

*Thompson et al. v. Jackson et al.*, 1:16-cv-04217 (N.D.Ga.)  
Class Member Response Form

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

Please know that your answers will be verified by cross reference to the Fulton County Jail records, any other available records, and/or independent investigation and that you may be questioned in court to confirm your answers.

Once you have completed this form, please review your responses and mail the form to:

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

**This form must be received by no later than AUGUST 1, 2022**

Please make sure to mail this form with the completed and signed Questionnaire

Legal Name: \_\_\_\_\_  
FIRST MIDDLE LAST SUFFIX

Date of Birth: \_\_\_\_\_  
MONTH DAY YEAR

Mailing Address: \_\_\_\_\_  
NUMBER STREET APT/UNIT  
\_\_\_\_\_  
TOWN/CITY STATE ZIP CODE

Phone Numbers: (\_\_\_\_\_) \_\_\_\_\_  
AREA CODE PHONE NUMBER

Email Address: \_\_\_\_\_

**\*\*Please send us any changes to your contact information as soon as possible\*\***

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The jail records show the time when the jail received notice that each inmate was supposed to be released and the time each inmate was actually released. From those records, the attorneys have calculated how long each inmate's release was delayed in November of 2014 (i.e. how long it took for the jail to release each inmate after the jail received notice of the inmate's release). The attorneys intend to rely on the jail's records in calculating damage awards.

- (1) Jail records indicate that you were in custody at the Fulton County Jail, either the facility located at 901 Rice Street or the women's facility located in Union City, between Friday, November 14, 2014, and Friday, November 21, 2014. Jail records further indicate that your release from the Fulton County Jail was delayed due to a GCIC outage. If you have any reason to believe that this is not true and that you should NOT be in this class, please explain here:

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- (2) When you became eligible to be released from the Fulton County Jail, what was the reason for your release? (for example – you posted bond, you were given a signature bond, your case was dismissed, etc.) If you do not know or are not sure, please state you do not know or are unsure.

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- (3) Before November 2014, how many times had you been booked in at a jail (any jail – not just Fulton County)?

\_\_\_\_\_ times.

**LOST WAGES**

- (4) Are you making a claim for lost wages resulting from your November 2014 delayed release from Fulton County Jail (a claim for "lost wages" refers to the money you would have earned from your employer that you did not earn because of your delayed release from Fulton County Jail in November of 2014)?

YES / NO

**If your answer to Question 4 is no, please skip to Question 14. If your answer to Question 4 is yes, you are making a lost wages claim. Please answer Questions 5 through 13 below. You must include written**

**documentation of the lost wages with this response. If you do not include written documentation of lost wages, you will not get credit for lost wages.**

**An example of written documents which show your lost wages would be a copy of your time sheet(s) showing your hourly rate, missed days from work that includes the name and signature of the approving supervisor. If you do not have such written documentation, you may have a person with personal knowledge complete the affidavit attached herein as the “Lost Wages Affidavit.” The person completing the affidavit must be a representative of your employer, who has personal knowledge of your lost wages. Please be aware that the person completing the affidavit will be contacted to confirm the information.**

(5) In November 2014, did you have a job?  
YES / NO

(6) What was your occupation? \_\_\_\_\_.

(7) Who was your employer? please include contact information

a. Name of employer: \_\_\_\_\_

\_\_\_\_\_

b. Address of employer: \_\_\_\_\_

\_\_\_\_\_

c. Phone Number of employer: \_\_\_\_\_

d. Name of direct supervisor: \_\_\_\_\_

(8) As a result of your release from jail being delayed, did you miss work?  
YES / NO

(9) If you missed work, please indicate the number of hours you missed and the days on which you missed work:

DATE	Nov 14	Nov 15	Nov 16	Nov 17	Nov 18	Nov 19	Nov 20	Nov 21
HOURS MISSED								

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- (10) Were you suspended or temporarily laid-off due to missing work during the time period identified in your answer to question (9)?  
YES / NO
- (11) If you answered yes to question (10), for how long were you temporarily laid-off or suspended?  
\_\_\_\_\_ hours.
- (12) If you missed work or were suspended or laid off from work, how much did you make per hour?  
\$\_\_\_\_\_ per hour.
- (13) If you missed work, how much money in total did you lose out on?  
\$\_\_\_\_\_ total income lost due to your delayed release.

