

*RODRIGUEZ v. CITY OF LOS ANGELES*  
*SETTLEMENT SIXTH AMENDED CLAIM FORM*

**SIXTH AMENDED CLAIM FORM – INSTRUCTIONS**

If you are confirmed as a person impacted by the *Rodriguez* settlement (also called a “class member”), you are entitled to ALL of the following benefits:

- Participation in the Jobs and Education Program
- Free tattoo removal services

\*\*The original settlement provided for class members to petition for removal from the gang injunctions. Please note that class members do not have to petition because the City has already informed all class members that the City will no longer enforce the gang injunctions against them.

**INSTRUCTIONS FOR CLAIMING YOUR BENEFITS:**

1. **Fill out Part 1, the “Class Member Information” section, to verify that you are a class member.** Any information you choose to provide will be used ONLY to verify that you are a class member and to contact you regarding settlement benefits. It will be kept confidential and not used for any other purpose.
2. **Fill out Part 2, the “Benefits Request” section to choose which benefits you would like.**
3. **Fill out Part 3, the “Request to Transfer Jobs and Education Program to Relative” section only if you want to transfer your benefits to a relative.**

In addition, if the class member is deceased, the Jobs and Education Program benefits can be transferred to an heir. Contact CAC Services Group or the attorneys for the class for more information \*\*

4. **Send these forms in the enclosed envelope or mail it to the settlement administrator as follows:**

**Rodriguez v. City of Los Angeles Claims**  
**c/o CAC Services Group, LLC**  
**6420 Flying Cloud Dr., Ste. 101**  
**Eden Prairie, MN 55344**

You can also submit forms by email to [info@caesg.com](mailto:info@caesg.com)

5. **Postmark your forms on or before March 27, 2024.<sup>1</sup>**

***Questions? Need help completing this form?***  
***Call (310) 997-0380 to speak with attorneys for the class members***  
***or visit [www.gangcase.com](http://www.gangcase.com)***

<sup>1</sup> If your claim is postmarked after March 27, 2024, your claim may be rejected. The City has agreed to pay up to a maximum of \$7.5 million per year to fund the Jobs and Education Program. If the annual maximum has been reached, you may not be able to receive services under the Program.

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**PART 1: CLASS MEMBER INFORMATION:**

*Any information you provide will be used ONLY to verify that you are a class member and to contact you regarding settlement benefits. It will be kept confidential and not used for any other purpose.*

[NAME] \_\_\_\_\_  
[ADDRESS] \_\_\_\_\_  
[CITY, STATE, ZIP] \_\_\_\_\_  
Telephone Number(s) (\_\_\_\_) \_\_\_\_ - \_\_\_\_ (Home)      (\_\_\_\_) \_\_\_\_ - \_\_\_\_ (Other)  
Email: \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_ - \_\_\_\_  
Other names or nicknames that I have used or that the LAPD may know me by or has given me:  
\_\_\_\_\_  
Date of Birth: \_\_\_\_\_ SSN #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Cal ID/CII/other identifiers: \_\_\_\_\_

**PART 2: BENEFITS REQUEST (check all that apply)**

- JOBS AND EDUCATION: I would like to obtain the Jobs and Education Program benefit.
- €      I want to participate in the Jobs and Education Program. A program representative can contact me.
- €      I want to transfer my Jobs and Education Program benefit to the following relative  
\_\_\_\_\_ (please complete part 3 on the next page entitled  
"REQUEST TO TRANSFER JOBS AND EDUCATION PROGRAM BENEFIT TO  
RELATIVE" if you choose this option).
- €      I am currently in jail or prison and would like more information about the type of benefits I can receive while in custody.
- TATTOO REMOVAL: I want to receive tattoo removal services. A program representative can contact me.

**I declare under penalty of perjury that I have been served with one or more of the gang injunctions listed in this lawsuit and that the above information is true and correct.**

Dated: \_\_\_\_\_ Signed: \_\_\_\_\_

Note: If you move, please send CAC Services Group, LLC your new address or call (310) 997-0380. It is your responsibility to keep a current address on file with the CAC Services Group, LLC.

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**PART 3: REQUEST TO TRANSFER JOBS AND EDUCATION PROGRAM BENEFIT TO RELATIVE**

***\*\*Please complete this section ONLY if you want to transfer the Jobs and Education Program benefit to a relative.\*\****

I, \_\_\_\_\_

hereby request that the Jobs and Education Program benefit to which I am entitled as a class member be transferred to the first- or second-degree relative (parent, child, brother or sister, spouse, cousin, aunt, uncle, nephew, or niece) who is named below.

I understand that by doing so, I am giving up my right to participate personally in the Jobs and Education Program.

I understand that if I transfer the Jobs and Education benefit to a first-degree relative (parent, child, sibling, or spouse), they will have the same priority as I would, but if I transfer the Jobs and Education benefit to a second-degree relative (cousin, aunt, uncle, nephew, or niece), they will be provided with the benefits only if the City's minimum annual contribution of \$1.125 million has not already been reached. If I have any questions, I know I can call (310) 997-0380 to speak with an attorney for class members.

I understand that if I transfer the Jobs and Education benefit to a relative, I can still receive tattoo removal services for myself.

I understand that I cannot transfer the tattoo removal services to a family member. I can transfer only the Jobs and Education Program to my relative.

I declare under penalty of perjury that the Transferee named below is my first- or second-degree relative (parent, child, brother or sister, spouse, cousin, aunt, uncle, nephew, or niece), and that the information below concerning the nature of my relationship to the Transferee is true and correct.

Dated: \_\_\_\_\_ Signed: \_\_\_\_\_

Transferee Name: \_\_\_\_\_ Relationship to Claimant: \_\_\_\_\_

Transferee Address: \_\_\_\_\_ Transferee Telephone Number: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

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**PART 4: REQUEST TO TRANSFER JOBS AND EDUCATION PROGRAM BENEFIT TO HEIR OF DECEASED CLASS MEMBER**

I, \_\_\_\_\_, hereby declare as follows:

(1) \_\_\_\_\_, (decedent's name), died on \_\_\_\_\_ (date) at \_\_\_\_\_ (place).

(2) At least 40 days have elapsed since the death of the decedent, as shown in a certified copy of the decedent's death certificate attached to this affidavit or declaration.

(3) Either (check the appropriate box):

No proceeding is now being or has been conducted in California for administration of the decedent's estate.

The decedent's personal representative has consented in writing to the transfer to me of the property described in this declaration.

(4) The current gross fair market value of the decedent's real and personal property in California, excluding the property described in Section 13050 of the California Probate Code, does not exceed one hundred fifty thousand dollars (\$150,000).

(5) \_\_\_\_\_ (decedent) was a verified member of the class impacted by the Rodriguez settlement and was entitled to participate in the Jobs and Education Program benefit.

(6) I, \_\_\_\_\_, am the successor of the decedent (as defined in Section 13006 of the California Probate Code) to the decedent's interest in the Jobs and Education Program benefit. My relationship to the decedent is \_\_\_\_\_. (spouse, child, parent, sibling)..

(7) No other person has a superior right to the interest of the decedent in the Jobs and Education Program benefit.

(8) I request that the Jobs and Education Program benefit be transferred to me.

(9) I affirm or declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Dated: \_\_\_\_\_ Signed: \_\_\_\_\_

Transferee Address: \_\_\_\_\_ Telephone Number:(\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

\_\_\_\_\_ Email: \_\_\_\_\_