





## SECTION II - ELIGIBILITY FOR A MONETARY AWARD

You may be entitled to, and will be considered for, backpay (lost salary and benefits), reimbursement of medical expenses and lost pension and retirement benefits. Answers to these questions will help to determine your membership in the class and eligibility for monetary relief. **Please review the statements and questions below and check the box and/or fill in the blanks as they apply to you. You must answer every question.**

1. Please select your race:

African American     Latino

2. Have you worked as a teacher for the New York City Department of Education ("DOE") at any time since the date you first failed the LAST?

Yes     No

3. Did you fail any administration of the Liberal Arts and Sciences Test ("LAST") **for the first time** on or after February 14, 2004?

Yes     No

4. Are you a United States citizen?

Yes     No

- If you are a naturalized U.S. Citizen, when did you obtain your citizenship?

/  /     (mm/dd/yyyy)

- If you are not a United States citizen, do you have a Green Card?

Yes     No

**If yes, when did you obtain your Green Card?**

/  /     (mm/dd/yyyy)

- If you are not a United States citizen and you do not have a Green Card, do you have an H1 Visa?

Yes     No

**If yes, when did you obtain the H1 Visa?**

/  /     (mm/dd/yyyy)

5. Have you collected any award of backpay from any employer as a result of a judgment or settlement of a lawsuit alleging discrimination from the time you failed the LAST through the present?

Yes     No

6. Have you received unemployment compensation from the City of New York since you left the DOE?

Yes     No

7. Have you received disability benefits from the City of New York since you left the DOE?

Yes     No









**SECTION III - ELIGIBILITY TO OBTAIN INITIAL CERTIFICATION TO TEACH IN NEW YORK CITY PUBLIC SCHOOLS**

If you have not already obtained a New York State teaching certificate, you may be able to obtain the equivalent of initial certification that will allow you to apply to teach in the New York City public schools even if you have not passed the LAST (or its successor, the ALST). You will have to provide confirmation that you have met all of the requirements for an initial certificate, other than passing the LAST, to be eligible to apply to teach in the New York City public schools.

**Please check here** if you have not already obtained a New York State teaching certificate, and you are interested in obtaining initial certification to teach in New York City public schools. Checking this box merely indicates your interest in becoming certified and does not mean you will be hired. Also, you will not have to accept a position if the City offers one to you. If you check this box, Plaintiffs' attorneys will contact you with additional information regarding this form of relief.

**SECTION IV - EXECUTOR OR ADMINISTRATOR INFORMATION**

Check here if you are completing this form as the executor of a Claimant's estate or with power of attorney for a Claimant. Please write that person's name, social security number, and contact information, in Section I of this form. Please enter your own name and contact information below. Please also provide documentation along with this Claim Form regarding your authority to submit this form on behalf of the Claimant.

Your Name (first, middle, last):

[Grid for name entry]

Address:

[Grid for address entry]

City:

State:

Zip:

[Grid for city, state, and zip entry]

Email Address (Email address is not required, but if you provide it you authorize the Claims Administrator to use it in providing you with information relevant to this claim.)

[Grid for email address entry]

Home Telephone Number:

Work Telephone Number:

[Grid for home telephone number entry]

[Grid for work telephone number entry]

Cell Telephone Number:

Other Telephone Number:

[Grid for cell telephone number entry]

[Grid for other telephone number entry]



**SECTION V – ACKNOWLEDGMENT AND CERTIFICATION THAT MY ANSWERS ARE TRUE AND CORRECT**

I UNDERSTAND AND ACKNOWLEDGE that additional information regarding my background and eligibility for relief may be requested, and I may be required to provide that information to be eligible to receive any award the Court may order in this lawsuit; **and I further understand that filling out this Claim Form does not guarantee that I will receive any individual award in this lawsuit.**

I CERTIFY under penalty of perjury that the information above is true and correct.

Signature of Claimant, Executor, Trustee, Etc.

 /  / 

Date (mm/dd/yyyy)

Print your name here

Capacity of Signor if not Claimant

Mail your Claim Form and the attached Consent Form to the address listed below, upload them electronically using the Claimant Portal at [www.gulinolitigation.com](http://www.gulinolitigation.com), or email them to [questions@gulinolitigation.com](mailto:questions@gulinolitigation.com).

Gulino v. Board of Education  
PO Box 9349  
Dublin, OH 43017-4249

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# REQUEST FOR SOCIAL SECURITY EARNING INFORMATION

1 I provide you with information on your earnings record or the name of another individual you  
earn on your record

First Name                      Middle Initial

Last Name

Social Security Number           On

Date of Birth       Date of Death

Other

Maiden

2 I would like to obtain information on your record **ONE** of the following options or you return  
the record

**Itemized Statement of Earnings \$92.00**

Including the name and address of employer

If you use a mailbox, fill in the box number in  
information below

Request Record to     to

Request Record to     to

If you use a mailbox in your information  
in information **CERTIFIED** for an additional  
\$30.00

**Certified Yearly Totals of Earnings \$30.00**

Do not include the name and address of  
employer or earnings to or from a public body  
do not require certification to obtain RRA or other  
earnings, if your employer is [self-employed](#)

Request Record to     to

Request Record to     to

3 You should list information **sent to someone else**, if it is in information below

I authorize the Social Security Administration to release the earnings information to