**LOST EDUCATIONAL BENEFITS**

- (14) Are you making a claim for lost educational benefits resulting from your November 2014 delayed release from Fulton County Jail (you were a student and you missed a class or several classes)?  
YES / NO

**If your answer to Question 14 is no, please skip to Question 19. If your answer to Question 14 is yes, you are making a lost educational benefit claim. Please answer Questions 15 through 18 below. You must include with this response written documentation of the lost educational benefit. If you do not include with this response written documentation of the lost educational benefit, you will not get credit for lost educational benefit**

**An example of written documents which show your lost educational benefit would be an official school transcript showing your enrollment and/or class schedule showing the dates(s) and time(s) of classes. If you do not have written documentation, you may have a person with personal knowledge complete the affidavit attached here as the “Lost Educational Benefit Affidavit.” The person completing the affidavit cannot be you – it must be a representative of your educational institution who has personal knowledge of your lost educational benefit, such as a teacher from that school. Please be aware that the person completing the affidavit will be contacted to confirm the information.**

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- (15) Are you a student?  
YES / NO
- (16) Did you miss class as a result of your release from the jail being delayed?  
YES / NO
- (17) If you missed class, please indicate the number of hours you missed and the days on which you missed class:

DATE	Nov 14	Nov 15	Nov 16	Nov 17	Nov 18	Nov 19	Nov 20	Nov 21
HOURS MISSED								

- (18) During the time period identified in your answer to question (17), did you miss an exam or assignment deadline? YES / NO If “YES,” were you given an opportunity to take a make-up exam or complete the assignment? YES / NO If “NO,” what was the exam or assignment deadline?
- \_\_\_\_\_
- \_\_\_\_\_

**PRIMARY CAREGIVER**

- (19) Are you making a claim based on your status as a primary caregiver resulting from your November 2014 delayed release from Fulton County Jail (a “primary caregiver” claim means you were the primary caregiver for a minor or elderly or disabled person, you could not fulfill your duties as a primary caregiver, and you had to find another person to step into your role as a primary caregiver)?
- YES / NO

**If your answer to Question 19 is no, please skip to Question 24. If your answer to Question 19 is yes – you are making a primary caregiver claim – please answer Questions 20 through 23 below. You must include with this response written documentation of the lost primary caregiver arrangement. If you do not include with this response written documentation of the primary caregiver arrangement, you will not get credit for a primary caregiver claim.**

**An example of written documents which show your primary caregiver arrangement would be a tax return showing dependent(s) or copy of a court order along with an affidavit attached here as the “Primary Caregiver Affidavit.” The person completing the affidavit cannot be you, a spouse, or legal guardian of the minor, elderly, or disabled person. It must be from the person who stepped in to your role as a primary caregiver. Please be aware that the person completing the affidavit will be contacted to confirm the information.**

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(20) At the time of your incarceration in November 2014, were you the primary caregiver for a minor, elderly, or disabled person?  
YES / NO

(21) If you answered yes to question (18), for whom were you the primary caregiver? (please provide name, age, and relationship)

\_\_\_\_\_

\_\_\_\_\_

(22) Did you have to pay someone to take care of this person while you were released? If yes, please indicate the number of hours you and the days on which you paid someone to take care of this person:

DATE	Nov 14	Nov 15	Nov 16	Nov 17	Nov 18	Nov 19	Nov 20	Nov 21
HOURS PAID FOR CARE								

(23) How much did you pay for how long?  
\$ \_\_\_\_\_ for \_\_\_\_\_ hours.

