the Youth Development Center, as identified in RSA chapter 621, or its renamed or successor entity, and any predecessor entity performing the function of housing adjudicated delinquent or pre-adjudication detained youth, including the State Industrial School, the Philbrook School, the Tobey Special Education School and the Youth Services Center. (RSA 21-M:11-a, I. (k))

Sexual Abuse Category A—Anal or Genital Rape

This category is based on sexual penetration by the Actor of the anus or genital openings of the Claimant or sexual penetration by the Claimant of the anus or genital openings of the Actor during the period of Claimant's residency at YDC.

"Actor" means a staff member of YDC.

"Genital Openings" means the internal or external genitalia including, but not limited to, the vagina, labia majora, labia minora, vulva, urethra, or perineum.

Sexual penetration for purposes of Category A includes, but is not limited to, sexual intercourse and anal intercourse. **"Sexual penetration"** for purposes of Category A means:

(a) Any intrusion, however slight, of any part of the Actor's body, including emissions or any object manipulated by the Actor into the genital or anal openings of the Claimant's body;

(b) Any intrusion, however slight, of any part of the Claimant's body, including emissions or any object manipulated by the Claimant into the genital or anal openings of the Actor's body; or

(c) When the Actor through force, coercion, or intimidation causes any part of another person's body to be utilized in place of the Actor's in the manner described in (a) or (b).

"Emissions" include semen, urine, and feces.

"Objects" include animals as defined in RSA 644:8, II.

Sexual Abuse Category B—Oral Rape

This category is based on sexual penetration by the Actor of the oral opening (mouth) of the Claimant or sexual penetration by the Claimant of the oral opening (mouth) of the Actor during the period of Claimant's residency at YDC.

The terms **"Actor," "emissions,"** and **"objects"** have the same meaning here as in Category A.

Sexual penetration for purposes of Category B includes, but is not limited to, fellatio and cunnilingus. **"Sexual penetration"** for purposes of Category B means:

- (a) Any intrusion, however slight, of any part of the Actor's body, including emissions or any object manipulated by the Actor into the oral opening of the Claimant's body;
- (b) Any intrusion, however slight, of any part of the Claimant's body, including emissions or any object manipulated by the Claimant into the oral opening of the Actor's body; or
- (c) When the Actor through force, coercion, or intimidation causes any part of another person's body to be utilized in place of the Actor's in the manner described in (a) or (b).

Sexual Abuse Category C—Intimate Sexual Touching

This category is based on intimate sexual contact between the Actor and the Claimant which does not involve sexual penetration as defined in Categories A and B during the period of Claimant's residency at YDC.

The term **"Actor"** has the same meaning here as in Category A.

Sexual contact for purposes of Category C includes, but is not limited to, masturbation. **"Sexual contact"** for purposes of Category C means the intentional touching, directly, through clothing or otherwise, of the Claimant's or Actor's sexual or intimate parts, including genitals, emissions, tongue, anus, breasts, and buttocks. Sexual contact

includes only that aforementioned conduct which can be reasonably construed as being for the purpose of sexual arousal or gratification, or the humiliation of the person being touched. Sexual contact may include touching by the Claimant of their own sexual or intimate parts, if done at the behest of the Actor.

Sexual Abuse Category D—Other Touching

This category is based on touching of the Claimant by the Actor for the purpose of sexual arousal or gratification of the Actor which does not involve sexual penetration as defined in Categories A and B or sexual contact as defined in Category C during the period of Claimant's residency at YDC.

The term "**Actor**" has the same meaning here as in Category A.

"**Other touching**" is the same as "groping."

"**Groping**" means the intentional touching whether directly, through clothing or otherwise, of the Claimant's sexual or intimate parts, including genitals, emissions, tongue, anus, breasts, and buttocks, by the Actor under circumstances that can be reasonably construed as being for the purpose of sexual arousal or gratification of the Actor. Groping does not include touching of the Claimant's sexual or intimate parts for another legitimate purpose, such as for purposes of medical care; touching of the Claimant's sexual or intimate parts that is accidental; or touching of the Claimant's sexual or intimate parts that is incidental to justified touching of the Claimant in the interests of the safety of the Claimant or others, the security of the facility, or the preservation of order and discipline.

Sexual Abuse Category E—Conduct Creating a Reasonable Apprehension of Sexual Touching or Sexual Penetration

This category is based on conduct that involves no touching, but which causes Claimant to reasonably fear an imminent danger of sexual touching or sexual penetration during the period of Claimant's residency at YDC.

The term "**Actor**" has the same meaning here as in Category A.

The terms "sexual penetration" and "sexual contact" shall here include any of the meanings of those terms contained in Categories A-C.

Conduct which satisfies the conditions of Category E includes, but is not limited to, indecent exposure, lewdness, and violations of privacy.

"**Indecent exposure**" and/or "**lewdness**" occur when an Actor, for the purpose of the Actor's sexual gratification or arousal:

- (a) purposely fornicates, exposes their genitals, or performs any other act of gross lewdness knowing that the Claimant is present; or
- (b) purposely performs any act of sexual penetration or sexual contact on themselves or another in the presence of Claimant; or
- (c) transmits to Claimant an image of themselves fornicating, exposing their genitals, or performing any other act of gross lewdness.

A **“violation of privacy”** for purposes of Category E occurs when an Actor:

- (a) for the purpose of sexual gratification or arousal installs or uses any device for the purpose of observing, photographing, recording, amplifying, broadcasting, or in any way transmitting images or sounds of the private body parts of Claimant including the genitalia, buttocks, or female breasts, or a Claimant's body underneath that person's clothing; or
- (b) for the purpose of arousing or gratifying their sexual desire, knowingly views the private body parts of Claimant including the genitalia, buttocks, or female breasts, with or without the Claimant's knowledge.

“Views,” as used here, means looking at another person with the unaided eye or any device intended to improve visual acuity.

A violation of privacy does not occur when installation or use of a device as described in (a) is done for another legitimate purpose, such as for purposes of medical care; or in the interests of the safety of the Claimant or others, the security of the facility, or the preservation of order and discipline.

A violation of privacy also does not occur when viewing as described in (b) occurs accidentally, or for another legitimate purpose, such as for purposes of medical care; or in the interests of the safety of the Claimant or others, the security of the facility, or the preservation of order and discipline.

A violation of privacy also does not occur when installation or use of a device as described in (a) is done or viewing as described in (b) occurs in order to obtain evidence of suspected illegal activity, the suspected violation of any administrative rule or regulation, or any other suspected pattern or practice by the Claimant or others, potentially adversely affecting safety of the Claimant or others, the security of the facility, or the preservation of order and discipline.

Physical Abuse

“Physical Abuse” means an incident of conduct that would constitute an offense under RSA 631:1, RSA 631:2, or RSA 631:2-1, and that is not justified under RSA 627:6, or a common law cause of action for assault or battery. (RSA 21-M:11-a, I. (i))

To be the basis of an award, physical abuse must have been perpetrated upon a Former YDC Resident by or at the behest of a member of the YDC staff. (RSA 21-M:11-a, I. (c))

"Former YDC Resident" means an individual who resided at YDC at any time. (RSA 21-M:11-a, I. (d))

"YDC" means the Youth Development Center, as identified in RSA chapter 621, or its renamed or successor entity, and any predecessor entity performing the function of housing adjudicated delinquent or pre-adjudication detained youth, including the State Industrial School, the Philbrook School, the Tobey Special Education School and the Youth Services Center. (RSA 21-M:11-a, I. (k))

"Justified" as used in these Guidelines has the same meaning as in RSA 627:6.

Additionally, to be the basis of an award, physical abuse must have occurred separately from and unrelated to an instance of sexual abuse. If physical force is used in connection with sexual abuse, it is already considered in determining the appropriate category for the sexual abuse Claim.

Physical Abuse Category A—Physical Abuse Resulting in Permanent or Life-Threatening Bodily Injury

This category of physical abuse is based on an unjustified use of physical force by the Actor against the Claimant which causes permanent or life-threatening bodily injury to the Claimant during the period of Claimant's residency at YDC.

"Actor" means a staff member of YDC.

Use of physical force **"by the Actor"** includes incidents in which the Actor through force, coercion, or intimidation causes another person to use physical force against the Claimant.

"Permanent or life-threatening bodily injury" means injury involving a substantial risk of death; loss or substantial impairment of the function of a bodily member, organ, or mental faculty that is likely to be permanent; or an obvious disfigurement that is likely to be permanent. (U.S. Sentencing Guidelines, § 1B1.1, app. note 1(K))

Physical Abuse Category B—Physical Abuse Resulting in Serious Bodily Injury

This category of physical abuse is based on an unjustified use of physical force by the Actor against the Claimant which causes serious bodily injury to the Claimant, during the period of Claimant's residency at YDC.

"Actor" and **"by the Actor"** have the same meaning here as in Category A.

“Serious bodily injury” means injury involving extreme physical pain or the protracted impairment of a function of a bodily member, organ, or mental faculty; or requiring medical intervention such as surgery, hospitalization, or physical rehabilitation. (U.S. Sentencing Guidelines, § 1B1.1, app. note 1(M))

Physical Abuse Category C—Physical Abuse Resulting in Bodily Injury

This category of physical abuse is based on an unjustified use of physical force by the Actor against the Claimant which causes bodily injury to the Claimant, during the period of Claimant’s residency at YDC.

“Actor” and **“by the Actor”** have the same meaning here as in Category A.

“Bodily injury” means any significant injury; e.g., an injury that is painful and obvious, or is of a type for which medical attention ordinarily would be sought. (U.S. Sentencing Guidelines, § 1B1.1, app. note 1(B))

Physical Abuse Category D—Physical Abuse with No Significant Injury

This category of physical abuse is based on an unjustified use of physical force by the Actor against the Claimant which causes no significant injury to the Claimant, during the period of Claimant’s residency at YDC.

“Actor” and **“by the Actor”** have the same meaning here as in Category A.

Step Two: Determining and Applying a Frequency Multiplier

The Frequency Multiplier is a number. It is determined from the Tables of Adjusted Frequencies and Frequency Multipliers below. The Frequency Multiplier is used to increase the Base Award for victims of multiple incidents of abuse.

To apply the Frequency Multiplier to the Base award, multiply the Base Award by the Frequency Multiplier. This is a Claimant’s Frequency Adjusted Base Award.

