

NEW HAMPSHIRE YOUTH DEVELOPMENT CENTER CLAIMS ADMINISTRATION AND SETTLEMENT FUND

John T. Broderick, Jr., Administrator

Postal Mailing: P.O. Box 1930, Concord, NH 03302-1930

Satellite Office: 1 Granite Place, Suite 402N, Concord, NH 03301

Telephone: (603) 415-2136

Toll Free Phone: (833) 423-2136

Fax: (603) 798-3420

Website: www.ydcclaims.nh.gov

E-mail for filing claim: claims@ydcclaims.nh.gov

Secure Electronic Transfer: Available by request.
(Please email claims@ydcclaims.nh.gov)

CLAIM PACKET

No claim can be submitted nor will it be accepted until January 1, 2023

The **deadline** to submit your Claim is **midnight on December 31, 2024**. Your Claim must be postmarked or submitted and received no later than that date and time.

Contents:

- Submission Checklist
- Important Notice
- Instructions
 - General
 - Specific – Claim Form
 - Specific – Claim Worksheet
 - Specific – Collecting/Providing Additional Documents
 - Specific – Submission of Claim
- Claim Form
- Claim Worksheet (optional)
- Notice of Filing of Claim and [Partial] Stay (if necessary)
 - An electronically fillable version is available on the Administrator's website.

SUBMISSION CHECKLIST

Please check to be sure you have included the following before you submit your Claim:

- Your Claim Form
 - with as much information included as possible
 - signed under oath and notarized
 - signed by your attorney if you have one

- Your Claim Worksheet (if you used one)

- Notice of Filing of Claim and [Partial] Stay
 - completed and signed

- A copy of an Identification Document:
 - Your driver's license
 - A government-issued ID card that contains your photo
 - Your passport
 - or
 - A substitute form of identification acceptable to the Administrator

- A copy of any Guardianship or Conservatorship Order (if a Guardian or Conservator is filing the Claim)

- Any other supporting documentation you want to provide

For Claimants' Attorneys

- A copy of your fee agreement

- Your fee affidavit

The **deadline** to submit your Claim is **midnight on December 31, 2024**. **Your Claim** must be postmarked or submitted and received no later than that date and time.

NEED ASSISTANCE WITH THIS FORM? HELP IS AVAILABLE.
Contact YDC Claims Administration: (603) 415-2136; Toll Free Phone: (833) 423-2136;
claims@ydcclaims.nh.gov; www.ydcclaims.nh.gov

Important Notice:

Making a Claim may be emotionally difficult.

If you are experiencing distress and want to talk, please contact:

New Hampshire 211:

Calling from inside the State of New Hampshire: Dial "211"
From Outside the State: 1-866-444-4211

Or reach out to:

N.H. Coalition Against Domestic and Sexual Violence
In N.H. the statewide hotline is available 24/7 by calling 866-644-3574
to speak to a confidential support advocate

Dial or Text:
Suicide & Crisis Lifeline
Veterans: after dialing 988, press 1 to be connected directly
to a veteran's crisis lifeline

Community mental health centers:
Seacoast area residents:
Seacoast Mental Health Center
603-431-6703

Strafford County residents:
Community Partners of Strafford County
Call Heather Merrill @ 603-516-9343

GENERAL INSTRUCTIONS

The YDC Settlement Fund (the “Fund”) provides compensation to Former Youth Development Center (“YDC”) Residents and similar facility residents¹ who were sexually or physically abused by or because of a YDC staff member.

You may be entitled to compensation if you were sexually or physically abused while you were a resident of any of these facilities.

Please complete these forms and submit a Claim if you wish to seek compensation from the Fund.

Legal Notice—Advice of Counsel

If you are unsure whether or not to submit a Claim or to participate in the Claim Process, you should consult with an attorney. If you do not have an attorney, you may contact the Administrator for a list of attorneys who may be willing to consult with Former YDC Residents concerning your decision to file a Claim.

You will be providing your current contact information as part of your Claim so that you (or your attorney if you are represented) can be reached by the Administrator of the Fund. If it changes after you submit your Claim, please **contact staff for the Administrator to update your contact information**. It is important to **keep your contact information updated** throughout the processing period for your claim. Loss of contact with you may result in denial and closure of your claim.

Keep a copy of your Claim for your own records.

The **deadline** to submit your Claim is **midnight on December 31, 2024**. Your Claim must be postmarked or submitted and received no later than that date and time.

TO REQUEST ASSISTANCE

You may consult with an attorney to make your decision to file a claim. If you have an attorney, they should assist you with completing and submitting your Claim. If you do not have an attorney and are having trouble completing your forms, **help is available**. Please contact staff for the Administrator to determine what assistance is available to you based on your situation.

¹ The term “YDC” includes the youth development center as identified in RSA 621, or its renamed or successor entity, and any predecessor entity performing the function of housing adjudicated delinquent or pre-adjudication detained youth, including the State Industrial School, the Philbrook School, the Tobey Special Education School and the Youth Services Center. Current facility residents also qualify as “Former YDC Residents.”

NEED ASSISTANCE WITH THIS FORM? HELP IS AVAILABLE.

