

Jacob A., et al. v. Los Angeles County DCFS, et al.

Superior Court, State of California, County of Los Angeles
Case No. BC390627

PROOF OF ELIGIBILITY FORM

The Los Angeles Department of Children and Family Services does not have enough information to make a decision as to whether you are an eligible Class Member for purposes of receiving a monetary payment from this Settlement.

TO DECIDE WHETHER YOU ARE ELIGIBLE TO RECEIVE MONEY FROM THIS LAWSUIT, YOU MUST COMPLETE, SIGN, AND MAIL IN THIS DOCUMENT BY SEPTEMBER 7, 2009, TO:

Department of Children and Family Services
Attention: Monica Biernat, SCSW
Adoption and Permanency Resources Division
3530 Wilshire Blvd., 4th Floor
Los Angeles, California 90010
(213)351-0228

THIS MEANS THAT THE POSTMARK ON THE ENVELOPED MUST BE SEPTEMBER 7, 2009 OR ANY DAY BEFORE SEPTEMBER 7, 2009

A. CLAIMANT IDENTIFICATION

NAME OF ADOPTING/ADOPTIVE PARENT(S):

STREET ADDRESS: _____

CITY, STATE, ZIP CODE: _____

TELEPHONE NUMBER: () _____

CELL PHONE/WORK TELEPHONE NUMBER: () _____

B. INFORMATION ABOUT DUAL AGENCY CHILD

A Dual Agency child is a child who is 1) adopted from foster care or an adoptively placed foster child and 2) a consumer/ client of Regional Center due to a developmental disability.

To the best of your knowledge, please provide the following information. If you do not know the exact date, you can provide your best approximation of the date and state that this is the “approximate” date:

Birth name of child : _____

Adoptive name of child, if different : _____

Date Adoptive Placement Papers signed with DCFS : _____

Date Adoption Finalized (Indicate “n/a” if not yet finalized) : _____

Date Child became a Consumer/Client of Regional Center : _____

Please attach copies of any documents (example: letters, court minute orders, documents from regional center, written statements from people with knowledge) or support for these statements to this Proof of Eligibility Form when you file it with the Los Angeles Department of Children and Family Services.

C. INFORMATION ABOUT FAILURE TO PROVIDE AAP PAYMENTS AT THE ARM RATE AT ANY TIME FROM MAY 12, 2005 THROUGH TO THE PRESENT.

I was not provided with AAP payments at the ARM Rate – the higher payment amount for children who have developmental disabilities -- for my adopted or adoptively placed child from _____ (date) until _____ (date).

Please attach copies of any documents (example: letters, court minute orders, written statements from people with knowledge) or support for this statement to this Proof of Eligibility Form when you file it with the Los Angeles Department of Children and Family Services.

D. QUESTIONS ABOUT THIS PROOF OF ELIGIBILITY FORM

If you have any questions about this Proof of Eligibility Form or how to properly turn it in, please contact:

CLASS COUNSEL

Brian Capra, Esq.
Public Counsel
610 South Ardmore Avenue
Los Angeles, California 90005
Phone: (213) 385-2977

Cynthia Billey, Esq.
Alliance for Children’s Rights
3333 Wilshire Blvd., Suite 550
Los Angeles, California 90010
Phone: (213) 368-6010

E. AGREEMENT WITH SETTLEMENT AND SIGNATURE

I have received Notice of Pendency of Class Action, Proposed Settlement and Hearing (“Notice”). I submit this Proof Eligibility Form under the terms of the Proposed Settlement described in that Notice.

By submitting this form, I agree that a copy of it and any supporting documentation that I provide will be provided to Class Counsel.

Signed this _____ day of _____, 2009.

Signature

Name (print): _____
Last First Middle