CLAIM FORM

Please type or print clearly in dark ink. You are responsible for keeping us informed of any changes of names, addresses or phone numbers. If you fail to update us on any changes in your contact information, you may lose your right to participate in this lawsuit.

Respond to each item in the spaces to the best of your memory. If you need additional space to complete your response, use a separate piece of paper with your name, Social Security Number, and the item number to which you are responding clearly indicated. Attach all additional pages to your Claim Form. We understand that it may be difficult to recall exact dates and hours of overtime after so many years, but please answer the questions to the best of your ability. Your claim for overtime will not necessarily be disqualified if you cannot recall the exact days and/or amounts of overtime you worked. This Claim Form must be signed under penalty of perjury and must be returned by the date indicated.

Name (First, Middle, Last) Street Address		Social Security Number
		Apartment Number
City	State	Zip Code
E-mail Address (if any)		
Work Phone Number		Best Times to Call
Home Phone Number		Best Times to Call
Cell Phone Number		Best Times to Call

Phone Number of Relative or Other Contacts (Optional)

- 9. Please list any other names used while employed by the FBI.
- 10. When did you attend New Agent training at the FBI Academy?
- 11. While attending training at the FBI Academy, did you ever work more than 40 hours in a work week (Sunday through Saturday)?

____Yes ____No

If you answered yes to Question 11, please briefly describe the nature of the work you allege was performed in excess of 40 hours to the best of your ability and recollection.

If you need additional space to respond to any of the above questions, use a separate sheet of paper. Clearly print your name and Social Security Number at the top of each additional page, and indicate the question number.

12. Did you complete the full training course at the FBI Academy?

___Yes ___No

If you answered no to Question 12, how many weeks of training did you attend?

13. While attending training at the FBI Academy, were you ever required to participate in mandatory supplemental physical training in addition to the regular physical training regimen?

____Yes ____No

If you answered yes to the Question 13, how many weeks of mandatory supplemental physical training did you attend?

14. Did you complete the mandatory web-based New Agent training?

___ Yes ___ No

If you answered no to Question 14, how many hours of web-based training did you complete?

15. Do you believe your supervisor knew or had reason to know that you worked overtime prior to your working the overtime?

___ Yes ___ No

16. If you answered yes to Question 15, explain why you believe your supervisor knew or had reason to know that you worked overtime prior to your working the overtime.

If you need additional space to respond to any of the above questions, use a separate sheet of paper. Clearly print your name and Social Security Number at the top of each additional page, and indicate the question number.

If you have any documents that may tend to show that you worked the overtime claimed (e.g. datebooks, calendar entries, etc.), attach copies of the documents to this claim form. If you provide documents, send copies only. No originals should be provided as your documents will not be returned to you. Note that documentary proof is not required as part of the Claim Form.

<u>Certification.</u> I swear or affirm under penalty of perjury that the above statements are true to the best of my knowledge and belief.

Date: _____

Signature: _____

Print Name: _____

Please complete, sign and return this Claim Form no later than <u>60 days</u> from the date this was mailed to you to:

Brian S. King, Attorney at Law 336 South 300 East Suite 200 Salt Lake City, UT 84111 Telephone: (801) 532-1739 Facsimile: (801) 532-1936 email: brian@briansking.com

If you wish to confirm our receipt of this form, we strongly recommend that you send it via Registered Mail or Return Receipt requested.

You must keep a copy of completed forms for your records.