

**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, _____, 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, _____, duly appointed Administrator of the YDC Settlement Fund, hereby confirm and advise the Court that I have received a Claim from _____ (“Claimant”) on _____. 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: _____