

**CLAIM FORM**

**IF YOU ARE A MEMBER OF THE SETTLEMENT CLASS, YOU MUST FILL OUT AND RETURN A CLAIM FORM TO RECEIVE PAYMENT IF THE SETTLEMENT IS APPROVED BY THE COURT.**

METO records indicate that you, your ward, relative, or member of your household may have been subject to the use of Aversive and Deprivation Procedures including Restraints or Seclusion while a resident at the Minnesota Extended Treatment Options program at any time(s) from July 1, 1997 through May 1, 2011. "Restraint" means the use of mechanical restraint (including metal law enforcement-type handcuffs and leg hobbles, cable tie cuffs, PlastiCuffs, FlexiCuffs, soft cuffs, posey cuffs, and any other mechanical means to restrain), manual restraint, prone restraint, or chemical restraint.

"Seclusion" means placing a person alone in a room where the right to leave the room is not based on the person's behavior; or the right to leave is prevented by a mechanism such as a lock, device or object to hold the door closed or otherwise prevent the person from leaving the room.

This Claim Form must be completed by either the resident of METO if that individual is capable of attesting to the information requested below, or a person with authority to act on behalf of the METO resident, such as a guardian. If you are signing as guardian, legal representative, or family member you must indicate that and, if requested by the Court or parties, be able to produce documentation demonstrating your authority.

**A. Instances of Aversive and Deprivation Procedures Including Restraint or Seclusion Aversive and Deprivation known to Court:**

The information produced by the state defendants in this action indicates [insert name of resident] \_\_\_\_\_ who resided at METO from \_\_\_\_\_ to \_\_\_\_\_ was subjected to the use Aversive and Deprivation Procedures Including Restraint or Seclusion as described on ATTACHMENT A to this Claim Form. If you agree that the information contained on ATTACHMENT A is correct, please sign and date the following attestation:

**I hereby represent to the United States District Court, District of Minnesota, under penalty of perjury, the following:**

- 1. That to the best of my knowledge and recollection, the information contained on ATTACHMENT A is correct**
- 2. That to the best of my knowledge and information, I believe I am entitled to be a Member of the Settlement Class, or am the duly appointed Guardian of a Member of the Settlement Class or am a parent of a minor Member of the Settlement Class and have legal custody;**

Name

\_\_\_\_\_  
Relationship to METO Resident (guardian, relative, other [please describe])

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State and Zip

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Phone Number (with area code)

**If a duly appointed Guardian, please provide: NAME OF COUNTY AND COURT FILE NUMBER.**

**B. Additional or Different Instances of Aversive and Deprivation Procedures Including Restraint or Seclusion Known to Class Member:**

If you, your relative, or member of your household believe that ATTACHMENT A is incorrect and that you were subject to additional Aversive and Deprivation Procedures Including Restraint or Seclusion instances while a resident at METO, please state as follows:

**I hereby represent to the United States District Court, District of Minnesota, under penalty of perjury, that to the best of my knowledge and recollection, ATTACHMENT A should be revised to include the following instances of aversive and deprivation procedures including Restraint or Seclusion while a resident of METO:**

<u>Aversive and Deprivation Procedures Including Restraint or Seclusion</u>	<u>Date</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

You may provide documentation of additional instances on your own paper if necessary. Please sign and complete the information below and mail back in the enclosed envelop as instructed.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Relationship to METO Resident (guardian, relative, other [please describe])

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State and Zip

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Phone Number (with area code)

**If a duly appointed Guardian, please provide: NAME OF COUNTY AND COURT FILE NUMBER.**

**C. Instances of Personal Injury or Aggravating Factors.**

If you, your ward, relative, or member of your household believe that you sustained personal injuries as a result of the Aversive and Deprivation Procedures Including Restraint or Seclusion described on ATTACHMENT A or during any additional instance listed above, such as death from positional asphyxiation, bone fracture, permanent scar, or sustained a hospitalization to treat any injury directly resulting from a documented instance, you may provide additional information here.

**In addition to the instances included on ATTACHMENT A, I represent to the United States District Court, District of Minnesota, under penalty of perjury, to the best of my knowledge and recollection, in addition to the instances listed in A and B above, \_\_\_\_\_ sustained the following personal injuries**

**as a direct result of aversive and deprivation procedures including restraint and seclusion while a resident of METO.**

<u>Personal Injury Sustained</u>	<u>Date of Injury</u>	<u>Treating Physician</u>	<u>Age of Claimant at time of injury</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Did Medicare pay for the treatment of any of the above injuries? YES \_\_\_\_\_  
NO \_\_\_\_\_.

If yes, has Medicare sent you any letters or notices that dispute Medicare's payment, or question whether someone other than Medicare is responsible for your treatment or otherwise demand reimbursement? YES \_\_\_\_\_ NO \_\_\_\_\_ If yes, please attach copies of any Medicare letters or notices with this Claim Form.

You may provide documentation of additional instances on your own paper if necessary. Please sign and complete the information below and mail back in the enclosed envelop as instructed.

Date: \_\_\_\_\_

\_\_\_\_\_  
Name

\_\_\_\_\_  
Relationship to METO Resident (guardian, relative, other [please describe])

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State and Zip

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**IF YOU WANT TO RECEIVE PAYMENT FROM THIS SETTLEMENT, YOU MUST COMPLETE AND RETURN THIS FORM BY MAILING IT (HAVING IT POSTMARKED) NO LATER THAN SEPTEMBER 15, 2011, TO:**

Shamus P. O'Meara  
Johnson & Condon, P.A.  
7401 Metro Boulevard, Suite 600  
Minneapolis, MN 55439-3034  
(952) 806-0438

A first-class, self-addressed stamped envelope is included for your convenience.

CLASS ACTION EXHIBIT 3

AG: #2841365-v1