Contact YDC Claims Administration: (603) 415-2136; Toll Free Phone: (833) 423-2136;
claims@ydcclaims.nh.gov; www.ydcclaims.nh.gov

SPECIFIC INSTRUCTIONS FOR THE CLAIM FORM

1. Please type or print information clearly.
2. Please do your best to provide the requested information. The more information you submit, the better and more quickly your Claim can be evaluated. **YOU MAY SUBMIT AN INCOMPLETE FORM AND YOU WILL BE CONTACTED BY STAFF FOR THE ADMINISTRATOR TO HELP YOU COMPLETE YOUR FORM DURING ADMINISTRATIVE REVIEW.** An incomplete Claim form will not be rejected, but it may slow the processing of your Claim.
3. Please be sure to enter an amount in Section VII, "Your Claim Amount", even if you don't complete the Claim Worksheet.
4. If you add additional pages to answer a question, please write your name and the question number you are answering at the top of each page.
5. Sign your Claim Form in front of a Notary or a Justice of the Peace. Do not sign the form until you are with a Notary or a Justice of the Peace because they have to see you sign your name. If you do not have access to a Notary or Justice of the Peace, please contact staff for the Administrator for assistance:

YDC Claims Administration:
603-415-2136
833-423-2136 (toll-free)
claims@ydcclaims.nh.gov
P.O. Box 1930, Concord, NH 03301
www.ydcclaims.nh.gov

6. If you have an attorney or an attorney has assisted you with completing the Claim Form, the attorney must also sign the Claim Form.

It is important to review all information available to decide whether you may be *eligible* to file a claim with the YDC Settlement Fund and decide what *next steps* make sense for you.

7. Your Claim will be processed under the ***Claims Process for Administration of the YDC Settlement Fund*** which governs the submission, administration,

settlement, and resolution of claims of abuse at the Youth Development Center. This document is available on the YDC Claims Administration website. Please contact staff for the Administrator if you need assistance.

8. Your Claim will be assessed under the ***Guidelines for Valuing Claims for Settlement Purposes*** which governs how Claims of abuse will be valued and paid from the YDC Settlement Fund. This document is available on the YDC Claims Administration website. Please contact staff for the Administrator if you need assistance.

SPECIFIC INSTRUCTIONS FOR THE CLAIM WORKSHEET

1. Please type or print information clearly.
2. The Claim Worksheet is optional but will help you to determine what you may to receive from the Fund. If you use the Claim Worksheet, please try to fill out all requested information and follow the instructions in the Claim Worksheet step-by-step.
3. Please complete Part I “Sexual Abuse Claim” if you are claiming compensation from the Fund for sexual abuse.
4. Please complete Part II “Physical Abuse Claim” if you are claiming compensation from the Fund for physical abuse.
5. Please complete both Parts I and II if you are claiming compensation from the Fund for both sexual abuse and physical abuse.
6. Please include the completed Claim Worksheet when you submit your Claim Form and other documents.

SPECIFIC INSTRUCTIONS FOR COLLECTING AND PROVIDING ADDITIONAL DOCUMENTS

Documents Required Before Review

In addition to your Claim Form, the following documents will eventually be required to complete your Claim and have it reviewed. Please submit them with your Claim if possible:

(All Claimants)

1. A copy of an Identification Document (any of the following):
 - (a) A driver's license,
 - (b) A government-issued ID card that contains your photo, or
 - (c) A passport.If you do not have any of these documents, contact the Administrator about whether an alternative form of identification is acceptable:

YDC Claims Administration:
603-415-2136
833-423-2136 (toll-free)
claims@ydcclaims.nh.gov
P.O. Box 1930, Concord, NH 03301
www.ydcclaims.nh.gov

(Some Claimants)

2. If a lawsuit has been filed, a Signed Notice of Filing of Claim and [Partial] Stay
3. If a Guardian or Conservator is filing the Claim, a copy of the Guardianship or Conservatorship Order establishing their authority.
4. If you have an attorney:
 - (a) A copy of the fee agreement between you and your attorney; and
 - (b) An affidavit detailing the time and work your attorney spent on your Claim. (This affidavit should be prepared by your attorney. It may be updated by your attorney after any investigation or in connection with any resolution proceedings in your Claim.)

If you do not have these documents now, the Administrator will contact you to help.

Optional Documents

In addition to your Claim Worksheet, you may also submit other documents to support your Claim. These documents can help the Attorney General's ("AG") Designee, the Administrator, and/or the Administrator's Fact Facilitator verify your Claim and can help speed the processing of your Claim. Please consider submitting these additional documents at the time you submit your Claim:

- Medical Records
- Mental Health Records
- Your Resident File

Only if the AG Designee may not have it. If your Resident File was provided to you by the Attorney General's Office, it is not necessary to include it. You can assume the AG Designee will review your Resident File when evaluating your Claim. If there are specific pages of your Resident File you believe are Important, you may reference them by number in your Claim Form.)

- There is information available on the YDC Claims Administration website explaining how to access your resident facility files from the N.H. Department of Health and Human Services. A copy of the request must be sent to the AG Designee whose contact information also is available on the YDC Claims Administration website.
- Diaries, Notebooks or Journals
- Photographs
- The Complaint in any related lawsuit you have filed
- Statements from Witnesses
- Any other documents that you believe help support your Claim

NEED ASSISTANCE WITH THIS FORM? HELP IS AVAILABLE.

Contact YDC Claims Administration: (603) 415-2136; Toll Free Phone: (833) 423-2136;
claims@ydcclaims.nh.gov; www.ydcclaims.nh.gov

SUBMITTING YOUR CLAIM

Please submit all forms and documents to:

For Postal Mail: John T. Broderick, Jr., Administrator
Mailing: P.O. Box 1930, Concord, NH 03302-1930

For Hand-Delivery: Please call staff to schedule an appointment (603) 415-2136
or toll-free at (833) 423-2136
Satellite Office: 1 Granite Place, Suite 402N, Concord, NH

For Fax: (603) 798-3420

For E-mail: claims@ydcclaims.nh.gov

The **deadline** to submit your Claim is **midnight on December 31, 2024**. **Your Claim** must be postmarked or submitted and received no later than that date and time.

