

**THE U.S. EQUAL EMPLOYMENT
OPPORTUNITY COMMISSION**

Fogg v. Merrick Garland, Attorney General, Department of Justice

EEOC No. 570-2016-00501X

Agency No. M-94-6376

Claim Form

This Claim Form and any attachments will determine your eligibility for certain relief in the above referenced action in connection with Deputy United States Marshal (DUSM or Deputy U.S. Marshal) positions with the United States Marshals Service (U.S. Marshals Service or Agency). Please fill out the form below if you believe you may be entitled to relief.

The Administrative Judge has approved this class action settlement on a preliminary basis. If the Administrative Judge declines to approve the settlement after a Fairness Hearing, the monetary and equitable relief described in the settlement agreement will not be available.

If you have any questions or concerns regarding this Claim Form, you can review the Notice of Resolution available at usmssettlement.com, call the Claims Administrator to receive a copy of the Notice of Resolution, or direct questions to the individuals below.

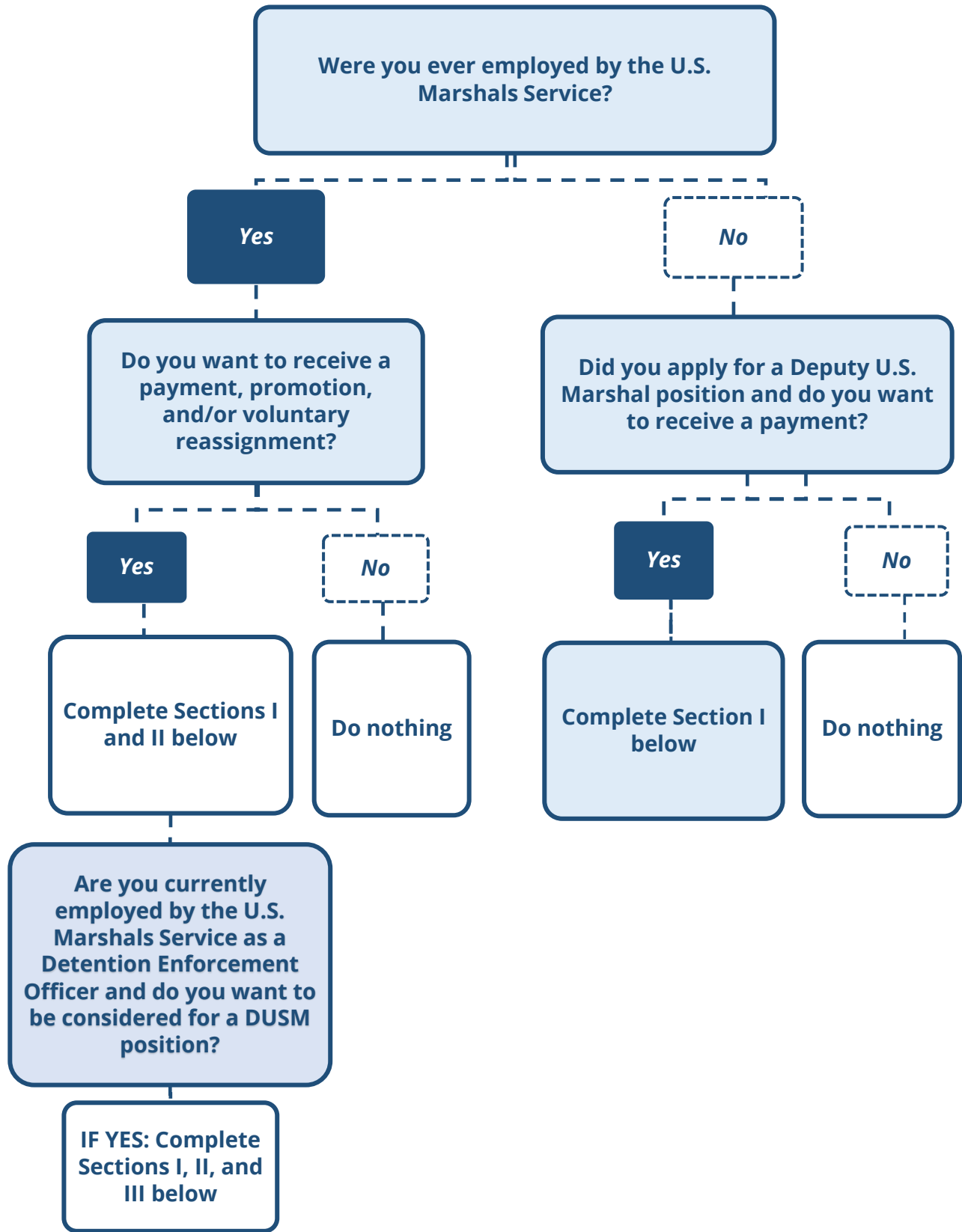
Questions?