Table 3 – Frequency Multiplier Table for Claims of Sexual Abuse

Adjusted Frequency	Frequency Multiplier
One	1

Two	2
Three	3
Four	4
Five	5
Six to Nine	7
Ten to Fourteen	9
Fifteen to Nineteen	11
Twenty to Twenty-four	13
Twenty-five or more	15

Table 4 – Frequency Multiplier Table for Claims of Physical Abuse

Adjusted Frequency	Frequency Multiplier
One	1
Two to Five	2
Six to Ten	3
Eleven to Fourteen	4
Fifteen or more	5

To determine the Frequency Multiplier, it is first necessary to determine an Adjusted Frequency. This is done by averaging and adding the number of incidents from several categories of abuse, as follows:

For sexual abuse, add the number of incidents of the highest compensated category of abuse claimed plus half the number of incidents for each of the next two categories (even if the number of incidents is zero). Incidents in any additional categories are not counted.

For physical abuse, add the number of incidents of the highest compensated category of abuse claimed plus half the number of incidents for the next category (even if the number of incidents is zero). Incidents in any additional categories are not counted.

Step Three: Applying Any Applicable Aggravating Factors

Aggravating Factors, where applicable, may increase the value of a Claim. The following tables identify the Aggravating Factors that may increase the amount of compensation to be awarded from the Fund and describe the amount to be added:

Table 5 – Aggravating Factors for Claims of Sexual Abuse

Aggravating Factor	Amount Added
Sexual abuse resulting in pregnancy	\$200,000
Sexual abuse resulting in a sexually transmitted disease (STD)	\$100,000
Photographs or video recording were taken during an incident of abuse	\$ 50,000
Different Actors commit separate incidents (applies only if more than one assault)	Base Award x .5
Incident accompanied by unjustified out of community confinement	Base Award x .25
Duration (continuous course of conduct extending more than 24 months)	Base Award x .25
Youthful Claimant at time of at least one incident (under the age of 13)	Base Award x .25
Physical participation by more than one Actor in a single incident	Base Award Amount of the multi-actor incident x .5
Use of deadly weapon during an incident	Base Award Amount of the incident involving a deadly weapon x .5
During at least one incident, an additional actor observed, stood by or acted as a lookout during an incident	Base Award Amount of the incident with such an additional actor x .25

Table 6 – Aggravating Factors for Claims of Physical Abuse

Aggravating Factor	Amount Added
Physical abuse inflicted in retaliation or as punishment for refusal to submit to sexual advances	Base Award x .25
Physical abuse accompanied by unjustified out of community confinement for 7 or more days	Base Award x .25

Guidance regarding selected aggravating factors which may apply to a Claim is explained below.

Unjustified Out-of-Community Confinement

For purposes of determining whether conduct constituting sexual abuse or physical abuse is aggravated by unjustified out-of-community confinement, causing a Claim award to be increased, the following guidance should be followed:

“Out-of-Community Confinement,” (or “OOC”) also known as “room confinement,” and “solitary confinement,” means the placement of a resident in a locked room with minimal or no contact with persons other than juvenile detention facility staff and attorneys.

OOC does not include protective or medical isolation.

OOC may take place in a resident’s assigned room, or it may take place in a separate room used specifically for that purpose.

OOC may involve practices such as removing most objects from the room, including the resident’s clothing, and restraint of the resident, when necessary and appropriate to the purpose of the OOC.

OOC is justified in some circumstances. OOC may be used to calm a resident who is exhibiting seriously disruptive or dangerous behavior. It may also be used to protect residents from self-harm, hurting others or causing significant property damage. OOC used for these purposes should be terminated once it becomes reasonably certain that the necessitating circumstances have passed.

In some cases, OOC may also be justified as a sanction for rules violations.

Attitudes about the practice of utilizing OOC in juvenile detention facilities have varied over time. To determine whether OOC is justified in a given case, the then-applicable law and facility policies and procedures and whether they were substantially followed must be considered.

Use of Deadly Weapon

For purposes of determining whether conduct constituting sexual abuse is aggravated by use of a deadly weapon, such that a Claim award should be increased, “**deadly weapon**” means any firearm, knife or other substance or thing which, in the manner it is used, intended to be used, or threatened to be used, is known to be capable of producing death or serious bodily injury.

Step Four: Take into Account Any Mitigating or Exceptional Factors

Mitigating Factors are circumstances which may reduce the value of a Claim. They do not need to be addressed by the Claimant. The amount of the reduction to be applied for a particular Mitigating Factor is not specified in these Guidelines due to the nature of the Mitigating Factors. In a particularly clear case, such as in the event of a prior settlement and release, a Mitigating Factor may reduce the value of a Claim to zero.

Exceptional Factors are circumstances not accounted for in any other way under these Guidelines. Exceptional Factors may justify increasing the value of a Claim by up to one half of the Base Award. Application of this adjustment should be reserved for a Claimant who has suffered extraordinary harm, or harm that is significantly greater than the harms suffered by all survivors of abuse. The Claimant is given an opportunity to describe any such circumstances in the Claim Form but is not asked to suggest an additional award amount.

Mitigating and Exceptional Factors should be taken into consideration by the AG Designee and the Administrator in arriving at an award, recommendation, or position concerning a Claim.

The following guidance is provided regarding how Mitigating Factors should be considered.

Issues of Credibility

A Claimant’s statements, made under oath, shall be presumed credible unless called into question as described below.

Additionally, it is acknowledged that sexual abuse and physical abuse are traumatic events which can affect a victim's ability to recall details clearly. It is also acknowledged that memory of the details of traumatic events can sometimes be regained over time. It is also acknowledged that due to past trauma, and the potential for re-traumatization through recall, victims may only become able to discuss details of their abuse after the passage of time and may not become comfortable sharing all details at a single time. Therefore, the fact that a victim has not previously disclosed or has only partially disclosed the details of incidents which now form the basis for a Claim shall not, standing alone, be considered as a reason for denial or reduction of a Claim.

Understanding these facts about victims, if the totality of the circumstances surrounding a Claimant's description of events (which may include how and when details were recalled and disclosed by Claimant, as well as statements made by persons other than Claimant, comparisons with information contained in records, and any other matters typically considered as bearing on credibility) indicates a Claim is based on statements lacking in credibility, a Claim may be denied or the amount reduced, on that basis.

Problems of Proof

The degree of proof needed to support a Claim, an element of a Claim, or a defense will depend upon the nature of the Claim and should generally comport with what proof might be reasonably expected to exist in each instance. A Claim may be denied or the amount reduced where reasonably expected proof is lacking to such a degree that it calls into question the legitimacy or veracity of the Claim or element.

Legal Issues Including Defenses

The Claims Process is designed to be an alternative to litigation. The amounts which may be awarded from the Fund have been developed with consideration given to the fact that by participating, a Claimant will largely avoid having to litigate issues of law that would otherwise be raised in a court case or controversy. Therefore, to the extent that issues of law exist and would apply to all Claimants equally, simply by virtue of the nature of the Claims, generally, they shall not be considered as Mitigating Factors. To the extent that there are legal issues that are factually unique to a Claim, they may be considered and may form the basis to deny or reduce a Claim or to reject a defense. The more common legal issues which may be raised are discussed below.

Comment Regarding Law Applied, Generally

Except where expressly contradicted by the Statute or by the Guidelines, it shall be presumed that the law as it exists today also existed at the time of the incidents giving rise to the Claim. However, to the extent not expressly contradicted by the Statute or by the Guidelines, the parties may raise, and the Administrator may consider, the law and standards applicable at the time of the incidents, if it can be demonstrated that prior applicable law would require a different result than current law.

Limitations

This Mitigating Factor may apply to Claims of sexual abuse only where it can be demonstrated that the Claimant had actual knowledge regarding the potential to file a Claim during the applicable limitations period and failed to do so. This standard shall be applied to the exclusion of otherwise applicable law.

This Mitigating Factor may be applied to Claims of physical abuse according to applicable law.

Laches

This Mitigating Factor may only apply to Claims of physical abuse, and when applied, shall apply according to applicable law.

Justification/Privilege

Justification, as applicable to the definition of Physical Abuse, and as applicable to Out-of-Community Confinement as an Aggravating Factor, is already provided for in relation to each of those topics.

Conduct which would constitute Sexual Abuse should not generally be subject to a defense of justification or privilege, except as articulated in the definitions applicable to Sexual Abuse Categories D and E, such as in the case of touching necessitated by

medical treatment or use of surveillance cameras for security or law enforcement purposes.

To the extent a defense of justification or privilege might apply which is not already contemplated by these definitions, whether or not it constitutes a Mitigating Factor will be governed by applicable law.

Failure to Utilize Available Grievance Procedures or Other Means of Redress, Concealment

This Mitigating Factor may apply when the Claimant knew or reasonably should have known of the availability of legitimate procedures in place or other legitimate means by which abuse could have been addressed, and either (1) made a deliberate choice not to utilize those procedures or means, or (2) actively concealed the abuse, thwarting the effectiveness of such procedures.

Absence of Harm

The nature of this Claims Process is such that, in general, Claims will be approved in a liquidated amount. Harm to a Claimant from abuse is presumed, and a Claimant need not offer proof of specific harm in order to receive compensation. However, an extraordinary lack or the absence of any harm or suffering on the part of the Claimant may be considered as a Mitigating Factor.

Other Causes of Harm Suffered

To the extent that extraordinary harm or suffering, claimed as the basis for an increased award, may be traced to another source, that circumstance may also be considered as a Mitigating Factor.

Waiver, Accord and Satisfaction, Release

This Mitigating Factor may apply where a Claimant has previously relinquished the right to pursue a Claim in exchange for consideration. This Mitigating Factor may be considered even if the consideration received is significantly less than the amount which would otherwise be awarded from the Fund.

Final Steps: Determine the Requested, Recommended, or Final Claim Award Amount

Adding the Frequency Adjusted Base Award (from Step Two) plus the Total of any Aggravating Factors (from Step Three) should result in the Claimant's requested Claim amount for each type of abuse.

The AG Designee and the Administrator will utilize the same method but may arrive at a different amount due to differences in the selection of categories and factors. Additionally, the AG Designee and the Administrator may make adjustments for any Mitigating or Exceptional Factors (from Step Four).

Amounts which exceed the statutory caps for payment from the Fund will then need to be reduced to the cap as follows:

An award to a Claimant may not exceed \$1,500,000.00 in total. In addition, an award to a Claimant for sexual abuse may not exceed \$1,500,000.00 and an award for physical abuse may not exceed \$150,000.00.