Legal Notice—Privacy and Confidentiality

Your Claim, and all documents and information created in connection with your Claim, will be treated as confidential by the Administrator and the AG Designee to the greatest extent permitted by law. A document or information that was not confidential prior to including it in a Claim does not become confidential because it is submitted. Under the Right-to-Know Law, NH RSA chapter 91-A, the Administrator and the AG Designee may be required to disclose settlement agreements and other records requested by a member of the public. In the event of such a request, your personally identifying information will be withheld to protect your privacy to the greatest extent permitted by law.

These confidentiality obligations are binding on the Administrator and the AG Designee, but not on you. You have the right to disclose information about your Claim (other than confidential settlement discussions) at any time.

If the Administrator or AG Designee believes, based on your Claim, that an individual you identify as an abuser should be referred to an appropriate law enforcement agency for prosecution, you will be contacted and your consent will be requested prior to any such referral. You are under no obligation to provide such consent or to cooperate in any criminal investigation in connection with your Claim.

For Administrator's Use Only

Name of Claimant _____

Amount Claimed _____

Date Claim Received _____

Claim No. _____

Resolution Proceeding No. _____

Claim Form

I. Your Name and Contact Information:

First Name: _____ Middle Name: _____

Last Name: _____ Other Names Used: _____

Gender: _____ Date of Birth (mm/dd/yyyy): _____

Social Security Number: ____-____-____

A-number (also known as CIS # or Alien Registration number) (if you have one):

Street Address: _____

Apartment or Unit #: _____

City: _____ State: _____ Zip Code: _____

Best phone number to reach you: _____

May voicemail messages be left? Yes No

Email: _____

How should we communicate with you? Check all that apply: MAIL E-MAIL PHONE

II. Attorney (If you have one):

Name: _____ Law Firm: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

III. Other Trusted Contact in Case We Cannot Reach You:

Name: _____

Address: _____

Phone: _____

Email: _____

IV. Eligibility for Compensation from the Fund:

a. Were you ever committed to or detained at YDC or a similar facility?

Yes No

If "Yes", in which facility? (Check all that apply)

YDC

State Industrial School

Philbrick School

Tobey School

Youth Services Center

Youth Detention Services Unit ("YDSU")

Other: _____

b. When were you in each facility (provide dates as best you remember)? _____

c. If you do not remember dates or years, how old were you when you were in each facility? _____

d. Which cottage(s) or wing(s) did you live in while at each facility? For each cottage or wing, please give the dates when you resided there and/or how long you lived there as best you can remember. _____

e. Were you sexually or physical abused while in a listed facility?

Yes No

f. Have you filed any lawsuits against the State, or any persons, organizations or entities related to the sexual or physical abuse you suffered?

Yes No

If "Yes", please provide information about the lawsuits, including the docket number, the names of the defendants, the court, the name of your attorney, and a summary of the lawsuit, or include a copy of your lawsuit when you submit your Claim.

g. Have you received any settlements (any money) from the State of New Hampshire, or any other person, organization, or entity related to the sexual or physical abuse you suffered?

Yes No

If "Yes", please provide information about the settlements, including the settling parties and a summary of the abuse claims related to the settlements. Please also include any documentation you have related to the settlements when you submit your Claim.

V. Description of the Abuse You Suffered:

a. Sexual Abuse

i. Are you making a claim for sexual abuse?

(For information on the categories and definitions of sexual abuse, please see the table below and the Guidelines.)

Yes No

If “Yes”, please continue to the next question, if not please go to Section V (b) “Physical Abuse”.

ii. Please tell us how and approximately how many times you were sexually abused by or because of a staff member. Use this table to summarize that information:

| Category | Description | Did this happen to you? | How many times? |
|----------|--|--|-----------------|
| A | Anal or Genital Rape | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| B | Oral Rape | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| C | Intimate Sexual Touching (Masturbation) | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| D | Other Touching (Groping) | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| E | Conduct Creating a Reasonable Apprehension of Sexual Touching or Sexual Penetration (Indecent Exposure, Lewdness, Violations of Privacy) | <input type="checkbox"/> Yes <input type="checkbox"/> No | |

iii. Please provide as much detail as you can regarding each time you were sexually abused. Please try to answer the questions for each separate instance of abuse.

(Attach additional pages as necessary.) Try to explain:

1. What happened?
2. When did it happen?

NEED ASSISTANCE WITH THIS FORM? HELP IS AVAILABLE.

Contact YDC Claims Administration: (603) 415-2136; Toll Free Phone: (833) 423-2136;
claims@ydcclaims.nh.gov; www.ydcclaims.nh.gov

8. Did anyone witness (see or hear) any of this incident of sexual abuse?

Yes No

If "Yes", please provide the name or names of any witnesses, contact information (if available) and the date or other reference to the incident(s) that the person witnessed.

9. Did you tell anyone about this incident?

Yes No

If "Yes", who did you tell or report to and when?