Gulino v. Board of Education

Address P.O. Box 9349

City OH

City Dublin

Zip Code 43017-4249

4 If the individual to whom the record pertains or person authorized to sign on behalf of individual  
I desire under authority of SSA is deceased, and on the date of death, and on the date of death  
of the individual, and if true and correct the below information

**Signature AND Printed Name of Individual or Legal Guardian**

SSA must receive this form within 120 days  
from the date signed

Date

Relationship (if applicable), you are related to

Date of Death

Address

City

City

Zip Code

I authorize the Social Security Administration to release the earnings information to the  
individual to whom the record pertains or person authorized to sign on behalf of individual  
I desire under authority of SSA is deceased, and on the date of death, and on the date of death  
of the individual, and if true and correct the below information

1 Information on

2 Information on

Address (Number and Street, City, State and ZIP Code)

Address (Number and Street, City, State and ZIP Code)



## INSTRUCTIONS FOR FILING A CLAIM TO BE CONSIDERED FOR A MONETARY AWARD AND/OR INITIAL CERTIFICATION TO TEACH IN NEW YORK CITY PUBLIC SCHOOLS

1. To be considered for an individual award in this lawsuit (such as money or initial teaching certification), you must return a completed Claim Form with your signature.

**Please note:** If you provide incomplete, incorrect, or inaccurate information, your claim may be denied. The information you provide will be used for processing of your claim and will not be used or released for any other purpose. Your Social Security Number is necessary for tax reporting purposes and will be kept strictly confidential.

**Filing out the Claim Form does not guarantee that you will receive an award, but if you do not complete and return the Claim Form, you will not be eligible to receive benefits from this lawsuit.**

2. This Claim Form includes a Social Security Administration Consent Form. Please be sure to fill out and sign the Claim Form AND the Consent Form. The Consent Form will only be used to obtain your earnings information from the Social Security Administration. If you are eligible for an award, this information will assist in calculating the amount of money you should receive. *Please write your claim number in the upper right corner of the Consent Form.* **Sections 2 and 3 of the Consent Form have already been completed for you. Please complete only sections 1 and 4 of the Consent Form. If you have any questions, please contact the Claims Administrator.**
3. **FILL OUT EVERY SECTION OF THE CLAIM FORM.**
4. Mail your Claim Form and Consent Form to the address listed below, upload them electronically using the Claimant Portal at <http://www.gulinolitigation.com>, or email them to [questions@gulinolitigation.com](mailto:questions@gulinolitigation.com).

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5. You may also complete this Claim Form online at [www.gulinolitigation.com](http://www.gulinolitigation.com). Please click on the link "Submit Claim Form Online" and follow the instructions. Please note – You will still be required to complete, sign and return the Consent Form by mail or email in accordance with the instructions in #4 above.
6. **All forms must be postmarked or electronically submitted by May 31, 2017 or else you will lose the chance to receive an award (such as money or initial teaching certification), absent good cause.**
7. If you return the Claim Form and/or the attached Consent Form:
  - You authorize your materials to be shared among counsel for the parties, the New York City Department of Education, any expert witness retained by the parties, the Court, the Court-appointed Claims Administrator, and a Court-appointed Special Master.



- The Claims Administrator will acknowledge receipt of your Claim Form by mail, within 45 days. Your claim is not deemed filed until you receive an acknowledgement postcard. If you do not receive an acknowledgement postcard within 45 days, please call the Claims Administrator toll free at 1 (844) 322-8233.
  - You may be asked for more information, so please look out for future mailings.
  - The Court will make the final decision about whether you are eligible for an award.
8. Please keep all records of your employment earnings, employment history, unemployment history (including records related to periods of disability), medical history, income taxes (including tax returns and W2 statements), out-of-pocket expenses for insurance and medical care, pension or retirement plan, and any public benefits (i.e. SNAP benefits, Section-8 housing, Medicaid, etc.) from the time you first failed the LAST through the present. You may be asked to provide these records.
9. Money awards will be calculated based on the standards of the Title VII statute and applicable case law. Under Title VII, a victim of employment discrimination is entitled to the salary he or she would have earned absent the discrimination, from the time of the wrongful employment action through the time of judgment. Backpay includes any anticipated raises and benefits the victim would have received, and it excludes salary earned through other employment during the backpay period. Victims are also ordinarily entitled to compounded interest on their overall backpay award. *See DeCurtis v. Upward Bound Int'l, Inc.*, 09-CV-5378, 2011 WL 4549412, \*3, 6 (S.D.N.Y. Sept. 27, 2011); 42 U.S.C. § 2000e(g)(1).
10. For more information, please visit [www.gulinolitigation.com](http://www.gulinolitigation.com) or contact the Court-appointed Claims Administrator at the address or phone number above, or by e-mail at [questions@gulinolitigation.com](mailto:questions@gulinolitigation.com). Please continue to periodically check [www.gulinolitigation.com](http://www.gulinolitigation.com) for further information concerning assistance with completing the Claim Form.
11. Before sending your Claim Form, please verify that you have completed the following sections:
- Section I – Claimant Information
  - Section II – Eligibility for a Monetary Award
  - Section III – Eligibility to Obtain Initial Certification to Teach in New York City Public Schools
  - Section IV – Executor or Administrator Information (if applicable)
  - Section V – Acknowledgment and Certification That My Answers are True and Correct
  - Social Security Administration Consent Form (Sections 1 & 4)