Claims Process for Administration of the YDC Settlement Fund

Appendix B—

Claim Packet

Revision 1.0

August 10, 2022

NEW HAMPSHIRE YOUTH DEVELOPMENT CENTER CLAIMS ADMINISTRATION AND SETTLEMENT FUND

_____, Administrator
1 Granite Place, Suite _____
Concord, NH 03301
Telephone: (603) xxx-xxxx
Fax: (603) xxx-xxxx
E-mail: administrator@domain.ext

CLAIM PACKET

Contents:

- Important Notice
- Instructions
- Claim Form
- Claim Worksheet
- Notice of Filing of Claim and [Partial] Stay
- IRS Form W-9
- Submission Checklist

Important Notice:

Making a Claim may be emotionally difficult.

If you are experiencing distress and want to talk, please contact:

New Hampshire 211:

Calling from inside the State of New Hampshire: Dial "211"
From Outside the State: 1-866-444-4211

[Administrator to Add Additional Resources Willing to Assist, Once
Confirmed]

*NEED ASSISTANCE WITH THIS FORM? HELP IS AVAILABLE. Contact the Office of the Administrator:
(603) xxx-xxx; administrator@domain.ext*

GENERAL INSTRUCTIONS

The YDC Settlement Fund (the "Fund") provides compensation to Former Youth Development Center ("YDC") Residents and similar facility residents¹ who were sexually or physically abused by or because of a YDC staff member.

You may be entitled to compensation if you were sexually or physically abused while you were a resident of any of these facilities.

Please complete these forms and submit a Claim if you wish to seek compensation from the Fund.

Legal Notice—Advice of Counsel

If you are unsure whether or not to submit a Claim or to participate in the Claim Process, you should consult with an attorney. If you do not have an attorney, you may contact the Administrator, or check the website for a list of attorneys willing to consult with Former YDC Residents concerning their decision to file a Claim.

You will be providing your current contact information as part of your Claim so that you can be reached by the Administrator of the Fund. If it changes after you submit your Claim, please **contact the Administrator to update your contact information.**

Keep a copy of your Claim for your own records.

The **deadline** to submit your Claim is **midnight on December 31, 2024**. Your Claim must be postmarked or submitted and received no later than that date and time.

TO REQUEST ASSISTANCE

If you have an attorney, they should assist you with completing and submitting your Claim. If you do not have an attorney and are having trouble completing your forms, **help is available**. Please contact the Office of the Administrator for quick answers, or to be connected with a volunteer who can assist you:

Office of the Administrator: (603) xxx-xxxx; administrator@domain.ext

¹ The term "YDC" includes the youth development center as identified in RSA 621, or its renamed or successor entity, and any predecessor entity performing the function of housing adjudicated delinquent or pre-adjudication detained youth, including the State Industrial School, the Philbrook School, the Tobey Special Education School and the Youth Services Center.

*NEED ASSISTANCE WITH THIS FORM? HELP IS AVAILABLE. Contact the Office of the Administrator:
(603) xxx-xxx; administrator@domain.ext*

SPECIFIC INSTRUCTIONS FOR THE CLAIM FORM

1. Please type or print information clearly.
2. Please do your best to provide all "Required" information. **YOU MAY SUBMIT AN INCOMPLETE FORM AND YOU WILL BE CONTACTED BY THE ADMINISTRATOR'S OFFICE TO HELP YOU COMPLETE YOUR FORM.** An incomplete Claim form will not be rejected, but it may slow the processing of your Claim.
3. Please provide as much "Optional" information as you can. This information may help in evaluating your Claim.
4. Please be sure to enter an amount in Section VII, "Your Claim Amount", even if you can't complete the Claim Worksheet.
5. If you add additional pages to answer a question, please write your name at the top of each page.
6. Sign your Claim Form in front of a Notary or a Justice of the Peace. Do not sign the form until you are with a Notary or a Justice of the Peace because they have to see you sign your name. If you do not have access to a Notary or Justice of the Peace, please contact the Office of the Administrator for assistance:

Office of the Administrator: (603) xxx-xxxx; administrator@domain.ext

7. If you have an attorney or an attorney has assisted you with completing the Claim Form, the attorney must also sign the Claim Form.

*NEED ASSISTANCE WITH THIS FORM? HELP IS AVAILABLE. Contact the Office of the Administrator:
(603) xxx-xxx; administrator@domain.ext*

SPECIFIC INSTRUCTIONS FOR THE CLAIM WORKSHEET

1. Please type or print information clearly.
2. The Claim Worksheet is optional but will help you to determine what you are likely to receive from the Fund. If you use the Claim Worksheet, please try to fill out all requested information and follow the instructions in the Claim Worksheet step-by-step.
3. Please complete Part I "Sexual Abuse Claim" if you are claiming compensation from the Fund for sexual abuse.
4. Please complete Part II "Physical Abuse Claim" if you are claiming compensation from the Fund for physical abuse.
5. Please complete both Parts I and II if you are claiming compensation from the Fund for both sexual abuse and physical abuse.
6. Please include the completed Claim Worksheet when you submit your Claim Form and other documents.

*NEED ASSISTANCE WITH THIS FORM? HELP IS AVAILABLE. Contact the Office of the Administrator:
(603) xxx-xxx; administrator@domain.ext*

SPECIFIC INSTRUCTIONS FOR COLLECTING AND PROVIDING ADDITIONAL DOCUMENTS

Required Documents

In addition to your Claim Form, the following documents are required to complete your Claim:

(All Claimants)

1. A copy of an Identification Document (any of the following):
 - (a) A driver's license,
 - (b) A government-issued ID card that contains your photo, or
 - (c) A passport.

If you do not have any of these documents, contact the Administrator about whether an alternative form of identification is acceptable:

Office of the Administrator: (603) xxx-xxxx; administrator@domain.ext

2. A Signed Notice of Filing of Claim and [Partial] Stay
3. A Completed, Signed IRS Form W-9 For Claimant

(Some Claimants)

4. If a Guardian or Conservator is filing the Claim, a copy of the Guardianship or Conservatorship Order establishing their authority.
5. If you have an attorney:
 - (a) A Completed, Signed IRS Form W-9 for your attorney;
 - (b) A copy of the fee agreement between you and your attorney; and
 - (c) An affidavit detailing the time and work your attorney spent on your Claim. (This affidavit should be prepared by your attorney. It may be updated by your attorney after any investigation or in connection with any resolution proceedings in your Claim.)

You should gather and provide as many of these documents as you can and submit them with your Claim.

*NEED ASSISTANCE WITH THIS FORM? HELP IS AVAILABLE. Contact the Office of the Administrator:
(603) xxx-xxx; administrator@domain.ext*

Optional Documents

In addition to your Claim Worksheet, you may also submit other documents to support your Claim. These documents can help the Attorney General's ("AG") Designee, the Administrator, and/or the Administrator's Investigator verify your Claim and can help speed the processing of your Claim. Please consider submitting these additional documents at the time you submit your Claim:

- Medical Records
- Mental Health Records
- Your Resident File (Only if the AG Designee may not have it. If your Resident File was provided to you by the Attorney General's Office, it is not necessary to include it. You can assume the AG Designee will review your Resident File when evaluating your Claim. If there are specific pages of your Resident File you believe are Important, you may reference them by number in your Claim Form.)
- Diaries, Notebooks or Journals
- Photographs
- The Complaint in any related lawsuit you have filed
- Statements from Witnesses
- Any other documents that you believe help support your Claim

NEED ASSISTANCE WITH THIS FORM? HELP IS AVAILABLE. Contact the Office of the Administrator:
(603) xxx-xxx; administrator@domain.ext

SUBMITTING YOUR CLAIM

Please submit all forms and documents to:

For Mail or Hand-Delivery: _____, Administrator
1 Granite Place, Suite _____
Concord, NH 03301

For Fax: (603) xxx-xxxx

For E-mail: administrator@domain.ext

[to be added/updated by Administrator after appointment]

The **deadline** to submit your Claim is **midnight on December 31, 2024**. **Your Claim** must be postmarked or submitted and received no later than that date and time.

Legal Notice—Privacy and Confidentiality

Your Claim, and all documents and information created in connection with your Claim, will be treated as confidential by the Administrator and the AG Designee to the greatest extent permitted by law. A document or information that was not confidential prior to including it in a Claim does not become confidential because it is submitted. Under the Right-to-Know Law, NH RSA chapter 91-A, the Administrator and the AG Designee may be required to disclose settlement agreements and other records requested by a member of the public. In the event of such a request, your personally identifying information will be withheld to protect your privacy to the greatest extent permitted by law.

These confidentiality obligations are binding on the Administrator and the AG Designee, but not on you. You have the right to disclose information about your Claim (other than confidential settlement discussions) at any time.

If the Administrator or AG Designee believes, based on your Claim, that an individual you identify as an abuser should be referred to an appropriate law enforcement agency for prosecution, you will be contacted and your consent will be requested prior to any such referral. You are under no obligation to provide such consent or to cooperate in any criminal investigation in connection with your Claim.

NEED ASSISTANCE WITH THIS FORM? HELP IS AVAILABLE. Contact the Office of the Administrator:
(603) xxx-xxx; administrator@domain.ext

For Administrator's Use Only

Name of Claimant _____

Amount Claimed _____

Date Claim Received _____

Claim No. _____

Resolution Proceeding No. _____

Claim Form

I. Your Name and Contact Information (Required):

First Name: _____ Middle Name: _____

Last Name: _____ Other Names Used: _____

Gender: _____ Date of Birth (mm/dd/yyyy): _____

Social Security Number: ____ - ____ - ____

A-number (also known as CIS # or Alien Registration number) (if you have one):

Street Address: _____

Apartment or Unit #: _____

City: _____ State: _____ Zip Code: _____

Best phone number to reach you: _____

May voicemail messages be left? ☐ Yes ☐ No

Email: _____

How should we communicate with you? Check all that apply: ☐ MAIL ☐ E-MAIL ☐ PHONE

II. Attorney (Required if you have one):

Name: _____ Law Firm: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

*NEED ASSISTANCE WITH THIS FORM? HELP IS AVAILABLE. Contact the Office of the Administrator:
(603) xxx-xxx; administrator@domain.ext*

Phone: _____ Email: _____

III. Other Trusted Contact in Case We Cannot Reach You (Optional):

Name: _____

Address: _____

Phone: _____

Email: _____

IV. Eligibility for Compensation from the Fund (Required):

- a. Were you ever committed to or detained at YDC or a similar facility?