Parents, family, friend? Name, date, contact information: _____

Clergy Member, Social Worker, Counselor, Advocate? Name, date, and organization:

Facility Staff/Volunteer? Name, date, and facility: _____

Police department or other law enforcement? Name, date, and Department: _____

Attorney? Name, date, and law firm: _____

iv. Were you ever threatened, disciplined, or otherwise coerced so that you would not report that you were sexually abused at any time?

Yes No

If "Yes", please describe how and by whom:

NEED ASSISTANCE WITH THIS FORM? HELP IS AVAILABLE.

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claims@ydcclaims.nh.gov; www.ydcclaims.nh.gov

v. Did you get a sexually transmitted disease or get pregnant as a result of the abuse you suffered?

- Yes No Prefer Not to Answer

If "Yes", please describe what happened: _____

vi. Were photographs or a video recording made during any incidents of sexual abuse?

- Yes No Prefer Not to Answer

If "Yes", please describe what happened: _____

vii. Did the sexual abuse occur during a period of Out-of-Community Confinement ("OOC") that you consider unjustified?

- Yes No

If "Yes", please explain why you believe the OOC was unjustified:

NEED ASSISTANCE WITH THIS FORM? HELP IS AVAILABLE.

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claims@ydcclaims.nh.gov; www.ydcclaims.nh.gov

b. Physical Abuse

- i. Are you making a claim for physical abuse for incidents that occurred separately from sexual abuse?

Note: Only physical abuse that was separate from the sexual abuse just described (if any) may be claimed. (For additional information on the categories and definitions of physical abuse, please see the table below and the Guidelines.

Yes No

If “Yes”, please continue to the next question. Otherwise, please proceed to Section VI.

- ii. Please tell us how and approximately how many times you were physically abused by or because of a staff member. Use this table to summarize that information:

| Category | Description | Did this happen to you? | How many times? |
|----------|---|--|-----------------|
| A | Physical abuse resulting in permanent or life-threatening bodily injury | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| B | Physical abuse resulting in serious bodily injury | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| C | Physical abuse resulting in bodily injury | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| D | Physical abuse with no significant injury | <input type="checkbox"/> Yes <input type="checkbox"/> No | |

- iii. Please provide as much detail as you can regarding each time you were physically abused. Please try to answer the questions for each separate instance of abuse.

(Attach additional pages as necessary.) Try to explain:

1. What happened?
2. When did it happen?

- 3. How old were you?
- 4. Who abused you? (the names, nicknames or descriptions of the abuser(s))
- 5. Where did it happen?
- 6. Did you suffer any injury or permanent impairment? (Examples: A black eye, a broken leg, brain damage)
- 7. Were any objects or weapons used?

8. Did anyone witness (see or hear) any of this incident of physical abuse?

Yes No

If "Yes", please provide the name or names of any witnesses, contact information (if available), and the date or other reference to the incident(s) that the person witnessed.

NEED ASSISTANCE WITH THIS FORM? HELP IS AVAILABLE.

Contact YDC Claims Administration: (603) 415-2136; Toll Free Phone: (833) 423-2136;
claims@ydcclaims.nh.gov; www.ydcclaims.nh.gov

8. Did you tell anyone about this incident?

Yes No

If "Yes", who did you tell or report to and when?

Parents, family, friend? Name, date, contact information: _____

Clergy Member, Social Worker, Counselor, Advocate? Name, date, organization: _____

Facility Staff/Volunteer? Name, date, and facility: _____

Police department or other law enforcement? Name, date, and Department: _____

Attorney? Name, date, and law firm: _____

iv. Were you ever threatened, disciplined, or otherwise coerced so that you would not report that you were physically abused at any time?

Yes No

If "Yes", please describe how and by whom: _____

v. Was the physical abuse inflicted because you refused to submit to sexual advances?

Yes No

If "Yes", please describe the advances:

vi. Did the physical abuse occur during a period of Out-of-Community Confinement ("OOC") that you consider unjustified?

Yes No

If "Yes", please explain why you believe the OOC was unjustified:

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claims@ydcclaims.nh.gov; www.ydcclaims.nh.gov

vii. What else do you want to tell us about your physical abuse?

VI. Additional Information to Support Your Claim (Use Additional Pages if Needed)

a. To the best of your ability, please describe the impact that the abuse has had on you. Please include any extraordinary circumstances or harm that you suffered.

- b. Have you received any treatment or services (such as medical treatment, counseling, addiction recovery, religious or spiritual services) because of the abuse you suffered?
 Yes No

If "Yes", please describe (a) the treatment or service received, (b) the providers of the treatment or services, (c) the dates of treatment or services received. _____

- c. Do you believe that additional or other treatment or services would be helpful to you?
 Yes No

If "Yes" please, describe the treatment or services that would help you _____

NEED ASSISTANCE WITH THIS FORM? HELP IS AVAILABLE.

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claims@ydcclaims.nh.gov; www.ydcclaims.nh.gov

VII. Your Claim Amount (Required)

To determine the amount of your Claim under the Guidelines, you may complete the Claim Worksheet. Completing the Claim Worksheet is optional. Alternatively, you can estimate the amount of your Claim. If you would like to use the Claim Worksheet and need assistance, please contact staff for the Administrator.

Option A: From the Claim Worksheet

- a. **Sexual Abuse:** If you were sexually abused, please enter either the Uncapped Sexual Abuse Claim Amount from **Part I of the Claim Worksheet** or \$1,500,000.00, whichever is smaller.

\$ _____

- b. **Physical Abuse:** If you were physically abused, please enter either the Uncapped Physical Abuse Claim Amount from **Part II of the Claim Worksheet** or \$150,000.00, whichever is smaller.