Class Counsel: (202) 499-5200

Claims Administrator: (833) 616-0397

If no one picks up, leave a voicemail.

Please speak clearly and leave your name, phone number, and best time to return your call.



SECTION I TO BE COMPLETED BY EVERY CLAIMANT

Full name: _____

Current street address or PO Box: _____

City, State & Zip Code: _____

Home phone: _____ Cell phone: _____

Email address: _____

Social Security No.: _____ Date of Birth (MM/DD/YYYY): _____

Have you previously filed an EEO complaint based on alleged discrimination on the basis of race (African American) as a result of the Agency's policies and practices regarding hiring, recruitment, and recruitment processes for the DUSM position that was resolved through a Settlement Agreement or fully adjudicated on an individual basis by the EEOC or a court?

Yes No

If Yes, provide the Settlement Agreement, final order, description of your EEO Complaint and/or any other relevant information attached to this Claim Form. Do not submit any privileged communications with your attorney.

Are you African American? (including two or more races, one of which is African American)?

Yes No

All information contained in this Claim Form and any attachments are required and submitted under penalty of perjury.

**If you are not African American, you are not eligible for relief.
Do not submit a claim form.**

| Applications for Hire into the Deputy U.S. Marshal Position | | |
|---|--|---|
| I.1 | Do you allege that you were subjected to discrimination on the basis of race (African American) as a result of the Agency's policies and practices regarding hiring and recruitment for the DUSM position? | <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If No, skip to Section II.</i> |
| I.2 | Were you denied a position as a Deputy U.S. Marshal that you applied for between January 23, 1994, and November 27, 2023? | <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If No, skip to Question I.6.</i> |
| I.2.a | | |

| | | |
|-----|---|--|
| | If you answered Yes to Question I.2, provide the approximate date(s) of each DUSM application. <i>Attach additional pages if necessary. If you are a current or former Detention Enforcement Officer, you should list DUSM applications in response to Question I.2.a.</i> | |
| I.3 | At the time of any of the applications listed in response to Question I.2.a, did you have a conviction prohibiting you from carrying a weapon? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| I.4 | At the time of any of the applications listed in response to Question I.2.a, were you a Veteran of the U.S. Armed Forces? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| I.5 | At the time of any of the applications listed in response to Question I.2, were you at least 21 years old? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

| | | |
|---|---|--|
| Emotional Distress Damages – DUSM Hiring and Recruitment Practices | | |
| <i>Emotional distress is the intangible injuries of emotional harm such as emotional pain, suffering, inconvenience, mental anguish, and loss of enjoyment of life, and can include things like sleeplessness, anxiety, stress, depression, marital strain, humiliation, embarrassment, loss of self-esteem, excessive fatigue, loss of appetite, or a nervous breakdown and physical manifestations such as ulcers, gastrointestinal disorders, hair loss, nausea, or headaches.</i> | | |
| I.6 | Do you allege that you have suffered emotional distress as a result of allegedly being subjected to discrimination on the basis of race (African American) as a result of the Agency’s policies and practices regarding hiring and recruitment for the DUSM position ? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If Yes, did this emotional distress (check only one): | | |
| I.6.a | last less than one month or not have an effect on daily life activities? | <input type="checkbox"/> Yes |
| I.6.b | last between one and six months or affect daily life activities? | <input type="checkbox"/> Yes |
| I.6.c | last more than six months or substantially affect daily life activities? | <input type="checkbox"/> Yes |