☐ Yes ☐ No

If "Yes", in which facility? (Check all that apply)

☐ YDC

☐ State Industrial School

☐ Philbrick School

☐ Tobey School

☐ Youth Services Center

☐ Other: _____

- b. When were you in each facility (provide dates as best you remember)? _____

- c. If you do not remember dates or years, how old were you when you were in each facility? _____

- d. Which cottage(s) or wing(s) did you live in while at each facility? For each cottage or wing, please give the dates when you resided there and/or how long you lived there as best you can remember. _____

*NEED ASSISTANCE WITH THIS FORM? HELP IS AVAILABLE. Contact the Office of the Administrator:
(603) xxx-xxx; administrator@domain.ext*

- e. Were you sexually or physical abused while in a listed facility?

☐ Yes ☐ No

- f. Have you filed any lawsuits against the State, or any persons, organizations or entities related to the sexual or physical abuse you suffered?

☐ Yes ☐ No

If "Yes", please provide information about the lawsuits, including the docket number, the names of the defendants, the court, the name of your attorney, and a summary of the lawsuit, or include a copy of your lawsuit when you submit your Claim.

- g. Have you received any settlements (any money) from the State of New Hampshire, or any other person, organization, or entity related to the sexual or physical abuse you suffered?

☐ Yes ☐ No

If "Yes", please provide information about the settlements, including the settling parties and a summary of the abuse claims related to the settlements. Please also include any documentation you have related to the settlements when you submit your Claim.

*NEED ASSISTANCE WITH THIS FORM? HELP IS AVAILABLE. Contact the Office of the Administrator:
(603) xxx-xxx; administrator@domain.ext*

V. Description of the Abuse You Suffered (Required):

a. Sexual Abuse

- i. Are you making a claim for sexual abuse?

(For information on the categories and definitions of sexual abuse, please see the table below and the Guidelines, Appendix A to the Claim Process.)

☐ Yes ☐ No

If "Yes", please continue to the next question, if not please go to Section V (b) "Physical Abuse".

- ii. Please tell us how and approximately how many times you were sexually abused by or because of a staff member. Use this table to summarize that information:

Category	Description	Did this happen to you?	How many times?
A	Anal or Genital Rape	<input type="checkbox"/> Yes <input type="checkbox"/> No	
B	Oral Rape	<input type="checkbox"/> Yes <input type="checkbox"/> No	
C	Intimate Sexual Touching (Masturbation)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
D	Other Touching (Groping)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
E	Conduct Creating a Reasonable Apprehension of Sexual Touching or Sexual Penetration (Indecent Exposure, Lewdness, Violations of Privacy)	<input type="checkbox"/> Yes <input type="checkbox"/> No	

- iii. On the following two pages, please provide as much detail as you can regarding each time you were sexually abused. Please try to answer the questions for each separate instance of abuse. (Copy and attach additional pages as necessary.):

1. What happened?
2. When did it happen?
3. How old were you?
4. Who abused you? (the names, nicknames, or descriptions of the abuser(s))
5. Where did it happen?
6. Were any objects or weapons used?
7. Were you also physically abused at the same time? (If so, please provide the same information for the physical abuse.)

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

☐ Yes ☐ No

If "Yes", please provide the name or names of any witnesses, contact information (if available) and the date or other reference to the incident(s) that the person witnessed.

*NEED ASSISTANCE WITH THIS FORM? HELP IS AVAILABLE. Contact the Office of the Administrator:
(603) xxx-xxx; administrator@domain.ext*

9. Did you tell anyone about this incident?

☐ Yes ☐ No

If "Yes", who did you tell or report to and when?

Parents, family, friend? Name, date, contact information: _____

Clergy Member, Social Worker, Counselor, Advocate? Name, date, and organization: _____

Facility Staff/Volunteer? Name, date, and facility: _____

Police department or other law enforcement? Name, date, and Department: _____

Attorney? Name, date, and law firm: _____

iv. Were you ever threatened, disciplined, or otherwise coerced so that you would not report that you were sexually abused at any time?

☐ Yes ☐ No

If "Yes", please describe how and by whom:

*NEED ASSISTANCE WITH THIS FORM? HELP IS AVAILABLE. Contact the Office of the Administrator:
(603) xxx-xxx; administrator@domain.ext*

- v. Did you get a sexually transmitted disease or get pregnant as a result of the abuse you suffered?

☐ Yes ☐ No ☐ Prefer Not to Answer

If "Yes", please describe what happened: _____

- vi. Were photographs or a video recording made during any incidents of sexual abuse?

☐ Yes ☐ No ☐ Prefer Not to Answer

If "Yes", please describe what happened: _____

- vii. Did the physical abuse occur during a period of Out-of-Community Confinement ("OOC") that you consider unjustified?

☐ Yes ☐ No

If "Yes", please explain why you believe the OOC was unjustified:

- viii. What else do you want to tell us about the sexual abuse you suffered?

NEED ASSISTANCE WITH THIS FORM? HELP IS AVAILABLE. Contact the Office of the Administrator:
(603) xxx-xxx; administrator@domain.ext

b. Physical Abuse

- i. Are you making a claim for physical abuse for incidents that occurred separately from sexual abuse?

Note: Only physical abuse that was separate from the sexual abuse just described (if any) may be claimed. (For additional information on the categories and definitions of physical abuse, please see the table below and the Guidelines, Appendix A to the Claims Process.)

☐ Yes ☐ No

If "Yes", please continue to the next question. Otherwise, please proceed to Section VI.

- ii. Please tell us how and approximately how many times you were physically abused by or because of a staff member. Use this table to summarize that information:

Category	Description	Did this happen to you?	How many times?
A	Physical abuse resulting in permanent or life-threatening bodily injury	<input type="checkbox"/> Yes <input type="checkbox"/> No	
B	Physical abuse resulting in serious bodily injury	<input type="checkbox"/> Yes <input type="checkbox"/> No	
C	Physical abuse resulting in bodily injury	<input type="checkbox"/> Yes <input type="checkbox"/> No	
D	Physical abuse with no significant injury	<input type="checkbox"/> Yes <input type="checkbox"/> No	

- iii. On the following two pages, please provide as much detail as you can regarding each time you were physically abused. Please try to answer the questions for each separate instance of abuse. (Please copy and attach additional pages as necessary.):

1. What happened?
2. When did it happen?
3. How old you were you?
4. Who abused you? (the names, nicknames or descriptions of the abuser(s)).
5. Where did it happen?
6. Did you suffer any injury or permanent impairment? (Examples: A black eye, a broken leg, brain damage)
7. Were any objects or weapons used?

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

- ☐ Yes ☐ No

If "Yes", please provide the name or names of any witnesses, contact information (if available), and the date or other reference to the incident(s) that the person witnessed.

[illegible]

*NEED ASSISTANCE WITH THIS FORM? HELP IS AVAILABLE. Contact the Office of the Administrator:
(603) xxx-xxx; administrator@domain.ext*

9. Did you tell anyone about this incident?

☐ Yes ☐ No

If "Yes", who did you tell or report to and when?

Parents, family, friend? Name, date, contact information: _____

Clergy Member, Social Worker, Counselor, Advocate? Name, date, and organization: _____

Facility Staff/Volunteer? Name, date, and facility: _____

Police department or other law enforcement? Name, date, and Department: _____

Attorney? Name, date, and law firm: _____

- ☐ Yes ☐ No

- ☐ Yes ☐ No

- ☐ Yes ☐ No

- [illegible]

a. To the best of your ability, please describe the impact that the abuse has had on you. Please include any extraordinary circumstances or harm that you suffered. _____

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are approximately 20 lines visible. The paper appears to be a standard notebook page.

- If "Yes", please describe (a) the treatment or service received, (b) the providers of the treatment or services, (c) the dates of treatment or services received. _____

[illegible]

- If "Yes" please, describe the treatment or services that would help you _____

NEED ASSISTANCE WITH THIS FORM? HELP IS AVAILABLE. Contact the Office of the Administrator:
(603) xxx-xxx; administrator@domain.ext

VII. Your Claim Amount (Required)

To determine the amount of your Claim under the Guidelines, you may complete the Claim Worksheet. Completing the Claim Worksheet is optional. Alternatively, you can estimate the amount of your Claim. If you would like to use the Claim Worksheet and need assistance, please contact the Office of the Administrator (603) xxx-xxxx; administrator@domain.ext

Option A: From the Claim Worksheet

- a. **Sexual Abuse:** If you were sexually abused, please enter either the Uncapped Sexual Abuse Claim Amount from **Part I of the Claim Worksheet** or \$1,500,000.00, whichever is smaller.

\$ _____

- b. **Physical Abuse:** If you were physically abused, please enter either the Uncapped Physical Abuse Claim Amount from **Part II of the Claim Worksheet** or \$150,000.00, whichever is smaller.

\$ _____

- c. **Total Claim Amount:** Add the two numbers above together. If the sum of these two numbers is less than \$1,500,000.00, this is your Total Claim Amount. Write the sum in the space below. If the amount is greater than \$1,500,000.00, write \$1,500,000.00 in the space below.

\$ _____
TOTAL CLAIM AMOUNT

Option B: Estimate

If you have chosen not to use the Claim Worksheet, please simply enter the amount you believe that you are owed. If you enter an amount greater than \$1,500,000.00 your Claim will be treated as a Claim for \$1,500,000.00.

\$ _____
TOTAL CLAIM AMOUNT

*NEED ASSISTANCE WITH THIS FORM? HELP IS AVAILABLE. Contact the Office of the Administrator:
(603) xxx-xxx; administrator@domain.ext*

VIII. Verification and Signature (Required)

You must read and agree to each of the statements below to submit your Claim. Please check each box to indicate your agreement and then sign this form with a notary or Justice of the Peace present.

- ☐ I have been advised that I may consult with an attorney regarding my decision to submit this Claim.
- ☐ I understand that if I deliberately submit a false Claim a referral about me may be made to an appropriate law enforcement agency.
- ☐ I understand that any pending lawsuit related to sexual or physical abuse I have against the State of New Hampshire and its departments and employees will be stayed while my Claim is processed (except as to anyone who directly and personally abused me or as to claims not covered by the Fund).
- ☐ I understand that my Claim will be reviewed by the AG Designee and the Administrator and that the final amount I am offered may be different from the amount I have claimed.