\$ _____

- c. **Total Claim Amount:** Add the two numbers above together. If the sum of these two numbers is less than \$1,500,000.00, this is your Total Claim Amount. Write the sum in the space below. If the amount is greater than \$1,500,000.00, write \$1,500,000.00 in the space below.

\$ _____
TOTAL CLAIM AMOUNT

Option B: Estimate

If you have chosen not to use the Claim Worksheet, please simply enter the amount you believe that you are owed. If you enter an amount greater than \$1,500,000.00 your Claim will be treated as a Claim for \$1,500,000.00.

\$ _____
TOTAL CLAIM AMOUNT

VIII. Verification and Signature

You must read and agree to each of the statements below to submit your Claim. Please check each box to indicate your agreement and then sign this form in front of a notary or Justice of the Peace.

- I have been advised through the instructions in this claim packet that I may consult with an attorney regarding my decision to submit this Claim.
- I understand that any pending lawsuit related to sexual or physical abuse I have against the State of New Hampshire and its departments and employees will be stayed (paused) while my Claim is processed (except as to anyone who directly and personally abused me or as to claims not covered by the Fund).
- I understand that my Claim will be reviewed by the AG Designee and the Administrator and that the final amount I am offered may be different from the amount I have claimed.
- I understand that if I deliberately submit a false Claim a referral about me may be made to an appropriate law enforcement agency.

OATH AND ACKNOWLEDGEMENT

I have reviewed the information in the Claim Form and all attachments. I hereby declare under oath, upon penalty of perjury, that the information I have provided in the Claim Form and all attachments and any information I submit in support of my Claim is true and correct to the best of my knowledge and belief.

Date: _____

(printed name of Claimant)

STATE OF _____

COUNTY OF _____

Before me, personally appeared _____ (Claimant), on this ___ day of _____, 20__ and acknowledged the foregoing to be true and accurate to the best of their knowledge and belief.

Date: _____

Notary Public/Justice of the Peace

My Commission Expires: _____

(seal)

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claims@ydcclaims.nh.gov; www.ydcclaims.nh.gov

Statement of Attorney

I, _____(Name of Attorney) , represent _____
_____(Claimant) and assisted in the preparation of this
Claim. A copy of my fee agreement or engagement letter with Claimant is attached, and
the information contained in my W-9 (if provided) and fee affidavit is accurate.

Date:

Bar No. _____

State of Admission: _____
(if other than New Hampshire)

Name of Claimant: _____

CLAIM WORKSHEET (Optional)

Use this Claim Worksheet to calculate the compensation available to you under the Guidelines for Valuing Claims for Settlement Purposes.

I. Claims for Sexual Abuse

If you are making a claim for compensation due to sexual abuse, complete this section of the Claim Worksheet. Otherwise, skip this section and go to Section II.

A. Summary of Your Claim

Copy the information from your Claim Form, Section V. a. ii., here:

| Category | Description | Did this happen to you? | How many times? |
|----------|--|--|-----------------|
| A | Anal or Genital Rape | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| B | Oral Rape | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| C | Intimate Sexual Touching (Masturbation) | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| D | Other Touching (Groping) | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| E | Conduct Creating a Reasonable Apprehension of Sexual Touching or Sexual Penetration (Indecent Exposure, Lewdness, Violations of Privacy) | <input type="checkbox"/> Yes <input type="checkbox"/> No | |

B. Value your Claim

Step 1: Determine the Base Award

Your base award is the dollar amount from Table 1 for the category of abuse you experienced that provides the most compensation.

Table 1 – Categories of and Base Award Amounts for Claims of Sexual Abuse

| Category | Description | Base Award Amount |
|----------|--|-------------------|
| A | Anal or Genital Rape (Sexual Penetration of the Anus or Genital Openings) | \$200,000 |
| B | Oral Rape (Fellatio, Cunnilingus, Sexual Penetration of the Mouth) | \$150,000 |
| C | Intimate Sexual Touching (Masturbation) | \$100,000 |
| D | Other Touching (Groping) | \$50,000 |
| E | Conduct Creating a Reasonable Apprehension of Sexual Touching or Sexual Penetration (Indecent Exposure, Lewdness, Violations of Privacy) | \$25,000 |

Write your Base Award Here:

\$ _____ †

Step 2: Determine and Apply a Frequency Multiplier

A. Determine An Adjusted Frequency

Use the first section here that applies. You only need to complete one of the sections in this Part of the Claim Worksheet.

1. Use this section if you checked “yes” to category A (Anal or Genital Rape):

Write the # of incidents of A conduct here: _____ (Line 1)

Write the # of incidents of B conduct here (may be zero): _____ (Line 2)

+

Write the # of incidents of C conduct here (may be zero): _____ (Line 3)

=

Add incidents of B and C (Lines 2 and 3) together: _____ (Line 4)

÷ 2

Divide Line 4 in half and round up:
(Example: 3.5 rounded up is 4) _____ (Line 5)

Add Line 1 and Line 5: _____ (Line 6)*

This is your **Adjusted Frequency**.

Write the number from Line 6* in the first blank in Part B, then continue with Part B.

IF YOU COMPLETED THE PRIOR PAGE,
YOU DO NOT NEED TO COMPLETE THIS PAGE.

