

SCAN FOR ONLINE
CLAIM FORM



Para este formulario en español: www.NYCICESettlement.com

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Pou fòm sa a an kreyòl ayisyen: www.NYCICESettlement.com

CLAIM FORM

If you were detained by the New York City Department of Correction beyond your scheduled release date between **April 1, 1997 and December 21, 2012**, based solely on a detainer issued by U.S. Immigration and Customs Enforcement you may submit a Claim Form for payment.

To fill out and submit an online form: (1) Scan the QR code on the top of this page or (2) go to the website www.NYCICESettlement.com and complete your Claim Form. You can also fill out and submit this Claim Form by mail to the address on the top of this page or by email at NYCICESettlement@atticusadmin.com. Claim Forms must be sent by May 15, 2025. Please call 1-800-479-0810 if you have questions or require assistance. Please complete the Claimant Identification section with your contact information because we may need to speak with you to arrange payment by check or wire.

CHECK HERE if your name and address above are correct. If the information above is incorrect, please correct it below and provide the additional information so the Administrator can reach you with any questions.

CLAIMANT IDENTIFICATION

First Name Middle Name Last Name/Surname/Family Name

Mailing Address (include apartment, unit, suite, or post office box as applicable)

City State Zip Code/Country Code (if known) Country

(_____) _____ Is Mobile Affiliated with WhatsApp? Yes No
Telephone or Mobile Number (including area code/city code)

Email Address _____
Date of Birth (Month/Date/Year)

Social Security Number or ITIN (if available) _____
New York State ID Number (NYSID) (if known)

TAX IDENTIFICATION NUMBER

A Social Security Number (SSN) or I-TIN is not required for payment. If you do not provide your SSN or I-TIN, your claim will be processed and the administrator is required by law to withhold a percentage of your payment for back-up withholding. To avoid back-up withholding, please provide your SSN or I-TIN in the Claimant Identification Section. The Settlement Administrator cannot provide tax advice. Your payment will be reported to the IRS.

ACKNOWLEDGEMENT AND SIGNATURE

CHECK HERE if you are the legal representative of a deceased Class Member filing on his or her behalf. Please send a copy of a court order appointing you administrator or legal representative of the Class Member's estate, which is required.

By signing this Claim Form, I declare that the above information is true and correct.

Class Member or Legal Representative Signature

Date