OATH AND ACKNOWLEDGEMENT

I have reviewed the information in the Claim Form and all attachments. I hereby declare under oath, upon penalty of perjury, that the information I have provided in the Claim Form and all attachments and any information I submit in support of my Claim is true and correct to the best of my knowledge and belief.

Date: _____

(printed name of Claimant)

STATE OF _____

COUNTY OF _____

Before me, personally appeared _____ (Claimant) and acknowledged the foregoing to be true and accurate to the best of their knowledge and belief.

Date: _____

Notary Public/Justice of the Peace

*NEED ASSISTANCE WITH THIS FORM? HELP IS AVAILABLE. Contact the Office of the Administrator:
(603) xxx-xxx; administrator@domain.ext*

Statement of Attorney

I, [name of attorney] _____, represent Claimant and assisted in the preparation of this Claim. A copy of my fee agreement or engagement letter with Claimant is attached, and the information contained in my W-9 and fee affidavit is accurate.

Date: _____

Bar No. _____

State of Admission

(if other than New Hampshire):

*NEED ASSISTANCE WITH THIS FORM? HELP IS AVAILABLE. Contact the Office of the Administrator:
(603) xxx-xxx; administrator@domain.ext*

Name of Claimant: _____

CLAIM WORKSHEET

(Optional)

Use this Claim Worksheet to calculate the compensation available to you under the Guidelines for Valuing Claims for Settlement Purposes (Claim Process Appendix A).

I. Claims for Sexual Abuse

If you are making a claim for compensation due to sexual abuse, complete this section of the Claim Worksheet. Otherwise, skip this section and go to Section II.

A. Summary of Your Claim

Copy the information from your Claim Form, Section V. a. ii., here:

Category	Description	Did this happen to you?	How many times?
A	Anal or Genital Rape	<input type="checkbox"/> Yes <input type="checkbox"/> No	
B	Oral Rape	<input type="checkbox"/> Yes <input type="checkbox"/> No	
C	Intimate Sexual Touching (Masturbation)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
D	Other Touching (Groping)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
E	Conduct Creating a Reasonable Apprehension of Sexual Touching or Sexual Penetration (Indecent Exposure, Lewdness, Violations of Privacy)	<input type="checkbox"/> Yes <input type="checkbox"/> No	

*NEED ASSISTANCE WITH THIS FORM? HELP IS AVAILABLE. Contact the Office of the Administrator:
(603) xxx-xxx; administrator@domain.ext*

B. Value your Claim

Step 1: Determine the Base Award

Your base award is the dollar amount from Table 1 for the category of abuse you experienced that provides the most compensation.

Table 1 – Categories of and Base Award Amounts for Claims of Sexual Abuse

Category	Description	Base Award Amount
A	Anal or Genital Rape (Sexual Penetration of the Anus or Genital Openings)	\$200,000
B	Oral Rape (Fellatio, Cunnilingus, Sexual Penetration of the Mouth)	\$150,000
C	Intimate Sexual Touching (Masturbation)	\$100,000
D	Other Touching (Groping)	\$50,000
E	Conduct Creating a Reasonable Apprehension of Sexual Touching or Sexual Penetration (Indecent Exposure, Lewdness, Violations of Privacy)	\$25,000

Write your Base Award Here:

\$ _____ †

NEED ASSISTANCE WITH THIS FORM? HELP IS AVAILABLE. Contact the Office of the Administrator:
(603) xxx-xxx; administrator@domain.ext

Step 2: Determine and Apply a Frequency Multiplier

A. Determine An Adjusted Frequency

Use the first section here that applies. You only need to complete one of the sections in this Part of the Claim Worksheet.

1. Use this section if you checked "yes" to category A (Anal or Genital Rape):

Write the # of incidents of A conduct here: _____ (Line 1)

Write the # of incidents of B conduct here (may be zero): _____ (Line 2)

+

Write the # of incidents of C conduct here (may be zero): _____ (Line 3)

=

Add incidents of B and C (Lines 2 and 3) together: _____ (Line 4)

÷ 2

Divide Line 4 in half and round up:
(Example: 3.5 rounded up is 4) _____ (Line 5)

Add Line 1 and Line 5: _____ (Line 6)*

This is your **Adjusted Frequency**.

Write the number from Line 6* in the first blank in Part B, then continue with Part B.

NEED ASSISTANCE WITH THIS FORM? HELP IS AVAILABLE. Contact the Office of the Administrator:
(603) xxx-xxx; administrator@domain.ext

IF YOU COMPLETED THE PRIOR PAGE,
YOU DO NOT NEED TO COMPLETE THIS PAGE.

2. Use this section if you checked “no” to category A, but “yes” to category B (Oral Rape):

Write the # of incidents of B conduct here: _____ (Line 1)

Write the # of incidents of C conduct here (may be zero): _____ (Line 2)

+

Write the # of incidents of D conduct here (may be zero): _____ (Line 3)

=

Add incidents of C and D (Lines 2 and 3) together: _____ (Line 4)

÷ 2

Divide Line 4 in half and round up: _____ (Line 5)
(Example: 3.5 rounded up is 4)

Add Line 1 and Line 5: _____ (Line 6)*

This is your **Adjusted Frequency**.

Write the number from Line 6* in the first blank in Part B, then continue with Part B.

NEED ASSISTANCE WITH THIS FORM? HELP IS AVAILABLE. Contact the Office of the Administrator:
(603) xxx-xxx; administrator@domain.ext

IF YOU COMPLETED THE PRIOR PAGE,
YOU DO NOT NEED TO COMPLETE THIS PAGE.

**3. Use this section if you checked “no” to categories A and B, but
“yes” to category C (Intimate Sexual Touching (Masturbation)):**

Write the # of incidents of A conduct here: _____ (Line 1)

Write the # of incidents of B conduct here (may be zero): _____ (Line 2)

+

Write the # of incidents of C conduct here (may be zero): _____ (Line 3)

=

Add incidents of B and C (Lines 2 and 3) together: _____ (Line 4)

÷ 2

Divide Line 4 in half and round up:
(Example: 3.5 rounded up is 4) _____ (Line 5)

Add Line 1 and Line 5: _____ (Line 6)*

This is your **Adjusted Frequency**.

Write the number from Line 6* in the first blank in Part B, then continue with Part B.

NEED ASSISTANCE WITH THIS FORM? HELP IS AVAILABLE. Contact the Office of the Administrator:
(603) xxx-xxx; administrator@domain.ext

IF YOU COMPLETED THE PRIOR PAGE,
YOU DO NOT NEED TO COMPLETE THIS PAGE.

**4. Use this section if you checked “no” to categories A through C,
but “yes” to category D (Other Touching (Groping)):**

Write the # of incidents of D conduct here: _____ (Line 1)

Write the # of incidents of E conduct here (may be zero): _____ (Line 2)

÷ 2

Divide Line 2 by 2 and round up: _____ (Line 3)
(Example: 3.5 rounded up is 4)

Add Line 1 and Line 3: _____ (Line 4)*

This is your **Adjusted Frequency**.

Write the number from Line 4* in the first blank in Part B, then continue with Part B.

*NEED ASSISTANCE WITH THIS FORM? HELP IS AVAILABLE. Contact the Office of the Administrator:
(603) xxx-xxx; administrator@domain.ext*

IF YOU COMPLETED THE PRIOR PAGE,
YOU DO NOT NEED TO COMPLETE THIS PAGE.

- 5. Use this section if you checked “no” to categories A through D, but “yes” to category E (Conduct Creating a Reasonable Apprehension of Sexual Touching or Sexual Penetration (Indecent Exposure, Lewdness, Violations of Privacy):**

Write the # of incidents of E conduct here: _____ (Line 1)*

This is your **Adjusted Frequency**.

Write the number from Line 1* in the first blank in Part B, then continue with Part B.

*NEED ASSISTANCE WITH THIS FORM? HELP IS AVAILABLE. Contact the Office of the Administrator:
(603) xxx-xxx; administrator@domain.ext*

B. Find Your Frequency Multiplier

1. Write your Adjusted Frequency from the prior Part here: _____*
2. Find and the Frequency Multiplier in Table 3 that corresponds to your Adjusted Frequency and write it in the blank below:

Table 3 – Frequency Multiplier Table for Claims of Sexual Abuse

Adjusted Frequency	Frequency Multiplier
One	1
Two	2
Three	3
Four	4
Five	5
Six to Nine	7
Ten to Fourteen	9
Fifteen to Nineteen	11
Twenty to Twenty-four	13
Twenty-five or more	15

My Frequency Multiplier is: _____

C. Apply the Frequency Multiplier

Write your Base Award from Step 1 here: \$ _____†

Write your Frequency Multiplier from Step 2, Part B here: x _____

=

Multiply the Base Award times the Frequency Multiplier \$ _____^

This is your **Frequency Adjusted Base Award**.

Continue to Step 3.

NEED ASSISTANCE WITH THIS FORM? HELP IS AVAILABLE. Contact the Office of the Administrator:
(603) xxx-xxx; administrator@domain.ext

Step 3: Adding Amounts for Aggravating Factors

Check "Yes" or "No" in the Answer column. For each "yes" answer, copy or calculate the Amount to be Added in the last column. For "no" answers, do not put anything in the last column. Add all of the amounts in the last column together at the bottom of the table.