2. Use this section if you checked “no” to category A, but “yes” to category B (Oral Rape):

Write the # of incidents of B conduct here: _____ (Line 1)

Write the # of incidents of C conduct here (may be zero): _____ (Line 2)

+

Write the # of incidents of D conduct here (may be zero): _____ (Line 3)

=

Add incidents of C and D (Lines 2 and 3) together: _____ (Line 4)

÷ 2

Divide Line 4 in half and round up:
(Example: 3.5 rounded up is 4) _____ (Line 5)

Add Line 1 and Line 5: _____ **(Line 6)***

This is your **Adjusted Frequency**.

Write the number from Line 6* in the first blank in Part B, then continue with Part B.

IF YOU COMPLETED THE PRIOR PAGE,
YOU DO NOT NEED TO COMPLETE THIS PAGE.

**3. Use this section if you checked “no” to categories A and B, but
“yes” to category C (Intimate Sexual Touching (Masturbation)):**

Write the # of incidents of C conduct here: _____ (Line 1)

Write the # of incidents of D conduct here (may be zero): _____ (Line 2)

+

Write the # of incidents of E conduct here (may be zero): _____ (Line 3)

=

Add incidents of D and E (Lines 2 and 3) together: _____ (Line 4)

÷ 2

Divide Line 4 in half and round up:
(Example: 3.5 rounded up is 4) _____ (Line 5)

Add Line 1 and Line 5: _____ (Line 6)*

This is your **Adjusted Frequency**.

Write the number from Line 6* in the first blank in Part B, then continue with Part B.

IF YOU COMPLETED THE PRIOR PAGE,
YOU DO NOT NEED TO COMPLETE THIS PAGE.

**4. Use this section if you checked “no” to categories A through C,
but “yes” to category D (Other Touching (Groping)):**

Write the # of incidents of D conduct here: _____ (Line 1)

Write the # of incidents of E conduct here (may be zero): _____ (Line 2)

÷ 2

Divide Line 2 by 2 and round up:
(Example: 3.5 rounded up is 4) _____ (Line 3)

Add Line 1 and Line 3: _____ (Line 4)*

This is your **Adjusted Frequency**.

Write the number from Line 4* in the first blank in Part B, then continue with Part B.

IF YOU COMPLETED THE PRIOR PAGE,
YOU DO NOT NEED TO COMPLETE THIS PAGE.

5. Use this section if you checked “no” to categories A through D, but “yes” to category E (Conduct Creating a Reasonable Apprehension of Sexual Touching or Sexual Penetration (Indecent Exposure, Lewdness, Violations of Privacy)):

Write the # of incidents of E conduct here: _____ (Line 1)*

This is your **Adjusted Frequency**.

Write the number from Line 1* in the first blank in Part B, then continue with Part B.

B. Find Your Frequency Multiplier

1. Write your Adjusted Frequency from the prior Part here: _____*
2. Find and circle the Frequency Multiplier in Table 3 that corresponds to your Adjusted Frequency and write it in the blank below:

Table 3 – Frequency Multiplier Table

| Adjusted Frequency | Frequency Multiplier |
|---------------------------|-----------------------------|
| One | 1 |
| Two to Five | 3 |
| Six to Nine | 7 |
| Ten or more | 12 |

My Frequency Multiplier is: _____

C. Apply the Frequency Multiplier

Write your Base Award from Step 1 here: \$ _____ †

Write your Frequency Multiplier from Step 2, Part B here: x _____

=

Multiply the Base Award times the Frequency Multiplier \$ _____ ^

This is your **Frequency Adjusted Base Award**.

Continue to Step 3.

Step 3: Adding Amounts for Aggravating Factors

Check “Yes” or “No” in the Answer column. For each “yes” answer, copy or calculate the Amount to be Added in the last column. For “no” answers, do not put anything in the last column. Add all of the amounts in the last column together at the bottom of the table.

| Question | Answer | If “Yes” Add: | | Amount to be Added (Calculation Help Available Below) |
|---|--|---------------|--|--|
| Did you get pregnant from an incident of sexual abuse? | <input type="checkbox"/> Yes <input type="checkbox"/> No | | \$200,000 | \$ |
| Did you get a sexually transmitted disease (STD) from an incident of sexual abuse? | <input type="checkbox"/> Yes <input type="checkbox"/> No | | \$100,000 | \$ |
| Were photographs or a video recording made during the incident of sexual abuse? | <input type="checkbox"/> Yes <input type="checkbox"/> No | | \$125,000 | \$ |
| Did different people sexually abuse you at different times? | <input type="checkbox"/> Yes <input type="checkbox"/> No | .5 x | \$ _____ = Base Award (from Step 1) | \$ |
| Did the sexual abuse continue for longer than 12 months? | <input type="checkbox"/> Yes <input type="checkbox"/> No | .5 x | \$ _____ = Base Award (from Step 1) | \$ |
| Was the sexual abuse accompanied by unjustified out of community confinement? | <input type="checkbox"/> Yes <input type="checkbox"/> No | .25 x | \$ _____ = Base Award (from Step 1) | \$ |
| Were you under 13 the first time you were sexually abused? | <input type="checkbox"/> Yes <input type="checkbox"/> No | .25 x | \$ _____ = Base Award (from Step 1) | \$ |
| Did more than one person physically participate in a single incident of sexual abuse? | <input type="checkbox"/> Yes <input type="checkbox"/> No | .5 x | \$ _____ = Base Award Amount for Incident | \$ |

| | | | | |
|---|--|-------|--|----------|
| Did anyone use a deadly weapon during an incident of sexual abuse? | <input type="checkbox"/> Yes <input type="checkbox"/> No | .5 x | \$ _____ = Base Award Amount for Incident | \$ _____ |
| Did anyone else observe, stand by or act as a lookout during an incident of sexual abuse? | <input type="checkbox"/> Yes <input type="checkbox"/> No | .25 x | \$ _____ = Base Award Amount for Incident | \$ _____ |
| | | | Total of All Aggravating Factors | \$ _____ |

Calculation Help

You can use this table to help with multiplication in the table above. The amount in the first column times .25 is in the second column. The amount in the first column times .5 is in the third column.

