

Must be Postmarked  
No Later Than  
June 30, 2008

LV et al v NYC Dept of Education  
c/o The Garden City Group, Inc.  
PO Box 9000 #6495  
Merrick, NY 11566-9000  
Toll Free: 1-800-918-8061

DOE



**CLAIM FORM**

**CLAIMANT IDENTIFICATION:**

Claim Number:                      Control Number:

If you want to participate in the Class Action Settlement, you must complete this form and mail it to, LV et al v NYC Dept of Education, c/o The Garden City Group, Inc., PO Box 9000 #6495, Merrick, NY 11566-9000, postmarked by June 30, 2008, after first reading the attached Notice and the Claim Filing Instructions.

If you have any questions while completing this form, please contact The Garden City Group, Inc. at 1-800-918-8061, visit [www.hearingordersettlement.com](http://www.hearingordersettlement.com), or call Advocates for Children at 212-947-9779 ext. 577.

**A. PERSONAL INFORMATION**

**A1. Please Provide the Information Requested Below**

Name:

Child's Name:

Address:

City:

State:

Zip:

Child's Date of Birth:

Daytime Telephone Number:

Evening Telephone Number:

**A2. Your Attorney and Impartial Hearing Order Information**

Attorney or Advocate's Name:

Address:

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Case Number for Impartial Hearing Order: \_\_\_\_\_

Date Signed by Hearing Officer: \_\_\_\_\_

- If you do not know this information, call 1-800-918-8061, and you will be sent a copy of your order.
- You are only entitled to relief if your order(s) were issued on or after December 13, 2000 and on or before January 31, 2008.

Yes  No I received more than one order dated on or after December 13, 2000 and on or before January 31, 2008 and am submitting claims for more than one of these orders.

- Include a separate claim form for each order. You will only get a remedy for one order in each school year.

**B. SELECTION OF TYPE OF RELIEF:** Indicate the relief you would like to receive from the class action settlement. The type of relief that you are eligible to receive depends on the type of action the DOE was ordered to take in the order.

**Please check all that apply (except as otherwise specified):**

**B1.**  The DOE was ordered to provide educational services or to take an action other than make a payment directly to a parent, private service provider, or private school and failed to fully and timely do so.

I request (check only one of the following):

**Voucher for Compensatory Educational Services or Assistive Technology:** I want to receive a voucher that I can use for compensatory educational services and attendant costs and/or assistive technology. Please answer the following question:  
My child was out of school or in a grossly inappropriate placement for more than 45 days within a 60 day school period and did not receive home instruction.  Yes  No

**-OR-**

**Reimbursement for costs incurred because my order was not implemented:** I want to be reimbursed for the costs of educational services or assistive technology that I paid for because my order was not implemented.

I paid \$\_\_\_\_\_ for the following services: \_\_\_\_\_

\_\_\_\_\_

**You must submit additional documentation. Please refer to the Claim Filing Instructions for a list of acceptable documentation.**

**B2.**  The DOE was ordered to reimburse me for payments that I made and I never received reimbursement. I would like the DOE to reimburse me.

The DOE was ordered to reimburse me for the amount of \$\_\_\_\_\_ for the following service:

\_\_\_\_\_

**You must submit additional documentation unless the order specified a dollar amount to be reimbursed and did not require submission of further documentation. Please refer to the Claim Filing Instructions for a list of acceptable documentation.**



**B3.**  The DOE was ordered to make a payment to a private service provider or private school. My child received the service for which payment was ordered but the DOE never paid. I would like the DOE to pay the service provider or school.

The payment was ordered to be made to \_\_\_\_\_  
(Service Provider or School)

in the amount of \$ \_\_\_\_\_ for the purpose of \_\_\_\_\_

**You must submit additional documentation. Please refer to the Claim Filing Instructions for a list of acceptable documentation.**

**B4.**  The DOE was ordered to make a payment to a private service provider or private school. The DOE never paid and my child never received the service for which payment was ordered.

Please select from the following:

The order was dated before July 1, 2006.

I request (check only one of the following):

**Voucher for Compensatory Educational Services or Assistive Technology:** I want to receive a voucher that I can use for compensatory educational services and attendant costs and/or assistive technology. Please answer the following question:  
My child was out of school or in a grossly inappropriate placement for more than 45 days within a 60 day school period and did not receive home instruction.

**-OR-**  Yes  No

**Reimbursement for costs incurred because my order was not implemented:** I want to be reimbursed for the costs of educational services or assistive technology that I paid for because my order was not implemented.

I paid \$ \_\_\_\_\_ for the following services: \_\_\_\_\_

**You must submit additional documentation. Please refer to the Claim Filing Instructions for a list of acceptable documentation.**

The order was dated between July 1, 2006 and June 30, 2007.

I request (check only one of the following):

**Payment of the Order.** I want the DOE to make the payment that it was ordered to make.

The payment was ordered to be made to \_\_\_\_\_  
(Parent, Service Provider, or School)

in the amount of \$ \_\_\_\_\_ for the purpose of \_\_\_\_\_

**You must submit additional documentation. Please refer to the Claim Filing Instructions for a list of acceptable documentation.**

**-OR-**



**Voucher for Compensatory Educational Services or Assistive Technology:** I want to receive a voucher that I can use for compensatory educational services and attendant costs and/or assistive technology. Please answer the following question:

My child was out of school or in a grossly inappropriate placement for more than 45 days within a 60 day school period and did not receive home instruction.

-OR-

Yes  No

**Reimbursement for costs incurred because my order was not implemented:** I want to be reimbursed for the costs of educational services or assistive technology that I paid for because my order was not implemented.

I paid \$\_\_\_\_\_ for the following services: \_\_\_\_\_

\_\_\_\_\_

**You must submit additional documentation. Please refer to the Claim Filing Instructions for a list of acceptable documentation.**

The order was dated after June 30, 2007. I want the DOE to make the ordered payment.

The payment was ordered to be made to \_\_\_\_\_  
(Parent, Service Provider, or School)

in the amount of \$\_\_\_\_\_ for the purpose of \_\_\_\_\_

\_\_\_\_\_

**You must submit additional documentation. Please refer to the Claim Filing Instructions for a list of acceptable documentation.**

**C. CERTIFICATION**

I state under penalty of perjury that the information provided above is true and correct to the best of my knowledge and belief.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**PLEASE MAIL THIS FORM AND THE REQUIRED DOCUMENTATION TO:**

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