

**STATE OF NEW HAMPSHIRE
YOUTH DEVELOPMENT CENTER
SETTLEMENT FOR CLAIMED SEXUAL AND
PHYSICAL ABUSE**

CLAIM FORM PACKET

Caution:

Filling out this Claim Form may be emotionally difficult or traumatic for some people.

If you are experiencing emotional distress and want to talk [to be filled in with an appropriate resource that needs to be identified]

Name of Claimant _____

Amount Claimed _____

Date Claim Received _____

Claim No. _____

Resolution Proceeding No. _____

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The YDC Settlement Fund provides compensation to former Youth Development Center (“YDC”) Residents who: (1) have suffered sexual or physical abuse, as defined herein, (2) sexual or physical abuse must have been perpetrated upon a Former YDC Resident by or at the behest of a member of the YDC staff, and (3) have not already received a settlement from the State of New Hampshire for the same or related incidents at the YDC. Please complete this claim form if you believe that you are entitled to compensation.

Please read the following before completing the Claim Form.

General Instructions for completing the Claim Form:

- Please type or print information clearly.
- Please provide all requested information to the best of your ability. If there is something that you do not recall, please provide as much information as you remember. For example, if you do not remember the name of the perpetrator, please provide gender, position, job title, age, and any physical characteristics.
- Make sure that you fill out and include the attached Settlement Fund Award Matrix and Claim Calculation Worksheet (the “Worksheet”).
- Please provide current contact information, so that you can be reached. Please contact the Administrator if your contact information changes.
- Please provide as much corroborating information to support your claim as possible. Please provide a list of the corroborating documentation that you are submitting as well as the names of individuals who may be able to corroborate your claim.
- Please keep a copy of your claim form and any additional documents submitted to the administrator for your personal records.
- Please do not send original photographs, identification, or medical records. Photocopies are acceptable.
- If a legal representative is completing this claim form on behalf of a Claimant, please include proof of legal representation as an attachment.
- Please sign page ___ before a Notary and have the Notary endorse the claim form.
- All capitalized terms are defined in the attached Glossary.
- Please review the Valuation Guidelines while completing this form for more complete information regarding the claim process.
- Please reach out to the Administrator if you have any questions related to completing the Claim Form Packet.

Submitting Claim Form:

- Please submit the Claim Form Packet to the Claims Administrator at the following:
 - Address/fax number/Email [to be added by Administrator after appointment]
- All claim forms must be postmarked or submitted and received no later than midnight, December 31, 2024.

Submission of a claim shall constitute an agreement in writing to submit the claim to arbitration as provided in RSA 542:1. All documents and information created in connection with the filing of this claim shall be treated as confidential by the Administrator and the AG Designee, except

information that was not previously confidential shall not become so by virtue of being submitted in connection with a claim, or as otherwise provided in RSA 91-A.

Claim Form

Claimant Name and Contact Information:

First Name: _____ Middle Name: _____

Last Name: _____ Other Names Used: _____

Gender: _____ Date of Birth (mm/dd/yyyy): _____ SSN/TIN/Nat'l ID: ____-____-_____

Street Address 1: _____

Street Address 2: _____

City: _____ State: _____ Zip Code: _____

Best phone number to reach you: _____ Can a voicemail be left? _____

Email: _____

How should we communicate with you? Check all that apply [MAIL E-MAIL PHONE]¹

Attorney or Other Legal Representation (if applicable):

Name: _____ Law Firm: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

¹ Checkboxes will be added to any terms in brackets

I. Background Information for Claimant

a. Marital History and Status

[Married/Domestic Partner Separated Divorced Widowed Never Married Prefer Not to Answer]

- i. If you are married or have a domestic partner, please provide:
Spouse/Domestic Partner's Name: _____
Date of Marriage: _____
- ii. If your marriage/domestic partnership has ended, please specify:
Date of Divorce: _____
Date of Separation: _____
Date of Spouse's death: _____

b. Educational Background

- i. **What is your highest level of education completed?**
[GED/High School Associates Bachelors Masters Doctorate Other]
- ii. **Please list the names of educational institutions attended** _____

c. Employment History

- i. Current Employment Status
[Employed/Retired/Unemployed/Disabled/Other]
If other, please explain _____

- ii. Occupation/Former Occupation _____

- iii. Employer (if applicable) _____

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II. Eligibility for Compensation Claim

a. **Were you ever committed to the YDC²?**

[Yes/No]

b. **Dates that you were committed to the YDC?** _____

c. **Ages that you resided in the YDC?** _____

d. **Identify the cottages you resided in while committed to the YDC. For each cottage, state the dates when you resided in the cottage and or the length of time spent in the cottage.** _____

e. **Do you claim that you were sexually or physical abused while in YDC custody?**

[YES NO]

f. **Have you filed a lawsuit against any persons or entities related to your claims of sexual or physical abuse?**

[YES NO]

i. If yes, please provide information related to the lawsuit, including the docket number, the names of the defendant and a summary of the lawsuit. Please also include documentation related to the lawsuit in your submission of the Claim Form Packet. _____

g. **Have you received a settlement from the State of New Hampshire, or any other person or entities related to your claims of sexual or physical abuse?**

[YES NO]

i. If yes, please provide information related to the settlement, including the settling parties, a summary of the abuse claims related to the settlement. Please also include documentation related to the settlement in your submission of the Claim Form Packet. _____

² Please note that "YDC" is defined to include other facilities. If you were committed to a facility other than the youth detention center, please answer this section by identifying the facility to which you were committed.

