MAIL ID
0000PLACEHOLDER0000

Must be postmarked or submitted online NO LATER THAN FEBRUARY 5, 2027

Central Falls Detention Facility Corporation Data Incident
SETTLEMENT ADMINISTRATOR
P.O. BOX 5429
PORTLAND, OR 97228-5429
www.DetentionFacilitySettlement.com

In re: Central Falls Detention Facility Corporation d/b/a Donald W. Wyatt Detention Facility
U.S. Bankr. Ct. D. R.I. - Case No. 26-10628

GENERAL INFORMATION

If your Private Information was affected by the Data Incident involving the Central Falls Detention Facility Corporation d/b/a Donald W. Wyatt Detention Facility in November 2023, then you may be entitled to Settlement Class benefits from a Settlement.

You may submit a Claim Form for Settlement Class Member Benefits, outlined below, by visiting the Settlement Website at www.DetentionFacilitySettlement.com. Claims must be submitted online by February 5, 2027. If you would prefer to submit by mail, then please complete the form below and use the return address at the top of this form. If you mail your completed Claim Form, then it must be postmarked by February 5, 2027.

SETTLEMENT BENEFITS – WHAT YOU MAY GET

You may submit a Claim Form for the following Settlement Class Member Benefits:

1. **Documented Out-of-Pocket Losses Payment**: You may submit a Claim Form and provide reasonable documentation for losses related to the Data Incident for up to $5,000 per Settlement Class Member;

   AND

2. **Attested Time Spent Payment**: You may submit a Claim Form for up to four (4) hours of lost time spent dealing with the Data Incident, calculated at the rate of $20 per hour (for a maximum of $80.00);

   AND

3. **Credit Monitoring**: You may submit a Claim Form to enroll in and receive 60 months of single bureau credit monitoring services, at no cost to you.

Your cash payment may be subject to a *pro rata* (a legal term meaning "equal share") decrease depending upon the total value of all Approved Claims and the remaining amount of the Settlement Fund.

* * *

Please Note: The Settlement Administrator may contact you to request additional documents to process your Claim Form.
For more information and complete instructions, visit www.DetentionFacilitySettlement.com.

Please note that Settlement Class Member Benefits will be distributed after the Settlement receives final approval from the Bankruptcy Court. Thank you for your patience.

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Contact Information

1. NAME (REQUIRED):

First Name | MI | Last Name

2. MAILING ADDRESS (REQUIRED):

Street Address

Apt No.

City | State | ZIP Code

3. PHONE NUMBER:

– –

4. EMAIL ADDRESS:

5. UNIQUE ID NUMBER (Provided on Mailed Notice):

Credit Monitoring

You may be eligible to receive free Credit Monitoring services.

All Settlement Class Members are eligible to claim Credit Monitoring services.

Please check the checkbox if you want to enroll in Credit Monitoring services for which you are eligible.

☐ **Credit Monitoring:** I want to receive 60 months of Credit Monitoring services at the email entered in the above section.

If you select this option, then you will be sent instructions and an activation code after the Settlement is final. Enrollment in this service will not subject you to marketing for additional services or any required payments.

Attested Time Spent Payment

You may seek reimbursement for up to four (4) hours of lost time spent dealing with the Data Incident, calculated at the rate of $20 per hour (for a maximum of $80.00).

Hours claimed (up to 4 hours – check one box): ☐ 1 Hour ☐ 2 Hours ☐ 3 Hours ☐ 4 Hours

☐ I attest and affirm to the best of my knowledge and belief that any claimed lost time was spent related to the Data Incident.

Your cash payment may be subject to a *pro rata* (a legal term meaning "equal share") decrease depending upon the total value of all Approved Claims and the remaining amount of the Settlement Fund.

Documented Out-of-Pocket Losses Payment

You may also seek a recovery for losses related to fraud and/or identity theft that can be reasonably traced to the Data Incident for up to $5,000.00 per Settlement Class Member, and you must provide reasonable documentation for such losses.

It is important for you to send reasonable documents that show what happened and how much you lost or spent so that you can be reimbursed.

Examples of reasonable documentation include (but are not limited to): credit card statements, bank statements, invoices, telephone records, photographs, and receipts. Documented Losses cannot be documented solely by a personal certification, declaration, or affidavit from you; you must provide supporting documentation in addition to any such certification, declaration, or affidavit. "Self-prepared" documents such as handwritten receipts, by themselves, do not constitute reasonable documentation, but can be considered to add clarity or support to other submitted documentation. Do not send originals of any documents; please send only clear, legible photocopies. **You must redact any personal or account information from documents and redact expenses unrelated to the loss**.

To look up more details about how the cash payments work, visit **www.DetentionFacilitySettlement.com** or call toll-free **1-877-239-7287**. Please also review the Long Form Notice on the Settlement Website for more information.

By filling out the boxes below, you are certifying that the money you spent does not relate to other data incidents or breaches. You will not be reimbursed for expenses if they have been reimbursed for the same expenses by another source.

Expense Type and Examples of Documents	**Amount and Date**	**Description of Expense or Money Spent and Supporting Documents** (Identify what you are attaching, and why it's related to the Data Incident)
Professional fees incurred to address identity theft or fraud, such as falsified tax returns, account fraud, and/or identity theft. *Examples: Receipts, notices, or account statements reflecting payment for a credit freeze. Expenses unrelated to the loss must be redacted.*	$ ☐☐☐☐☐ • ☐☐ ☐☐ – ☐☐ – ☐☐☐☐ MM DD YYYY	
Other losses or costs resulting from identity theft or fraud (provide detailed description) related to the Data Incident. *Examples: Account statement with unauthorized charges circled; bank fees, and fees for credit reports, credit monitoring, or other identity theft insurance products purchased. Expenses unrelated to the loss must be redacted.*	$ ☐☐☐☐☐ • ☐☐ ☐☐ – ☐☐ – ☐☐☐☐ MM DD YYYY	
Other expenses such as notary, fax, postage, copying, mileage, long-distance telephone charges, or professional fees related to the Data Incident. *Examples: Phone bills, receipts, detailed list of addresses you traveled to (e.g., police station, IRS office), reason why you traveled there (e.g., police report or letter from IRS re: falsified tax return) and number of miles you traveled. Expenses unrelated to the loss must be redacted.*	$ ☐☐☐☐☐ • ☐☐ ☐☐ – ☐☐ – ☐☐☐☐ MM DD YYYY	

PAYMENT ELECTION

Please fill out **ONLY ONE** of the payment options below.

If your claim is approved by the Settlement Administrator, then you will receive payment by check, sent to the mailing address that you provide in the Contact Information section above, unless you select one of the electronic payment options below and provide the email address **or** phone number associated with your account:

#1 Digital Payment Account – Payment Option

☐ PayPal ☐ Venmo ☐ Zelle

*Provide the email **OR** phone number, **NOT** both, associated with your selected digital payment account.*

Email Address

OR Phone Number

___ – ___ – ____

#2 ACH Transfer: Direct Electronic Payment to a Bank Account – Payment Option

☐ Checking Account ☐ Savings Account

Routing Number

Account Number

If you select more than one payment option, you will be mailed a check.

Signature

By signing my name, I affirm under the penalty of perjury and laws of the United States that the information I have supplied in this Claim 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 Settlement Administrator before my Claim is complete and approved.

Signature

Date: MM – DD – YYYY

Print Name