I.7. If you checked Yes to Question I.1 and No to Question I.2, briefly explain the circumstances in which you allege you were subject to other discrimination on the basis of race as a result of the Agency’s policies and practices regarding hiring and recruitment:

**If you never worked as a Deputy U.S. Marshal, skip to the Signature Page.
If you are a current Detention Enforcement Officer and would like to be considered for the hiring equitable remedy for the DUSM position, skip to Section III.**

**SECTION II –
TO BE COMPLETED BY CURRENT AND FORMER
DEPUTY U.S. MARSHALS ONLY**

| Eligibility for Relief – DUSM Merit Promotion Process | | |
|--|--|--|
| II.1 | Do you allege that you were subjected to discrimination on the basis of race (African American) as a result of the Agency’s policies and practices regarding the DUSM merit promotion process, including promotions into Headquarters assignments (including TOD or IOD)? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| II.2 | Between January 23, 1994, and November 27, 2023, did you apply for a promotion through the DUSM merit promotion process (including promotions into Headquarters assignments) for which a White individual was selected? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

II.3 Complete as much of the information as you can for each Merit Promotion Application (MPA) for which you were not selected in favor of a White candidate. Attach extra pages if necessary. If you are in possession of any documents showing that you applied for the positions, attach that documentation to this Claim Form.

| | MPA # and/or Month/Year | MPA Position; Grade; District/Division | Your Grade When Applied | Was a White Candidate Selected (Yes/No/Not Sure) & Provide Selected Name if Known |
|----|--------------------------------|---|--------------------------------|--|
| 1 | | | | |
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| Emotional Distress Damages – Promotions Practices | | |
|---|--|--|
| <i>Emotional distress is the intangible injuries of emotional harm such as emotional pain, suffering, inconvenience, mental anguish, and loss of enjoyment of life, and can include things like sleeplessness, anxiety, stress, depression, marital strain, humiliation, embarrassment, loss of self-esteem, excessive fatigue, loss of appetite, or a nervous breakdown and physical manifestations such as ulcers, gastrointestinal disorders, hair loss, nausea, or headaches.</i> | | |
| II.4 | Do you allege that you have suffered emotional distress as a result of allegedly being subjected to discrimination on the basis of race as a result of the Agency’s policies and practices regarding the DUSM merit promotion process, including promotions into Headquarters assignments (including TOD or IOD)? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If Yes, did this emotional distress (check only one): | | |
| II.4.a | last less than one month or not have an effect on daily life activities? | <input type="checkbox"/> Yes |
| II.4.b | last between one and six months or affect daily life activities? | <input type="checkbox"/> Yes |
| II.4.c | last more than six months or substantially affect daily life activities? | <input type="checkbox"/> Yes |

II.5. If you checked Yes to Question II.1 and No to Question II.2, please briefly explain the circumstances in which you allege you were subject to other discrimination on the basis of race as a result of the Agency’s policies and practices regarding the DUSM merit promotion process, including promotions into Headquarters assignments (including TOD or IOD):

