Appendix 9

SAMPLE CLAIM SHEET AND ELECTION FORM

UNITED STATES DISTRICT COURT FOR THE DISTRICT OF COLUMBIA	DO NOT WRITE IN THIS AREA
Pigford, et al., v. Glickman; Civil Action No. 97-1978 D.D.C. (PLF) Brewington, et al., v. Glickman; Civil Action No. 98-1693 D.D.C. (PLF)	
CLAIM SHEET AND ELECTION FORM	
Do not submit a photocopy of this form. If you need another form, please call 1-800-646-2873.	
Sample	
Please type or print clearly.	
PART I: CLAIMANT INFORMATION	
Farmer's Name [First, Middle, Last]	(Area Code) Home Number
Spouse's Name [First, Middle, Last]	(Area Code) Business Number
	(Area Code) Business Number
Street Address	(Area Code) Fax Number
City State Zip	
Farmer's Social Security Number	/
If you are making this claim on behalf of an estate or a decrased person, check this	s Date of Birth
identify the estate or deceased person.	s box, and
PART II: CLASS MEMBER QUALIFICATION	
Yes No 1. Are you an African American who farmed, or attempte January 1, 1981, and December 31, 1996?	d to farm, at anytime between
2. Between January 1, 1981, and December 31, 1996, did federal farm program with USDA?	you apply to participate in a
3. Between January 1, 1981, and July 1, 1997, did you file discrimination against USDA concerning treatment that process?	e a complaint of t you received in that application
With respect to this third question, place an "X" next to each category below you have that you filed a complaint of discrimination.	which describe(s) the proof that

You must attach to this Claim Sheet documentation ("proof") for each item you check. If you do not attach proof, your claim may be rejected.

3A.	A copy of the discrimination complaint the claimant filed with USDA, or a copy of a USDA document referencing the discrimination complaint.
3B.	A declaration executed pursuant to 28 U.S.C. § 1746 by a person who is not a member of the claimant's family and which (1) states that the declarant has first-hand knowledge that the claimant filed a discrimination complaint with USDA; and (2) describes the manner in which the discrimination complaint was filed.
3C.	A copy of correspondence from the claimant to a member of Congress, the White House, or a state, local, or federal official averring that the claimant has been discriminated against.
3D.	A declaration executed pursuant to 28 U.S.C. § 1746 by a person who is not a member of the claimant's family, which states that the person has first-hand knowledge that, while attending a USDA listening session, or other meeting with a USDA official or officials, the claimant was explicitly told by a USDA official that the official would investigate that specific claimant's oral complaint of discrimination.

PART III: ELECTION OF TRACK A OR TRACK B

Please check one box below to elect the form of settlement you wish to pursue. Once you have elected a form of settlement, your decision will be final and not subject to change. Because this decision has important consequences, you may wish to discuss your options with a lawyer.

TRACK A - ADJUDICATION

You establish by substantial evidence that discrimination occurred and receive a liquidated settlement (injunctive relief, debt relief, \$50,000 cash, and tax payment).



TRACK B - ARBITRATION

Your case will be determined at a future hear of by an arbitrator in a one-day binding arbitration.

PART IV: AGREEMENT TO SET LEAD DECLARATION OF STATEMENTS

I understand that the answers to the questions above are being relied upon by the United States Government in determining my right to relief under the Equal Credit Opportunity Act and/or the Administrative Procedure Act. I elect to settle my claim in the manner indicated above and consent to allow the government to audit my file. I declare under penalty of perjury that the above answers are true and correct.

Signature of Farmer

Date

I have assisted the farmer whose name is stated above in filling out this Claim Sheet and Election Form. I declare under penalty of perjury that: (1) I believe the statements contained herein to be true; and (2) I have not and will not require the farmer to compensate me for assisting him/her.

Signature of Attorney

Date

If you have elected the Track A Adjudication process, you must complete the Track A – Adjudication Claim Affidavit part of this Claim Package.

If you have elected the Track B Arbitration process, you do <u>not</u> need to complete the rest of this Claim Package. You will receive a notice soon from the arbitrator's office on what to do next.

To be eligible to participate in the settlement, you must send this Claim Package postmarked no later than 180 days from the date on which the Court approves the Consent Decree to:

Claims Facilitator P.O. Box 4390 Portland, OR 97208-4390

If you have questions on how to complete your Claim Package or how to obtain the services of a lawyer at no cost to you, please call the Claims Facilitator toll free at 1-800-646-2873.

White - Facilitator Yellow - Attorney Pink - Farmer

PART V: TRACK A – ADJUDICATION CLAIM AFFIDAVIT

Only complete this affidavit if you have elected to settle your claim under the Track A – Adjudication option.