**OTHER LOSS CLAIMS**

**If your answer to any of the following questions is yes (Questions 24 through 31), you must include with this response written documentation supporting the claim. If you do not include with this response written documentation of the claim, you will not get credit for the claim.**

**An example of written documents supporting a claim would include: for a lost housing claim, you may provide a lease agreement and termination letter or eviction records; for a medical damages claim or mental health services claim, you may provide certified medical or mental health medical records (along with a release); etc. If you do not have written documentation, you may have a person with personal knowledge complete a separate affidavit signed under penalty of perjury. If you provide an affidavit, the person completing the affidavit cannot be you – it must be a different person who has personal knowledge of your claim. Please be aware that the person completing the affidavit will be contacted to confirm the information.**

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(24) Did you lose your housing due to the delay in your release from the jail?

YES / NO

(25) Did you suffer any type of physical injury at the Fulton County Jail during the time period your release from the jail was delayed?

YES / NO

(26) If you responded yes to question (25), did you have to seek medical attention due to such injury? If yes, how much did that cost you? \$ \_\_\_\_\_.

(27) At any point during the time when your release from the jail was delayed, did you require medical attention, including medical attention for any preexisting or chronic conditions?

YES / NO

(28) If you answered yes to question (27), please explain the nature of the medical attention you required

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(29) Did you have to seek mental health counseling as a result of your delayed release?

YES / NO

(30) If you answered yes to question (29), how much did you have to pay out of pocket for those services? \$ \_\_\_\_\_.

(31) Did you suffer any other significant hardships or incur any other out of pocket expenses as a result of your release from the jail being delayed? Please explain below including full description and costs incurred.

• \_\_\_\_\_

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• \_\_\_\_\_

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• \_\_\_\_\_

\_\_\_\_\_

I declare under penalty of perjury under the laws of the United States that the answers I have given above are true and correct to the best of my knowledge. I understand that my answers will be verified by reference to the Fulton County Jail Inmates' records, other records, and independent investigation, and that I may be questioned in court to confirm my answers.

I further declare that I intend to be a member of the class certified in this case. By submitting this Response Form, accompanied by a completed Questionnaire Form, I am requesting the compensation to which I will be entitled as part of the settlement in this case.

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Mo. / Day / Year

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



**LOST WAGES AFFIDAVIT**

1. My name is \_\_\_\_\_. I am over the age of eighteen (18) years and I am legally qualified and competent to execute this Affidavit.
2. My address is: \_\_\_\_\_
3. My phone number is: \_\_\_\_\_
4. I am providing the affidavit in support of the claim for lost wages of \_\_\_\_\_ [name of class member], the "Class Member."
5. In November of 2014, the Class Member worked for [Class Member's Employer]: \_\_\_\_\_, located at \_\_\_\_\_.
6. I am employed at \_\_\_\_\_. My position is \_\_\_\_\_ and my duties include \_\_\_\_\_.  
I am a representative of \_\_\_\_\_, the company for which \_\_\_\_\_ [name of class member] was employed in November of 2014.
7. In November of 2014, the Class Member made the following amount in wages/salary: \_\_\_\_\_
8. In November of 2014, the Class Member, on average, worked \_\_\_\_\_ hours per week.
9. In November of 2014, the Class Member missed the following days and/or hours of work: \_\_\_\_\_
10. My relationship with the Class Member is as follows: \_\_\_\_\_  
\_\_\_\_\_
11. The reason I am aware of the Class Member's employment, salary, and missed work is as follows: \_\_\_\_\_  
\_\_\_\_\_

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I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.

Executed this \_\_\_\_\_ day of \_\_\_\_\_, 202\_\_.

\_\_\_\_\_  
Affiant

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Telephone Number

SWORN to and subscribed  
before me this \_\_\_\_\_ day  
of \_\_\_\_\_, 202\_\_.