Example: \$50,000 x .25 = \$12,500.

| | .25 | .5 |
|-----------|----------|-----------|
| \$25,000 | \$6,250 | \$12,500 |
| \$50,000 | \$12,500 | \$25,000 |
| \$100,000 | \$25,000 | \$50,000 |
| \$150,000 | \$37,500 | \$75,000 |
| \$200,000 | \$50,000 | \$100,000 |

Calculating the Uncapped Sexual Abuse Claim Amount

Fill in and add these two numbers to determine your uncapped Sexual Abuse Claim Amount.

Frequency Adjusted Base Award from Step 2, Part C: \$ _____ ^

+

Total of All Aggravating Factors (last column above) \$ _____

=

UNCAPPED SEXUAL ABUSE CLAIM AMOUNT \$ _____

Use this amount in answering Question VII, a. of your Claim Form.

II. Claims for Physical Abuse

If you are making a claim for compensation due to physical abuse, complete this section of the Claim Worksheet.

Reminder: Only physical abuse that was separate from sexual abuse may be claimed. For additional information on the categories and definitions of physical abuse, see the table below and the Guidelines, Appendix A to the Claims Process.

A. Summarize Your Claim

Copy the information from your Claim Form, Section V. b. ii., here:

| Category | Description | Did this happen to you? | How many times? |
|----------|---|--|-----------------|
| A | Physical abuse resulting in permanent or life-threatening bodily injury | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| B | Physical abuse resulting in serious bodily injury | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| C | Physical abuse resulting in bodily injury | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| D | Physical abuse with no significant injury | <input type="checkbox"/> Yes <input type="checkbox"/> No | |

B. Value your Claim

Step 1: Determine the Base Award

Your base award is the dollar amount from Table 2 for the category of abuse you experienced that provides the most compensation.

Table 2 – Categories of and Base Award Amounts for Claims of Physical Abuse

| Category | Description | Base Award Amount |
|----------|---|-------------------|
| A | Physical abuse resulting in permanent or life-threatening bodily injury | \$50,000 |
| B | Physical abuse resulting in serious bodily injury | \$25,000 |
| C | Physical abuse resulting in bodily injury | \$10,000 |
| D | Physical abuse with no significant injury | \$2,500 |

Write your Base Award Here: \$ _____ †

Step 2: Determine and Apply a Frequency Multiplier

A. Determine An Adjusted Frequency

Use the first section here that applies. You only need to complete one of the sections in this Part of the Claim Worksheet.

1. Use this section if you checked “yes” to category A (Physical abuse resulting in permanent or life-threatening bodily injury):

Write the # of incidents of A conduct here: _____ (Line 1)

Write the # of incidents of B conduct here (may be zero): _____ (Line 2)
÷ 2

Divide Line 2 in half and round up:
(Example: 3.5 rounded up is 4) _____ (Line 3)

Add Line 1 and Line 3: _____ (Line 4)*

This is your **Adjusted Frequency**.

Write the number from Line 4* in the first blank in Part B, then continue with Part B.

IF YOU COMPLETED THE PRIOR PAGE,
YOU DO NOT NEED TO COMPLETE THIS PAGE.

2. Use this section if you checked “no” to category A, but “yes” to category B (Physical abuse resulting in serious bodily injury):

Write the # of incidents of B conduct here: _____ (Line 1)

Write the # of incidents of C conduct here (may be zero): _____ (Line 2)

÷ 2

Divide Line 2 in half and round up: _____ (Line 3)
(Example: 3.5 rounded up is 4)

Add Line 1 and Line 3: _____ (Line 4)*

This is your **Adjusted Frequency**.

Write the number from Line 4* in the first blank in Part B, then continue with Part B.

IF YOU COMPLETED THE PRIOR PAGE,
YOU DO NOT NEED TO COMPLETE THIS PAGE.

**3. Use this section if you checked “no” to categories A and B, but
“yes” to category C (Physical abuse resulting in bodily injury):**

Write the # of incidents of C conduct here: _____ (Line 1)

Write the # of incidents of D conduct here (may be zero): _____ (Line 2)

÷ 2

Divide Line 2 in half and round up: _____ (Line 3)
(Example: 3.5 rounded up is 4)

Add Line 1 and Line 3: _____ (Line 4)*

This is your **Adjusted Frequency**.

Write the number from Line 4* in the first blank in Part B, then continue with Part B.

IF YOU COMPLETED THE PRIOR PAGE,
YOU DO NOT NEED TO COMPLETE THIS PAGE.

4. If you checked “no” to categories A through C, but “yes” to category D (Physical abuse with no significant injury):

Write the # of incidents of D conduct here: _____ (Line 1)*

This is your **Adjusted Frequency**.

Write the number from Line 1* in the first blank in Part B, then continue with Part B.