III. Claims of Abuse

a. Sexual Abuse

- i. Sexual Abuse means an incident of conduct which would constitute an offense under RSA 632-A:2, RSA 632-A:3, 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. See also Glossary. To be compensable, sexual abuse
- ii. Do you claim that you were sexually abused while a resident at YDC? For information on the categories/definition of sexual abuse, please see Appendix __.
[Yes No] If yes, please continue on to the next question, if not please go to section III(b) "Physical Abuse".
- iii. Approximately how many times do you claim that that you were sexually abused by a staff member while at YDC and over what time period? _____

- iv. For each incident of sexual abuse, to the best of your ability, please describe the nature of the incident and include (Please use additional pages, if necessary):
 - 1. A description of the abuse (please see Worksheet at Attachment __ for examples of sexual abuse),
 - 2. The date range of the abuse,
 - 3. Approximate age when you suffered the abuse,
 - 4. The name(s) of the perpetrators,
 - 5. The location of the abuse,
 - 6. Whether any objects or weapons were used, and
 - 7. Whether the sexual abuse was accompanied by physical abuse. _

v. Did anyone witness any of the incidents of sexual abuse?

[YES NO]

If yes, please provide the name of the witness, contact information (if available) and the dates of the incident that the person witnessed. _____

vi. Did you report any incidents of sexual abuse?

[YES NO]

vii. If you reported any incidents of sexual abuse, to whom did you report it and on what date?

1. Parents, family, friend – Name _____

2. Police department or other law enforcement – Name and Department _____

3. Clergy Member – Name and organization _____

4. Attorney – Name and law firm _____

b. Physical Abuse

i. Physical Abuse means an incident of conduct which 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. See also Glossary.

ii. Do you claim that you were suffered physical abuse while a resident at YDC?

[Yes No]

If yes, please continue to the next question, if not please proceed to Section IV.

vi. Did you report the abuse?
[YES NO]
If yes, to whom did you report it and on what date?

1. Parents, family, friend – Name _____

2. Police department or other law enforcement – Name and
Department _____

3. Clergy Member – Name and organization _____

4. Attorney – Name and law firm _____

[YES NO]

If yes please, describe the treatment or services that you think that you would benefit from? _____

V. **Calculating Claim Amount**

- a. To determine the amount that you may claim from the Settlement Fund, please complete the attached Worksheet.
- b. **Sexual Abuse:** If you determine that you meet the eligibility criteria and you believe that you are owed compensation from the Settlement Fund for your claim for sexual abuse, please enter the Final Sexual Abuse Claim Amount from Part I, Line (k) of the Worksheet.

\$ _____

- c. **Physical Abuse:** If you determine that you meet the eligibility criteria and you believe that you are owed compensation from the Settlement Fund for your claim for physical abuse, please enter the Final Physical Abuse Claim Amount from Part II, Line (k) of the Worksheet.

\$ _____

VI. Supporting Documentation

a. Required Documentation for Complete Submission

- i. Copy of Identification Documents
- ii. Completed and executed Claim Form
- iii. Completed Worksheet
- iv. Executed Motion to (or Notice of) Stay
- v. Engagement Letter and Fee Agreement with Counsel (if applicable)
- vi. Attorney Fee Affidavit
- vii. Completed W-9 Form (for claimant and counsel)
- viii. Guardianship or Conservatorship Order establishing authority to sign and verify Claim Form (if applicable)

b. Optional Documentation with Submission

- i. Medical Records
- ii. Mental Health Records
- iii. Resident File (if not provided to you by the Attorney General)
- iv. Diaries or Journals
- v. Photographs
- vi. Complaint in Related Litigation
- vii. Other documents that you believe help support your claim

VII. Verification and Signature

In addition to the documents listed in Section VI “Supporting Documentation”, the Claimant must sign and verify the Claim Form.

I have reviewed the information in the Claim Form and all attachments and Appendices, and I hereby certify that the information and provided in the Claim Form and any information I submit in support of my claim for compensation from the Settlement Fund is true and accurate to the best of my knowledge. I acknowledge that any pending litigation related to sexual or physical abuse against the State of New Hampshire and its departments will be stayed while the claim with the Settlement Fund is processed, I understand that any false statements or documentation that I provide in support of my claim for compensation from the Settlement Fund may result in criminal prosecution.

- a. Notarization
- b. Submission of a claim shall constitute an agreement in writing to submit the claim to arbitration as provided in RSA 542:1.