\_\_\_\_\_  
Notary Public  
My Commission Expires: \_\_\_\_\_

**LOST EDUCATIONAL BENEFIT AFFIDAVIT**

1. My name is \_\_\_\_\_. I am over the age of eighteen (18) years and I am legally qualified and competent to execute this Affidavit.
2. My address is: \_\_\_\_\_
3. My phone number is: \_\_\_\_\_
4. I am providing the affidavit in support of the claim for lost educational benefit of \_\_\_\_\_ [name of class member], the "Class Member In November of 2014, the Class Member was enrolled at the following school/college/etc.:  
\_\_\_\_\_
5. I am employed at \_\_\_\_\_ [name of educational institution]. My position is \_\_\_\_\_ and my duties include \_\_\_\_\_.  
I am a representative of \_\_\_\_\_, the educational institution that \_\_\_\_\_ [name of class member] attended in November of 2014.
6. In November of 2014, the Class Member missed the following classes, assignments, and/or exam based on the Class Member's delayed release from the Fulton County Jail (provide class names and dates):  
\_\_\_\_\_
7. The Class Member was not provided the opportunity to make-up the classes, assignment, and/or exam.
8. My relationship with the Class Member is as follows:  
\_\_\_\_\_  
\_\_\_\_\_
9. The reason I am aware of the Class Member's education and missed classes/assignments is as follows:  
\_\_\_\_\_  
\_\_\_\_\_

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I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.

Executed this \_\_\_\_\_ day of \_\_\_\_\_, 202\_\_.

\_\_\_\_\_  
Affiant

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Telephone Number

SWORN to and subscribed  
before me this \_\_\_\_\_ day  
of \_\_\_\_\_, 202\_\_.

\_\_\_\_\_  
Notary Public  
My Commission Expires: \_\_\_\_\_

**PRIMARY CAREGIVER AFFIDAVIT**

1. My name is \_\_\_\_\_. I am over the age of eighteen (18) years and I am legally qualified and competent to execute this Affidavit.
2. My address is: \_\_\_\_\_
3. My phone number is: \_\_\_\_\_
4. I am providing the affidavit in support of the primary caregiver claim of \_\_\_\_\_ [name of class member], the "Class Member."
5. In November of 2014, the Class Member was the primary caregiver for the following person/people, who are of the following age(s), and who were in need of a primary caregiver for the following reason(s) (for example, minor, elderly, or disabled):

Name	Age	Reason for Needing a Caregiver

6. In November of 2014, I provided caregiving services for the following days and hours for the persons listed above: \_\_\_\_\_.  
The Class Member paid me \_\_\_\_\_ per hour for my services.
7. My relationship with the Class Member is as follows:

\_\_\_\_\_

I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.

Executed this \_\_\_\_\_ day of \_\_\_\_\_, 202\_\_\_\_.

\_\_\_\_\_  
Affiant

\_\_\_\_\_  
Print Name

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\_\_\_\_\_  
Address

\_\_\_\_\_  
Telephone Number

SWORN to and subscribed  
before me this \_\_\_\_\_day  
of \_\_\_\_\_, 202\_\_.

\_\_\_\_\_  
Notary Public  
My Commission Expires: \_\_\_\_\_

**OTHER CLAIMS AFFIDAVIT**

1. My name is \_\_\_\_\_. I am over the age of eighteen (18) years and I am legally qualified and competent to execute this Affidavit.

2. My address is: \_\_\_\_\_

3. My phone number is: \_\_\_\_\_

4. I am providing the affidavit in support of the claim for a claim of \_\_\_\_\_ [name of class member], the "Class Member."

5. Based on my personal knowledge, I can state the following in support of the Class Member's Claim: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. My relationship with the Class Member is as follows: \_\_\_\_\_  
\_\_\_\_\_

7. The reason I am aware of the above information regarding the Class Member's claim is as follows: \_\_\_\_\_  
\_\_\_\_\_

I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.

Executed this \_\_\_\_\_ day of \_\_\_\_\_, 202\_\_.

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Affiant

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Print Name

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Address

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Telephone Number

SWORN to and subscribed  
before me this \_\_\_\_\_day  
of \_\_\_\_\_, 202\_\_.

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Notary Public  
My Commission Expires: \_\_\_\_\_