| Eligibility for DUSM Merit Promotion Priority Consideration | | |
|--|--|---|
| II.6 | Are you currently employed by the USMS as a DUSM? | <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If No, skip to the Signature Page.</i> |
| II.7 | Did you check Yes to both Questions II.1 and II.2? | <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If No, skip to the Signature Page.</i> |
| II.8 | What is your current position and pay Grade? | |
| II.9 | What is your highest pay Grade? | |
| II.10 | If you checked Yes to Questions II.6 and II.7, would you like the opportunity to exercise a priority consideration for a GS-14 or GS-15 position through the merit promotion process? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| II.11 | If you checked Yes to Questions II.6 and II.7, do you allege that you were discriminatorily denied a merit promotion at the GS-13 level to the Tactical Operations Division (TOD) or Investigation Operations Division (IOD) for which a White candidate was selected? | <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If No, skip to the Signature Page.</i> |
| II.12 | If you answered Yes to Question II.11, would you like the opportunity to exercise priority consideration for a Voluntary Reassignment Opportunity to IOD or TOD at the GS-13 level? | <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If No, skip to the Signature Page.</i> |
| II.13 | Have you held a Deputy U.S. Marshal position in TOD or IOD since the date of your merit promotion application? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

**SECTION III –
TO BE COMPLETED BY CURRENT DETENTION
ENFORCEMENT OFFICERS ONLY**

| Eligibility for Detention Enforcement Officer Equitable Relief | | |
|---|--|--|
| III.1 | Are you currently employed by USMS as a Detention Enforcement Officer? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| III.2 | Did you apply for a DUSM position between 2012 – 2021 for a vacancy open only to USMS internal candidates? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| III.3 | If you answered Yes to Questions III.1 and III.2, would you like to be considered for a DUSM position? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

If you answered No to Questions III.1, III.2, or III.3, skip to the Signature Page.

If you answered Yes to Questions III.1, III.2, and III.3, for each time that you applied for a DUSM position, answer the following questions: (Provide additional sheets if necessary)

| Application #1 | |
|---|---|
| Provide the approximate date (Month/Year) of application and vacancy announcement number (if known): | |
| When you applied for the DUSM position, did you have a prior conviction that prohibited you from carrying a firearm? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| When you applied for the DUSM position, were you determined to have met the minimum qualifications for the position? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| When you applied for the DUSM position, did you pass all of the assessments, including the structured interview? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| When you applied for the DUSM position, did you receive a tentative job offer? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| When you applied for the DUSM position, did you pass the background investigation, USMS Integrity Check Criteria, medical, and FIT assessments? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| In the course of your application for the DUSM position, did you withdraw from the hiring process? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| In the course of your application for the DUSM position, did you fail FLETC? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Do you have supporting materials and documentation related to your application? | <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If Yes, you must provide copies.</i> |

| Application #2 | |
|---|---|
| Provide the approximate date (Month/Year) of application and vacancy announcement number (if known): | |
| When you applied for the DUSM position, did you have a prior conviction that prohibited you from carrying a firearm? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| When you applied for the DUSM position, were you determined to have met the minimum qualifications for the position? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| When you applied for the DUSM position, did you pass all of the assessments, including the structured interview? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| When you applied for the DUSM position, did you receive a tentative job offer? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| When you applied for the DUSM position, did you pass the background investigation, USMS Integrity Check Criteria, medical, and FIT assessments? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| In the course of your application for the DUSM position, did you withdraw from the hiring process? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| In the course of your application for the DUSM position, did you fail FLETC? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Do you have supporting materials and documentation related to your application? | <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If Yes, you must provide copies.</i> |
| Application #3 | |
| Provide the approximate date (Month/Year) of application and vacancy announcement number (if known): | |
| When you applied for the DUSM position, did you have a prior conviction that prohibited you from carrying a firearm? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| When you applied for the DUSM position, were you determined to have met the minimum qualifications for the position? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| When you applied for the DUSM position, did you pass all of the assessments, including the structured interview? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| When you applied for the DUSM position, did you receive a tentative job offer? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| When you applied for the DUSM position, did you pass the background investigation, USMS Integrity Check Criteria, medical, and FIT assessments? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| In the course of your application for the DUSM position, did you withdraw from the hiring process? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| In the course of your application for the DUSM position, did you fail FLETC? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Do you have supporting materials and documentation related to your application? | <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If Yes, you must provide copies.</i> |

SIGNATURE PAGE

With my signature below, I declare, agree, and acknowledge on behalf of myself, my representatives, agents, heirs, assigns, executors, administrators, and successors acting on my behalf that:

