

CLAIM AND RELEASE FORM

Vehicle Forfeiture Class

Hoyte, et al. v. Government of the District of Columbia, Case No. 13-0569 (CRC)

You may be entitled to money as a member of the Vehicle Forfeiture Class in the above case.

Each Class Member of the Vehicle Forfeiture Class whose vehicle was seized for civil forfeiture by the District of Columbia may submit a claim for compensation. The exact amount you are entitled to receive depends on several factors including the type of your vehicle (standard or specialty using the classification system employed in the car rental industry), how many days your vehicle was held, and the number and amount of claims filed by members of the Vehicle Forfeiture Class.

Class members whose vehicles were held more than 30 days are entitled to receive for each compensable over-detention day (that is, for each day after the first 30 days of the seizure) \$30 if their vehicle was a standard vehicle or \$50 if their vehicle was a specialty vehicle. Regardless of the number of days held or type of vehicle, class members in this category will receive a minimum of \$250.

Class members whose (1) vehicle were held more than 15 but less than 30 days; and (2) the vehicle was not classified as evidence in the District's records, will receive a payment of \$250.

There is a limited Settlement Fund, totaling \$1,755,214.39, set aside to pay claims submitted by members of the Vehicle Forfeiture Class. Each member of the Vehicle Forfeiture Class may receive lower amounts if the amount of claims submitted by all members of the Vehicle Forfeiture Class exceeds \$1,755,214.39. In that event, the amount that members of the Vehicle Forfeiture Class receive will be adjusted on a pro-rated basis among valid claimants, which will result in payments to individual members of amounts lower than those set forth above.

To claim your money, fill out, sign and mail this form to the address below or submit a Claim and Release Form online at www.HoytevDCSettlement.com. **Your claim must be submitted online or received by the Settlement Administrator no later than March 22, 2021.**

YOUR INFORMATION

We will use this information to contact you and process your claim. It will not be used for any other purpose. You must promptly notify the Class Administrator if any of the information below changes. You may update your contact information by sending an email to info@HoytevDCSettlement.com, or using the “Contact Us” page at www.HoytevDCSettlement.com. You can also send an address update by mail to the address provided on the next page.

NAME	
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ALTERNATIVE NAMES	
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MAILING ADDRESS	Street address
	Apt. No.
	City
	State
	Zip

PHONE NUMBER	
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EMAIL ADDRESS	
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Optional: If you have a previous address that may assist us in locating you in MPD records, please provide it below.

PREVIOUS ADDRESS	Street address
	Apt. No.
	City
	State
	Zip

Questions? Call 1-888-681-1215 or visit www.HoytevDCSettlement.com.
To view JND’s privacy policy, please visit <https://www.jndla.com/privacy-policy>.

HOW YOU WOULD LIKE TO RECEIVE YOUR PAYMENT

You can elect to receive your payment either by check, ATM Card, or electronic payment. If you choose to receive a check or ATM Card, it will be mailed to your address listed on this form. If you choose to receive an electronic payment, you must have a bank account, and you will have to provide your bank account number and your bank’s “ABA number” or “Routing number,” which you can get from your bank.

Checks will be void after ten months. ATM Cards expire after ten months, and any value remaining on the card not withdrawn before that deadline will be lost.

Which do you prefer? Select ONE of the following:

- Check**
- ATM Card**
- Electronic payment**

Bank account # _____

Bank routing # _____

SIGNATURE

I affirm under penalty of perjury under the laws of the United States that the information I have supplied in this Claim and Release Form and any copies of documents that I am sending to support my claim are true and correct to the best of my knowledge.

I understand that I may be asked to provide more information by the Claims Administrator to validate my claim.

I understand that by signing and submitting this form I release all my claims according the release printed below.

Signature:

Dated:

Print Name:

Once complete, mail this form to the below address to submit your claim for payment:

Hoyte v District of Columbia
c/o JND Legal Administration
PO Box 91238
Seattle, WA 98111

Questions? Call 1-888-681-1215 or visit www.HoyteVDCSettlement.com.
To view JND’s privacy policy, please visit <https://www.jndla.com/privacy-policy>.