The Consent Decree requires that you meet the following requirements in order to be entitled to relief under Track A:

- A. In cases in which a class member's discrimination complaint concerns an Equal Credit Opportunity Act (meaning credit or loan) matter, the class member must show that:
 - (1) he owned, leased, or attempted to own or lease farm land;
 - he applied for a specific credit transaction at a USDA office between 1/1/81 and 12/31/96;
 - (3) the loan was denied, provided late, approved for a lesser amount than requested, encumbered by restrictive conditions, or USDA failed to provide appropriate loan service, and such treatment was less favorable than that accorded specifically identified, similarly situated white farmers; and
 - (4) USDA's treatment of the loan application led to economic damage to the class member.
- B. In cases in which a class member's discrimination complaint concerns a non-credit program benefit, the class member must show that:
 - he applied for a specific non-credit benefit program at a USDA county office between 1/1/81 and 12/31/96 and
 his application was denied or approved for a lesser amount than requested, and that such treatment was different than the treatment received by specifically identified, similarly situated white farmers who applied for same non-credit benefit.

In order to qualify for settlement benefits, you must answer the following questions and complete the personal narrative at the end of the package. For some answers, additional written explanations are required. These answers are followed by blank lines for you to use.

	If you need additional space, please a take your own paper. Clearly mark all attachments with your numerate social security number.
1.	Between January 1, 1981, and December 31, 996 of the following apply?
04-4-41	
	e location and size of the land you owned, leased, or attempted to own or lease.
2.	Between January 1, 1981, and December 31, 1996, for what type of specific federal farm program did you apply?
	Operating Loan Farm Ownership Loan
	Emergency Loan Conservation Loan
	Non-credit Benefit Program (identify the specific program):
3.	Complete only the sections below that describe the treatment you received from USDA between 1/1/81 and 12/31/96.
A)	Loan or Benefit Application Denied; Loan or Benefit Was Approved, but Funds Were Provided Late; or Loan or Benefit Was for Less Than Requested
	Explain for what loan or program benefit you applied and what USDA decided on your application.

	Loan Encumbered by Restrictive Conditions Explain the conditions/restrictions applied to your loan or program benefit. (For example, excessive collateral requested supervised loans, etc.)
	super rised reality, etc.)
-	
	Gall
	USDA Did Not Provide Appropriate Loan Services Explain in detail.
-	

D) Disparate Treatment

Identify, with respect to each type of treatment described in paragraphs (A), (B), and (C) above about which you complain, the name and address of each white farmer who was situated similarly to you; and state in detail the specific manner in which your treatment was different from the treatment accorded each such white farmer.

r (A)	
(B)	
(C)	
	1
1	

4. NARRATIVE STATEMENT

If you are asserting an ECOA claim, explain below, in your own words, the relationship between the act or acts of discrimination which you allege above and how you suffered economic damages.

I understand that this affidavit, any statement made herein, and the answers to these questions are being relied upon by the United States Government in determining my right to relief under the Equal Credit Opportunity Act and/or the Administrative Procedure Act. I declare under penalty of perjury that the above answers are true and correct. I elect to settle my claim in the manner indicated above and consent to allow the government to audit my file.

Signature of Farmer

Date

I have assisted the farmer whose name is stated above in filling out this affidavit. I state, under penalty of perjury, that: (1) I believe the statements contained herein to be true; and (2) I have not and will not require the farmer to compensate me for assisting him/her.

Date

Signature of Attorney

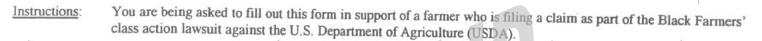
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DECLARATION

TO BE FILLED OUT BY A PERSON WHO IS NOT A MEMBER OF THE CLAIMANT'S FAMILY



DO NOT WRITE IN THIS AREA

S 2 1 1 1

Please make sure that the name in the space below is the name of the person whose claim you are supporting. Step One:

I submit this declaration in support of the claim of ("claimant") under the settlement agreement of Pigford v. Glickman, the Black Farmers' class action lawsuit, and hereby declare that:

You need only complete ONE of the two SECTIONS below. Please look carefully at the top of page 2 of the Step Two: Claim Sheet and Election Form of the person whose claim you are supporting. If he/she checked Box 3B, please complete "SECTION 1" below only. If he/she checked Box 3D, please complete "SECTION 2" only. If you need additional space, please attach your own paper. Clearly mark all attachments with your name and SSN.

SECTION 1: TO SUPPORT NUMBER 3B ON THE CLAIM SHEET

- I am not a member of the claimant's family; AND (a)
- I have first-hand knowledge that the claimant filed a discrimination complaint with USDA; AND (b)
- The manner in which the discrimination complaint was filed was as follows: (c)

-OR-

SECTION 2: TO SUPPORT NUMBER 3D ON THE CLAIM SHEET

- (a) I am not a member of the claimant's family; AND
- I have first-hand knowledge that the claimant, while attending (check at least one box) (b)

	(City, State)	
a meeting in	with	a USDA official or officials,
(City, State)		
was explicitly told by a USDA of	fficial,	
	(Name(s) of Official(s))	(Title(s) of Official(s))

City, State

I DECLARE UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT.

Signature	Date	
	· · · · · · · · · · · · · · · · · · ·	
Printed Name	Social Security Number	
Street Address	City State	7:-

Zip