- I am African American (as defined above) and eligible to file this claim form.
- I am bound by terms of the Settlement Agreement.
- I shall hold harmless the Agency, DOJ, USMS, its agents, contractors, servants, and employees, in their official and individual capacities, for any and all claims, demands, actions, distribution disputes, judgments, damages, expenses, liabilities, grievances, and complaints, or other obligations arising out of the Class Complaint or the Settlement Agreement.
- The Settlement Agreement shall resolve finally and forever bar any and all claims arising from Class Claims that I may have, which I or my representatives, agents, heirs, assigns, executors, administrators, or successors, may have, may have had, or in the future may have against the Agency, DOJ, USMS, its agents, contractors, servants, and employees, in their official and individual capacities, including any alleged continuing violations after Date of Notice of Resolution insofar as any claims arise from or relate to events that occurred prior to the Date of Notice of Resolution.
- I release the United States, DOJ, USMS, its agents, contractors, servants, and employees, in both their official and individual capacities, from any and all liability, claims, causes of action, appeals, grievances and complaints, pending or potential, which arise out of the Class Claim through the Date of Notice of Resolution.
- The Settlement Agreement constitutes a release from all claims and actions in any forum arising out of the Class Claim that have or could have been brought, as grievances, EEO complaints, or other causes of action within the USMS, DOJ, the EEOC, the Merit Systems Protection Board, the Office of Special Counsel, or any United States District Court or Court of Appeals.
- The Settlement Agreement is a complete accord and satisfaction of any and all Class Claims that occurred before Date of Notice of Resolution, including, but not limited to, equitable and legal relief, backpay, front pay, attorneys' fees and costs, and compensatory and punitive damages.
- The Settlement Agreement does not change or modify any tax requirements of the Internal Revenue Code, and I shall be liable for any such required payments.
- I will be barred from submitting evidence concerning any Class Claim in any proceeding, other than a submitted Claim Form under this Agreement, in support of any claim, action, grievance, complaint, or appeal. However, I shall not be barred from communicating with, filing a charge or complaint with, or cooperating or participating in any investigation or proceeding by any governmental agency.
- I shall not be barred from seeking to enforce the terms of the Settlement Agreement pursuant to Section VIII of the Settlement Agreement.

- Filing this claim form does not guarantee that I will receive any relief under this Settlement Agreement. Claimants may be entitled to monetary relief, equitable relief, equitable and monetary relief, or no relief at all.
- My claim and the information I provide may be subject to review and/or verification, including by the Agency or the EEOC.
- The determination of which Class Members will receive monetary relief and the distribution of this relief is the responsibility and province of the Claims Allocator, under the terms detailed in the Settlement Agreement and preliminarily approved by the Administrative Judge.
- The United States, Department of Justice, U.S. Marshals Service, its agents and employees, shall not be held liable, and will be held harmless for any aspect of the monetary award process, including the determination of which Class Members will receive monetary relief and the distribution of this relief.
- The United States, Department of Justice, U.S. Marshals Service, its agents and employees, have no role in determining the distribution formula, methodology, the determination of monetary relief to be accorded each individual, or other aspects of the monetary award process.
- All information provided to Class Counsel for purposes of administering and distributing the Settlement Fund shall be afforded protection under the Privacy Act.

In addition to these acknowledgements, pursuant to 28 U.S. Code § 1746, I hereby declare, under penalty of perjury under the laws of the United States of America, that the foregoing information and any submitted attachments are true and correct.

Signature

Printed Name

Date

You must submit a clear copy of photo identification, e.g., driver’s license or passport attached to this claim form, which may be used to verify your identity and the information above.

Submit this Claim Form and any supporting documentation by submitting it by email to claims@ssiclaims.com, or by submitting a claim via the online portal found at usmssettlement.com. DO NOT SUBMIT THIS CLAIM FORM TO THE AGENCY OR AGENCY COUNSEL.