Question	Answer	If "Yes" Add:		Amount to be Added (Calculation Help Available Below)
Did you get pregnant from an incident of sexual abuse?	<input type="checkbox"/> Yes <input type="checkbox"/> No		\$200,000	\$
Did you get a sexually transmitted disease (STD) from an incident of sexual abuse?	<input type="checkbox"/> Yes <input type="checkbox"/> No		\$100,000	\$
Were photographs or a video recording made during the incident of sexual abuse?	<input type="checkbox"/> Yes <input type="checkbox"/> No		\$50,000	\$
Did different people sexually abuse you at different times?	<input type="checkbox"/> Yes <input type="checkbox"/> No	.5 x	\$ _____ = Base Award (from Step 1)	\$
Did the sexual abuse continue for longer than 24 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No	.25 x	\$ _____ = Base Award (from Step 1)	\$
Was the sexual abuse accompanied by unjustified out of community confinement?	<input type="checkbox"/> Yes <input type="checkbox"/> No	.25 x	\$ _____ = Base Award (from Step 1)	\$
Were you under 13 the first time you were sexually abused?	<input type="checkbox"/> Yes <input type="checkbox"/> No	.25 x	\$ _____ = Base Award (from Step 1)	\$
Did more than one person physically participate in a single incident of sexual abuse?	<input type="checkbox"/> Yes <input type="checkbox"/> No	.5 x	\$ _____ = Base Award Amount for Incident	\$

*NEED ASSISTANCE WITH THIS FORM? HELP IS AVAILABLE. Contact the Office of the Administrator:
(603) xxx-xxx; administrator@domain.ext*

Did anyone use a deadly weapon during an incident of sexual abuse?	<input type="checkbox"/> Yes <input type="checkbox"/> No	.5 x	\$_____ = Base Award Amount for Incident	\$
Did anyone else observe, stand by or act as a lookout during an incident of sexual abuse?	<input type="checkbox"/> Yes <input type="checkbox"/> No	.25 x	\$_____ = Base Award Amount for Incident	\$
			Total of All Aggravating Factors	\$

Calculation Help

You can use this table to help with multiplication in the table above. The amount in the first column times .25 is in the second column. The amount in the first column times .5 is in the third column.

Example: \$50,000 x .25 = \$12,500.

	.25	.5
\$25,000	\$6,250	\$12,500
\$50,000	\$12,500	\$25,000
\$100,000	\$25,000	\$50,000
\$150,000	\$37,500	\$75,000
\$200,000	\$50,000	\$100,000

Calculating the Uncapped Sexual Abuse Claim Amount

Fill in and add these two numbers to determine your uncapped Sexual Abuse Claim Amount.

Frequency Adjusted Base Award from Step 2, Part C: \$_____ ^

+

Total of All Aggravating Factors (last column above) \$_____

=

UNCAPPED SEXUAL ABUSE CLAIM AMOUNT \$_____

Use this amount in answering Question VII, a. of your Claim Form.

NEED ASSISTANCE WITH THIS FORM? HELP IS AVAILABLE. Contact the Office of the Administrator:
(603) xxx-xxx; administrator@domain.ext

II. Claims for Physical Abuse

If you are making a claim for compensation due to physical abuse, complete this section of the Claim Worksheet.

Reminder: Only physical abuse that was separate from sexual abuse may be claimed. For additional information on the categories and definitions of physical abuse, see the table below and the Guidelines, Appendix A to the Claims Process.

A. Summarize Your Claim

Copy the information from your Claim Form, Section V. b. ii., here:

Category	Description	Did this happen to you?	How many times?
A	Physical abuse resulting in permanent or life-threatening bodily injury	<input type="checkbox"/> Yes <input type="checkbox"/> No	
B	Physical abuse resulting in serious bodily injury	<input type="checkbox"/> Yes <input type="checkbox"/> No	
C	Physical abuse resulting in bodily injury	<input type="checkbox"/> Yes <input type="checkbox"/> No	
D	Physical abuse with no significant injury	<input type="checkbox"/> Yes <input type="checkbox"/> No	

*NEED ASSISTANCE WITH THIS FORM? HELP IS AVAILABLE. Contact the Office of the Administrator:
(603) xxx-xxx; administrator@domain.ext*

B. Value your Claim

Step 1: Determine the Base Award

Your base award is the dollar amount from Table 2 for the category of abuse you experienced that provides the most compensation.

Table 2 – Categories of and Base Award Amounts for Claims of Physical Abuse

Category	Description	Base Award Amount
A	Physical abuse resulting in permanent or life-threatening bodily injury	\$50,000
B	Physical abuse resulting in serious bodily injury	\$25,000
C	Physical abuse resulting in bodily injury	\$10,000
D	Physical abuse with no significant injury	\$2,500

Write your Base Award Here:

\$ _____ †

*NEED ASSISTANCE WITH THIS FORM? HELP IS AVAILABLE. Contact the Office of the Administrator:
(603) xxx-xxx; administrator@domain.ext*

Step 2: Determine and Apply a Frequency Multiplier

A. Determine An Adjusted Frequency

Use the first section here that applies. You only need to complete one of the section in this Part of the Claim Worksheet.

1. Use this section if you checked “yes” to category A (Physical abuse resulting in permanent or life-threatening bodily injury):

Write the # of incidents of A conduct here: _____ (Line 1)

Write the # of incidents of B conduct here (may be zero): _____ (Line 2)

÷ 2

Divide Line 2 in half and round up: _____ (Line 3)
(Example: 3.5 rounded up is 4)

Add Line 1 and Line 3: _____ (Line 4)*

This is your **Adjusted Frequency**.

Write the number from Line 4* in the first blank in Part B, then continue with Part B.

NEED ASSISTANCE WITH THIS FORM? HELP IS AVAILABLE. Contact the Office of the Administrator:
(603) xxx-xxx; administrator@domain.ext

IF YOU COMPLETED THE PRIOR PAGE,
YOU DO NOT NEED TO COMPLETE THIS PAGE.

2. Use this section if you checked “no” to category A, but “yes” to category B (Physical abuse resulting in serious bodily injury):

Write the # of incidents of B conduct here: _____ (Line 1)

Write the # of incidents of C conduct here (may be zero): _____ (Line 2)

÷ 2

Divide Line 2 in half and round up: _____ (Line 3)
(Example: 3.5 rounded up is 4)

Add Line 1 and Line 3: _____ (Line 4)*

This is your **Adjusted Frequency**.

Write the number from Line 4* in the first blank in Part B, then continue with Part B.

NEED ASSISTANCE WITH THIS FORM? HELP IS AVAILABLE. Contact the Office of the Administrator:
(603) xxx-xxx; administrator@domain.ext

IF YOU COMPLETED THE PRIOR PAGE,
YOU DO NOT NEED TO COMPLETE THIS PAGE.

**3. Use this section if you checked “no” to categories A and B, but
“yes” to category C (Physical abuse resulting in bodily injury):**

Write the # of incidents of C conduct here: _____ (Line 1)

Write the # of incidents of D conduct here (may be zero): _____ (Line 2)
÷ 2

Divide Line 2 in half and round up: _____ (Line 3)
(Example: 3.5 rounded up is 4)

Add Line 1 and Line 3: _____ (Line 4)*

This is your **Adjusted Frequency**.

Write the number from Line 4* in the first blank in Part B, then continue with Part B.

*NEED ASSISTANCE WITH THIS FORM? HELP IS AVAILABLE. Contact the Office of the Administrator:
(603) xxx-xxx; administrator@domain.ext*

IF YOU COMPLETED THE PRIOR PAGE,
YOU DO NOT NEED TO COMPLETE THIS PAGE.

4. If you checked “no” to categories A through C, but “yes” to category D (Physical abuse with no significant injury):

Write the # of incidents of D conduct here: _____ (Line 1)*

This is your **Adjusted Frequency**.

Write the number from Line 1* in the first blank in Part B, then continue with Part B.

NEED ASSISTANCE WITH THIS FORM? HELP IS AVAILABLE. Contact the Office of the Administrator:
(603) xxx-xxx; administrator@domain.ext

B. Find Your Frequency Multiplier

1. Write your Adjusted Frequency from the prior Part here: _____ *
2. Find and circle the Frequency Multiplier in Table 4 that corresponds to your Adjusted Frequency and write it in the blank below:

Table 4 – Frequency Multiplier Table for Claims of Physical Abuse

Adjusted Frequency	Frequency Multiplier
One	1
Two to Five	2
Six to Ten	3
Eleven to Fourteen	4
Fifteen or more	5

My Frequency Multiplier is: _____

C. Apply the Frequency Multiplier

Write your Base Award from Step 1 here: \$ _____ †

Write your Frequency Multiplier from Step 2, Part B here: x _____

Multiply the Base Award times the Frequency Multiplier \$ _____ ^

This is your ****Frequency Adjusted Base Award**.

Continue to Step 3.

NEED ASSISTANCE WITH THIS FORM? HELP IS AVAILABLE. Contact the Office of the Administrator:
(603) xxx-xxx; administrator@domain.ext

Step 3: Adding Amounts for Aggravating Factors

Check "Yes" or "No" in the Answer column. For each "yes" answer, copy or calculate the Amount to be Added in the last column. For "no" answers, do not put anything in the last column. Add all of the amounts in the last column together at the bottom of the table.

Question	Answer	If "Yes" Add:		Amount to be Added (Calculation Help is Available Below)
Were you physically abused in retaliation or as punishment for refusal to submit to sexual advances?	<input type="checkbox"/> Yes <input type="checkbox"/> No	.25 x	\$ _____ = Base Award (from Step 1)	\$
Was the physical abuse accompanied by unjustified out of community confinement?	<input type="checkbox"/> Yes <input type="checkbox"/> No	.25 x	\$ _____ = Base Award (from Step 1)	\$
			Total of All Aggravating Factors	\$

Calculation Help

You can use this table to help with multiplication in the table above. The amount in the first column times .25 is in the second column. The amount in the first column times .5 is in the third column.

Example: \$10,000 x .25 = \$2,500.

	.25	.5
\$2,500	\$625	\$1,250
\$10,000	\$2,500	\$5,000
\$25,000	\$6,250	\$12,500
\$50,000	\$12,500	\$25,000

NEED ASSISTANCE WITH THIS FORM? HELP IS AVAILABLE. Contact the Office of the Administrator:
(603) xxx-xxx; administrator@domain.ext

Calculating the Uncapped Physical Abuse Claim Amount

Fill in and add these two numbers to determine your uncapped Physical Abuse Claim Amount.

Frequency Adjusted Base Award from Step 2, Part C: \$ _____ ^

+

Total of All Aggravating Factors (last column above) \$ _____

=

UNCAPPED PHYSICAL ABUSE CLAIM AMOUNT \$ _____

Use this amount in answering Question VII, b. of your Claim Form.

*** E X E M P L A R ***

**STATE OF NEW HAMPSHIRE
SUPERIOR COURT**

Merrimack, ss

Case No. _____

Your name: _____

v.

N.H. Department of Health and Human Services, et al.,
(YDC and YDSU cases)

NOTICE OF FILING OF CLAIM AND [PARTIAL] STAY

I, [insert your name] _____, hereby notify the Court that I have filed a Claim for with the Administrator of the YDC Settlement Fund. I understand that the Administrator will complete the Certification on page 2 and that this Notice will be filed with the Court.