B. Find Your Frequency Multiplier

1. Write your Adjusted Frequency from the prior Part here: _____*
2. Find and circle the Frequency Multiplier in Table 3 that corresponds to your Adjusted Frequency and write it in the blank below:

Table 3 – Frequency Multiplier Table

| Adjusted Frequency | Frequency Multiplier |
|---------------------------|-----------------------------|
| One | 1 |
| Two to Five | 3 |
| Six to Nine | 7 |
| Ten or more | 12 |

My Frequency Multiplier is: _____

C. Apply the Frequency Multiplier

Write your Base Award from Step 1 here: \$ _____ †

Write your Frequency Multiplier from Step 2, Part B here: x _____

=

Multiply the Base Award times the Frequency Multiplier \$ _____ ^

This is your ****Frequency Adjusted Base Award.**

Continue to Step 3.

Step 3: Adding Amounts for Aggravating Factors

Check “Yes” or “No” in the Answer column. For each “yes” answer, copy or calculate the Amount to be Added in the last column. For “no” answers, do not put anything in the last column. Add all of the amounts in the last column together at the bottom of the table.

| Question | Answer | If “Yes” Add: | | Amount to be Added (Calculation Help is Available Below) |
|--|--|---------------|---|---|
| Were you physically abused in retaliation or as punishment for refusal to submit to sexual advances? | <input type="checkbox"/> Yes <input type="checkbox"/> No | .25 x | \$ _____ = Base Award (from Step 1) | \$ |
| Was the physical abuse accompanied by unjustified out of community confinement? | <input type="checkbox"/> Yes <input type="checkbox"/> No | .25 x | \$ _____ = Base Award (from Step 1) | \$ |
| | | | Total of All Aggravating Factors | \$ |

Calculation Help

You can use this table to help with multiplication in the table above. The amount in the first column times .25 is in the second column. The amount in the first column times .5 is in the third column.

Example: \$10,000 x .25 = \$2,500.

| | | |
|----------|----------|----------|
| | .25 | .5 |
| \$2,500 | \$625 | \$1,250 |
| \$10,000 | \$2,500 | \$5,000 |
| \$25,000 | \$6,250 | \$12,500 |
| \$50,000 | \$12,500 | \$25,000 |

Calculating the Uncapped Physical Abuse Claim Amount

Fill in and add these two numbers to determine your uncapped Physical Abuse Claim Amount.

$$\begin{array}{r} \text{Frequency Adjusted Base Award from Step 2, Part C: } \$ \underline{\hspace{10em}}^{\wedge} \\ \hspace{10em} + \\ \text{Total of All Aggravating Factors (last column above) } \$ \underline{\hspace{10em}} \\ \hspace{10em} = \\ \text{UNCAPPED PHYSICAL ABUSE CLAIM AMOUNT } \$ \underline{\hspace{10em}} \end{array}$$

Use this amount in answering Question VII, b. of your Claim Form.

**STATE OF NEW HAMPSHIRE
SUPERIOR COURT**

Merrimack, ss

Case No. _____

Your name: _____

v.

N.H. Department of Health and Human Services, et al.,
(YDC and YDSU cases)

NOTICE OF FILING OF CLAIM AND [PARTIAL] STAY

I, [insert your name] _____, hereby notify the Court that I have filed a Claim with the Administrator of the YDC Settlement Fund. I understand that the Administrator will complete the Certification on page 2 and that this Notice will be filed with the Court.

I further understand that when this Notice is filed with the Court, my lawsuit will automatically be stayed as to the State of New Hampshire, any of its agents or employees, any of its political subdivisions, including the Department of Health and Human Services, and the agents and employees of all such political subdivisions (the “State Defendants”), except that (i) my lawsuit is not automatically stayed, and I may continue to pursue relief against the State Defendants, as to any and all allegations, claims, and incidents of abuse which are not and could not have been the subject of my Claim under N.H. RSA 21-M:11-a, and (ii) my lawsuit is not automatically stayed as to, and I may continue to pursue relief against, any individual whose direct and personal actions constituted sexual abuse or physical abuse of me, even if that individual was a state employee at the time. N.H. RSA 21-M:11-a VII(e).

I further understand that if I continue to pursue relief against any such direct, personal individual perpetrator or as to allegations, claims, and incidents of abuse which are not and could not have been the subject of my Claim while my case is otherwise stayed as against the State Defendants, that will not preclude the State Defendants from conducting discovery or other litigation activities that duplicate activities conducted or undertaken during the period of the

State stay, when and if the State stay is lifted in the event that my Claim is not resolved in the Settlement Fund Claim Process.

Your signature: _____

Your printed name: _____

Date signed: _____

CERTIFICATION OF ADMINISTRATOR

I, [name of Administrator] _____, duly appointed Administrator of the YDC Settlement Fund, hereby confirm and advise the Court that I have received a Claim from [name] _____ (“Claimant”) on [date] _____. I further advise the Court, that pursuant to N.H. RSA 21-M:11-a VII(e), upon filing of this Notice, the above captioned lawsuit should be automatically stayed as to the State of New Hampshire, any of its agents or employees, any of its political subdivisions, including the Department of Health and Human Services, and the agents and employees of all such political subdivisions (the “State Defendants”), except that (i) this action should not be automatically stayed, and Claimant may continue to pursue relief against the State Defendants, as to any and all allegations, claims, and incidents of abuse which are not and could not have been the subject of the Claim under N.H. RSA 21-M:11-a, and (ii) this action should not be automatically stayed as to, and Claimant may continue to pursue relief against, any individual whose direct and personal actions constituted sexual abuse or physical abuse of Claimant, even if that individual was a state employee at the time.

Signed: _____

Date: _____