I further understand that when this Notice is filed with the Court, my lawsuit will automatically be stayed as to the State of New Hampshire, any of its agents or employees, any of its political subdivisions, including the Department of Health and Human Services, and the agents and employees of all such political subdivisions (the "State Defendants"), except that (i) my lawsuit is not automatically stayed, and I may continue to pursue relief against the State Defendants, as to any and all allegations, claims, and incidents of abuse which are not and could not have been the subject of my Claim under N.H. RSA 21-M:11-a, and (ii) my lawsuit is not automatically stayed as to, and I may continue to pursue relief against, any individual whose direct and personal actions constituted sexual abuse or physical abuse of me, even if that individual was a state employee at the time. N.H. RSA 21-M:11-a VII(e).

I further understand that if I continue to pursue relief against any such direct, personal individual perpetrator or as to allegations, claims, and incidents of abuse which are not and could not have been the subject of my Claim while my case is otherwise stayed as against the State Defendants, that will not preclude the State Defendants from conducting discovery or other litigation activities that duplicate activities conducted or undertaken during the period of the

* * * E X E M P L A R * * *

State stay, when and if the State stay is lifted in the event that my Claim is not resolved in the Settlement Fund Claim Process.

Your signature: _____

Your printed name: _____

Date signed: _____

CERTIFICATION OF ADMINISTRATOR

I, [name of Administrator], duly appointed Administrator of the YDC Settlement Fund, hereby confirm and advise the Court that I have received a Claim from _____ [name] _____ (“Claimant”) on _____ [date] _____. I further advise the Court, that pursuant to N.H. RSA 21-M:11-a VII(e), upon filing of this Notice, the above captioned lawsuit should be automatically stayed as to the State of New Hampshire, any of its agents or employees, any of its political subdivisions, including the Department of Health and Human Services, and the agents and employees of all such political subdivisions (the “State Defendants”), except that (i) this action should not be automatically stayed, and Claimant may continue to pursue relief against the State Defendants, as to any and all allegations, claims, and incidents of abuse which are not and could not have been the subject of the Claim under N.H. RSA 21-M:11-a, and (ii) this action should not be automatically stayed as to, and Claimant may continue to pursue relief against, any individual whose direct and personal actions constituted sexual abuse or physical abuse of Claimant, even if that individual was a state employee at the time.

Signed: _____

Date: _____

Form **W-9**
(Rev. October 2018)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

► Go to www.irs.gov/FormW9 for instructions and the latest information.

Give Form to the
requester. Do not
send to the IRS.

Print or type.
See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
2 Business name/disregarded entity name, if different from above	
3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes. <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 45%;"> <input type="checkbox"/> Individual/sole proprietor or single-member LLC </div> <div style="width: 45%;"> <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate </div> </div> <div style="margin-top: 10px;"> <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► _____ </div> <p style="font-size: small; margin-top: 5px;">Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.</p> <div style="margin-top: 10px;"> <input type="checkbox"/> Other (see instructions) ► _____ </div>	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <small>(Applies to accounts maintained outside the U.S.)</small>
5 Address (number, street, and apt. or suite no.) See instructions.	Requester's name and address (optional)
6 City, state, and ZIP code	
7 List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number	
<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> </div> <div style="display: flex; justify-content: space-around; margin-top: 2px;"> - - </div>	
or	
Employer identification number	
<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> </div> <div style="display: flex; justify-content: space-around; margin-top: 2px;"> - </div>	

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign
Here

Signature of
U.S. person ►

Date ►

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-DIV (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.

By signing the filled-out form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting*, later, for further information.

Note: If you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien;
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States;
- An estate (other than a foreign estate); or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income.

In the cases below, the following person must give Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States.

- In the case of a disregarded entity with a U.S. owner, the U.S. owner of the disregarded entity and not the entity;
- In the case of a grantor trust with a U.S. grantor or other U.S. owner, generally, the U.S. grantor or other U.S. owner of the grantor trust and not the trust; and
- In the case of a U.S. trust (other than a grantor trust), the U.S. trust (other than a grantor trust) and not the beneficiaries of the trust.

Foreign person. If you are a foreign person or the U.S. branch of a foreign bank that has elected to be treated as a U.S. person, do not use Form W-9. Instead, use the appropriate Form W-8 or Form 8233 (see Pub. 515, *Withholding of Tax on Nonresident Aliens and Foreign Entities*).

Nonresident alien who becomes a resident alien. Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the payee has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items.

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
4. The type and amount of income that qualifies for the exemption from tax.
5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

Example. Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity, give the requester the appropriate completed Form W-8 or Form 8233.

Backup Withholding

What is backup withholding? Persons making certain payments to you must under certain conditions withhold and pay to the IRS 24% of such payments. This is called "backup withholding." Payments that may be subject to backup withholding include interest, tax-exempt interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, payments made in settlement of payment card and third party network transactions, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

Payments you receive will be subject to backup withholding if:

1. You do not furnish your TIN to the requester,
2. You do not certify your TIN when required (see the instructions for Part II for details),
3. The IRS tells the requester that you furnished an incorrect TIN,
4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or
5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See *Exempt payee code*, later, and the separate Instructions for the Requester of Form W-9 for more information.

Also see *Special rules for partnerships*, earlier.

What is FATCA Reporting?

The Foreign Account Tax Compliance Act (FATCA) requires a participating foreign financial institution to report all United States account holders that are specified United States persons. Certain payees are exempt from FATCA reporting. See *Exemption from FATCA reporting code*, later, and the Instructions for the Requester of Form W-9 for more information.

Updating Your Information

You must provide updated information to any person to whom you claimed to be an exempt payee if you are no longer an exempt payee and anticipate receiving reportable payments in the future from this person. For example, you may need to provide updated information if you are a C corporation that elects to be an S corporation, or if you no longer are tax exempt. In addition, you must furnish a new Form W-9 if the name or TIN changes for the account; for example, if the grantor of a grantor trust dies.

Penalties

Failure to furnish TIN. If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

Civil penalty for false information with respect to withholding. If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

Criminal penalty for falsifying information. Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

Misuse of TINs. If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

Specific Instructions

Line 1

You must enter one of the following on this line; **do not** leave this line blank. The name should match the name on your tax return.

If this Form W-9 is for a joint account (other than an account maintained by a foreign financial institution (FFI)), list first, and then circle, the name of the person or entity whose number you entered in Part I of Form W-9. If you are providing Form W-9 to an FFI to document a joint account, each holder of the account that is a U.S. person must provide a Form W-9.

a. Individual. Generally, enter the name shown on your tax return. If you have changed your last name without informing the Social Security Administration (SSA) of the name change, enter your first name, the last name as shown on your social security card, and your new last name.

Note: ITIN applicant: Enter your individual name as it was entered on your Form W-7 application, line 1a. This should also be the same as the name you entered on the Form 1040/1040A/1040EZ you filed with your application.

b. Sole proprietor or single-member LLC. Enter your individual name as shown on your 1040/1040A/1040EZ on line 1. You may enter your business, trade, or "doing business as" (DBA) name on line 2.

c. Partnership, LLC that is not a single-member LLC, C corporation, or S corporation. Enter the entity's name as shown on the entity's tax return on line 1 and any business, trade, or DBA name on line 2.

d. Other entities. Enter your name as shown on required U.S. federal tax documents on line 1. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on line 2.

e. Disregarded entity. For U.S. federal tax purposes, an entity that is disregarded as an entity separate from its owner is treated as a "disregarded entity." See Regulations section 301.7701-2(c)(2)(iii). Enter the owner's name on line 1. The name of the entity entered on line 1 should never be a disregarded entity. The name on line 1 should be the name shown on the income tax return on which the income should be reported. For example, if a foreign LLC that is treated as a disregarded entity for U.S. federal tax purposes has a single owner that is a U.S. person, the U.S. owner's name is required to be provided on line 1. If the direct owner of the entity is also a disregarded entity, enter the first owner that is not disregarded for federal tax purposes. Enter the disregarded entity's name on line 2, "Business name/disregarded entity name." If the owner of the disregarded entity is a foreign person, the owner must complete an appropriate Form W-8 instead of a Form W-9. This is the case even if the foreign person has a U.S. TIN.

Line 2

If you have a business name, trade name, DBA name, or disregarded entity name, you may enter it on line 2.

Line 3

Check the appropriate box on line 3 for the U.S. federal tax classification of the person whose name is entered on line 1. Check only one box on line 3.

IF the entity/person on line 1 is a(n) . . .	THEN check the box for . . .
• Corporation	Corporation
• Individual	Individual/sole proprietor or single-member LLC
• Sole proprietorship, or	
• Single-member limited liability company (LLC) owned by an individual and disregarded for U.S. federal tax purposes.	
• LLC treated as a partnership for U.S. federal tax purposes,	Limited liability company and enter the appropriate tax classification. (P= Partnership; C= C corporation; or S= S corporation)
• LLC that has filed Form 8832 or 2553 to be taxed as a corporation, or	
• LLC that is disregarded as an entity separate from its owner but the owner is another LLC that is not disregarded for U.S. federal tax purposes.	
• Partnership	Partnership
• Trust/estate	Trust/estate

Line 4, Exemptions

If you are exempt from backup withholding and/or FATCA reporting, enter in the appropriate space on line 4 any code(s) that may apply to you.

Exempt payee code.

- Generally, individuals (including sole proprietors) are not exempt from backup withholding.
- Except as provided below, corporations are exempt from backup withholding for certain payments, including interest and dividends.
- Corporations are not exempt from backup withholding for payments made in settlement of payment card or third party network transactions.
- Corporations are not exempt from backup withholding with respect to attorneys' fees or gross proceeds paid to attorneys, and corporations that provide medical or health care services are not exempt with respect to payments reportable on Form 1099-MISC.

The following codes identify payees that are exempt from backup withholding. Enter the appropriate code in the space in line 4.

1—An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2)

2—The United States or any of its agencies or instrumentalities

3—A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities

4—A foreign government or any of its political subdivisions, agencies, or instrumentalities

5—A corporation

6—A dealer in securities or commodities required to register in the United States, the District of Columbia, or a U.S. commonwealth or possession

7—A futures commission merchant registered with the Commodity Futures Trading Commission

8—A real estate investment trust

9—An entity registered at all times during the tax year under the Investment Company Act of 1940

10—A common trust fund operated by a bank under section 584(a)

11—A financial institution

12—A middleman known in the investment community as a nominee or custodian

13—A trust exempt from tax under section 664 or described in section 4947

The following chart shows types of payments that may be exempt from backup withholding. The chart applies to the exempt payees listed above, 1 through 13.

IF the payment is for . . .	THEN the payment is exempt for . . .
Interest and dividend payments	All exempt payees except for 7
Broker transactions	Exempt payees 1 through 4 and 6 through 11 and all C corporations. S corporations must not enter an exempt payee code because they are exempt only for sales of noncovered securities acquired prior to 2012.
Barter exchange transactions and patronage dividends	Exempt payees 1 through 4
Payments over \$600 required to be reported and direct sales over \$5,000 ¹	Generally, exempt payees 1 through 5 ²
Payments made in settlement of payment card or third party network transactions	Exempt payees 1 through 4

¹ See Form 1099-MISC, Miscellaneous Income, and its instructions.

² However, the following payments made to a corporation and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees, gross proceeds paid to an attorney reportable under section 6045(f), and payments for services paid by a federal executive agency.

Exemption from FATCA reporting code. The following codes identify payees that are exempt from reporting under FATCA. These codes apply to persons submitting this form for accounts maintained outside of the United States by certain foreign financial institutions. Therefore, if you are only submitting this form for an account you hold in the United States, you may leave this field blank. Consult with the person requesting this form if you are uncertain if the financial institution is subject to these requirements. A requester may indicate that a code is not required by providing you with a Form W-9 with "Not Applicable" (or any similar indication) written or printed on the line for a FATCA exemption code.

A—An organization exempt from tax under section 501(a) or any individual retirement plan as defined in section 7701(a)(37)

B—The United States or any of its agencies or instrumentalities

C—A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities

D—A corporation the stock of which is regularly traded on one or more established securities markets, as described in Regulations section 1.1472-1(c)(1)(i)

E—A corporation that is a member of the same expanded affiliated group as a corporation described in Regulations section 1.1472-1(c)(1)(i)

F—A dealer in securities, commodities, or derivative financial instruments (including notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any state

G—A real estate investment trust

H—A regulated investment company as defined in section 851 or an entity registered at all times during the tax year under the Investment Company Act of 1940

I—A common trust fund as defined in section 584(a)

J—A bank as defined in section 581

K—A broker

L—A trust exempt from tax under section 664 or described in section 4947(a)(1)

M—A tax exempt trust under a section 403(b) plan or section 457(g) plan

Note: You may wish to consult with the financial institution requesting this form to determine whether the FATCA code and/or exempt payee code should be completed.

Line 5

Enter your address (number, street, and apartment or suite number). This is where the requester of this Form W-9 will mail your information returns. If this address differs from the one the requester already has on file, write NEW at the top. If a new address is provided, there is still a chance the old address will be used until the payor changes your address in their records.

Line 6

Enter your city, state, and ZIP code.

Part I. Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. If you are a resident alien and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see *How to get a TIN* below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN.

If you are a single-member LLC that is disregarded as an entity separate from its owner, enter the owner's SSN (or EIN, if the owner has one). Do not enter the disregarded entity's EIN. If the LLC is classified as a corporation or partnership, enter the entity's EIN.

Note: See *What Name and Number To Give the Requester*, later, for further clarification of name and TIN combinations.

How to get a TIN. If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local SSA office or get this form online at www.SSA.gov. You may also get this form by calling 1-800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at www.irs.gov/Businesses and clicking on Employer Identification Number (EIN) under Starting a Business. Go to www.irs.gov/Forms to view, download, or print Form W-7 and/or Form SS-4. Or, you can go to www.irs.gov/OrderForms to place an order and have Form W-7 and/or SS-4 mailed to you within 10 business days.

If you are asked to complete Form W-9 but do not have a TIN, apply for a TIN and write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

Note: Entering "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

Caution: A disregarded U.S. entity that has a foreign owner must use the appropriate Form W-8.

Part II. Certification

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if item 1, 4, or 5 below indicates otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). In the case of a disregarded entity, the person identified on line 1 must sign. Exempt payees, see *Exempt payee code*, earlier.

Signature requirements. Complete the certification as indicated in items 1 through 5 below.

1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983. You must give your correct TIN, but you do not have to sign the certification.

2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983. You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.

3. Real estate transactions. You must sign the certification. You may cross out item 2 of the certification.

4. Other payments. You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments made in settlement of payment card and third party network transactions, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).

5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), ABLE accounts (under section 529A), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions. You must give your correct TIN, but you do not have to sign the certification.

What Name and Number To Give the Requester

For this type of account:	Give name and SSN of:
1. Individual	The individual
2. Two or more individuals (joint account) other than an account maintained by an FFI	The actual owner of the account or, if combined funds, the first individual on the account ¹
3. Two or more U.S. persons (joint account maintained by an FFI)	Each holder of the account
4. Custodial account of a minor (Uniform Gift to Minors Act)	The minor ²
5. a. The usual revocable savings trust (grantor is also trustee) b. So-called trust account that is not a legal or valid trust under state law	The grantor-trustee ¹ The actual owner ¹
6. Sole proprietorship or disregarded entity owned by an individual	The owner ³
7. Grantor trust filing under Optional Form 1099 Filing Method 1 (see Regulations section 1.671-4(b)(2)(i)(A))	The grantor ⁴

For this type of account:	Give name and EIN of:
8. Disregarded entity not owned by an individual	The owner
9. A valid trust, estate, or pension trust	Legal entity ⁴
10. Corporation or LLC electing corporate status on Form 8832 or Form 2553	The corporation
11. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
12. Partnership or multi-member LLC	The partnership
13. A broker or registered nominee	The broker or nominee

For this type of account:	Give name and EIN of:
14. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments	The public entity
15. Grantor trust filing under the Form 1041 Filing Method or the Optional Form 1099 Filing Method 2 (see Regulations section 1.671-4(c)(2)(i)(B))	The trust

¹ List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

² Circle the minor's name and furnish the minor's SSN.

³ You must show your individual name and you may also enter your business or DBA name on the "Business name/disregarded entity" name line. You may use either your SSN or EIN (if you have one), but the IRS encourages you to use your SSN.

⁴ List first and circle the name of the trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.) Also see *Special rules for partnerships*, earlier.

***Note:** The grantor also must provide a Form W-9 to trustee of trust.

Note: If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

Secure Your Tax Records From Identity Theft

Identity theft occurs when someone uses your personal information such as your name, SSN, or other identifying information, without your permission, to commit fraud or other crimes. An identity thief may use your SSN to get a job or may file a tax return using your SSN to receive a refund.

To reduce your risk:

- Protect your SSN,
- Ensure your employer is protecting your SSN, and
- Be careful when choosing a tax preparer.

If your tax records are affected by identity theft and you receive a notice from the IRS, respond right away to the name and phone number printed on the IRS notice or letter.

If your tax records are not currently affected by identity theft but you think you are at risk due to a lost or stolen purse or wallet, questionable credit card activity or credit report, contact the IRS Identity Theft Hotline at 1-800-908-4490 or submit Form 14039.

For more information, see Pub. 5027, Identity Theft Information for Taxpayers.

Victims of identity theft who are experiencing economic harm or a systemic problem, or are seeking help in resolving tax problems that have not been resolved through normal channels, may be eligible for Taxpayer Advocate Service (TAS) assistance. You can reach TAS by calling the TAS toll-free case intake line at 1-877-777-4778 or TTY/TDD 1-800-829-4059.

Protect yourself from suspicious emails or phishing schemes.

Phishing is the creation and use of email and websites designed to mimic legitimate business emails and websites. The most common act is sending an email to a user falsely claiming to be an established legitimate enterprise in an attempt to scam the user into surrendering private information that will be used for identity theft.

The IRS does not initiate contacts with taxpayers via emails. Also, the IRS does not request personal detailed information through email or ask taxpayers for the PIN numbers, passwords, or similar secret access information for their credit card, bank, or other financial accounts.

If you receive an unsolicited email claiming to be from the IRS, forward this message to phishing@irs.gov. You may also report misuse of the IRS name, logo, or other IRS property to the Treasury Inspector General for Tax Administration (TIGTA) at 1-800-366-4484. You can forward suspicious emails to the Federal Trade Commission at spam@uce.gov or report them at www.ftc.gov/complaint. You can contact the FTC at www.ftc.gov/idtheft or 877-IDTHEFT (877-438-4338). If you have been the victim of identity theft, see www.IdentityTheft.gov and Pub. 5027.

Visit www.irs.gov/IdentityTheft to learn more about identity theft and how to reduce your risk.

Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons (including federal agencies) who are required to file information returns with the IRS to report interest, dividends, or certain other income paid to you; mortgage interest you paid; the acquisition or abandonment of secured property; the cancellation of debt; or contributions you made to an IRA, Archer MSA, or HSA. The person collecting this form uses the information on the form to file information returns with the IRS, reporting the above information. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation and to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their laws. The information also may be disclosed to other countries under a treaty, to federal and state agencies to enforce civil and criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism. You must provide your TIN whether or not you are required to file a tax return. Under section 3406, payers must generally withhold a percentage of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to the payer. Certain penalties may also apply for providing false or fraudulent information.

SUBMISSION CHECKLIST

Please check to be sure you have included the following before you submit your Claim:

- ☐ Your Claim Form
 - with as much information included as possible
 - signed under oath and notarized
 - signed by your attorney if you have one
- ☐ Your Claim Worksheet (if you used one)
- ☐ Notice of Filing of Claim and [Partial] Stay
 - completed and signed
- ☐ IRS Form W-9
 - completed and signed by you, the Claimant
- ☐ A copy of an Identification Document:
 - Your driver's license
 - A government-issued ID card that contains your photo
 - Your passport

or

 - A substitute form of identification acceptable to the Administrator
- ☐ A copy of any Guardianship or Conservatorship Order
(if a Guardian or Conservator is filing the Claim)
- ☐ Any other supporting documentation you want to provide

For Claimants' Attorneys

- ☐ IRS Form W-9, completed and signed by you, the attorney
- ☐ A copy of your fee agreement
- ☐ Your fee affidavit

The **deadline** to submit your Claim is **midnight on December 31, 2024**. **Your Claim** must be postmarked or submitted and received no later than that date and time.

Claims Process for Administration of the YDC Settlement Fund

Appendix C— **Administrative Forms** [Reserved]