

**Your claim must be
postmarked or
submitted online by:
December 7, 2020**

James v. GTL Administrator
ATTN: Claim Form
PO Box 30128
Philadelphia, PA 19103
1-855-790-7507
www.GTLPrisonCallsClassAction.com

GTL

CLAIM FORM FOR SETTLEMENT WITH GLOBAL TEL*LINK

IMPORTANT: PLEASE READ BEFORE COMPLETING THIS CLAIM FORM

To be eligible for a payment from this Settlement, you must be a Class Member, *i.e.*, you must have used GTL services for placing or accepting telephone calls from a New Jersey prison or jail between 2006 and 2016. See paragraph 2 for the complete Class Member requirements.

This Claim Form must be completed and returned by Class Members who seek to receive a payment from the settlement ("Settlement") in the action captioned *James v. Global Tel*Link*, Civil Action No. 13-4989 (WJM)(MF). ("Action").

THIS CLAIM FORM MUST BE COMPLETED AND MAILED BY PREPAID, FIRST-CLASS MAIL TO THE ABOVE ADDRESS, OR SUBMITTED ONLINE AT WWW.GTLPRISONCALLSCLASSACTION.COM POSTMARKED OR RECEIVED NO LATER THAN DECEMBER 7, 2020 IN ORDER TO BE ELIGIBLE TO RECEIVE A SHARE OF THE SETTLEMENT RELIEF IN CONNECTION WITH THE SETTLEMENT. FAILURE TO SUBMIT YOUR CLAIM FORM BY THE DATE SPECIFIED ABOVE WILL SUBJECT YOUR CLAIM TO REJECTION AND MAY PRECLUDE YOU FROM BEING ELIGIBLE TO RECEIVE ANY MONEY IN CONNECTION WITH THE SETTLEMENT.

DO NOT MAIL OR DELIVER YOUR CLAIM FORM TO THE COURT, THE PARTIES, OR THEIR COUNSEL. SUBMIT YOUR CLAIM FORM ONLY TO THE SETTLEMENT ADMINISTRATOR AT THE ADDRESS OR WEBSITE SET FORTH ABOVE.

If you have questions regarding your Claim Form, please call 1-855-790-7507 or email AddressUpdate@GTLPrisonCallsClassAction.com. Members of the Class who do not timely and validly seek exclusion from the Class in accordance with the instructions set forth in the Notice that accompanies this claim form (and available online at www.GTLPrisonCallsClassAction.com) will be bound by the judgment entered approving this Settlement with GTL regardless of whether they submit a Claim Form.

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****Pages 3, 4 and 5 of this Claim Form must be completed and returned to the Settlement Administrator***

PART I – GENERAL INSTRUCTIONS

1. It is important that you completely read and understand the Notice that accompanies this Claim Form. The Notice describes the proposed Settlement with GTL, how Class Members are affected by the Settlement, and the manner in which the Settlement Benefit will be distributed if the Settlement is approved by the Court. The Notice also

contains the definitions of many of the defined terms (which are indicated by initial capital letters) used in this Claim Form. By signing and submitting this Claim Form, you will be certifying that you have read and that you understand the Notice, including the terms of the releases described therein and provided for herein.

2. To be eligible for a payment from the Settlement, you must be a Class Member. The Class is defined as: All persons of the United States who, between 2006 and 2016, were incarcerated in a New Jersey prison or correctional institution and who used the phone system provided by Defendants, or who established an AdvancePay account with Defendants in order to receive telephone calls from a person incarcerated in New Jersey, excluding Essex County prior to June 2010, or persons receiving calls from persons incarcerated in Essex County prior to June 2011.

3. By submitting this Claim Form, you will be making a request to share in the proceeds of the Settlement described in the Notice. IF YOU ARE NOT A CLASS MEMBER (*see* definition of Class in paragraph 2 above), OR IF YOU SUBMITTED A REQUEST FOR EXCLUSION FROM THE CLASS, DO NOT SUBMIT A CLAIM FORM. YOU MAY NOT PARTICIPATE IN THE SETTLEMENT IF YOU ARE NOT CLASS MEMBER. THUS, IF YOU ARE EXCLUDED FROM THE CLASS, ANY CLAIM FORM THAT YOU SUBMIT, OR THAT MAY BE SUBMITTED ON YOUR BEHALF, WILL NOT BE ACCEPTED.

4. By submitting a signed Claim Form, you will be swearing to the truth of the statements contained therein and the genuineness of any documents attached thereto, subject to penalties of perjury under the laws of the United States of America. The making of false statements, or the submission of forged or fraudulent documentation, will result in the rejection of your claim and may subject you to civil liability or criminal prosecution.

5. Please be aware that there are specialized companies that may offer to fill out and file your Claim Form in return for a percentage of the value of your claim. Before you sign a contract with one of these companies, you should examine the claim-filing process provided here and decide whether using a specialized company is worth the cost. You can always seek help free of charge from the Settlement Administrator or Plaintiffs' Counsel.

6. If the Court approves the Settlement, distributions to eligible Class Members will be made after the Court grants final approval to the Settlement, after all appeals are resolved, and after the completion of all claims processing. This process could take substantial time. Please be patient.

7. If you have questions concerning the Claim Form, or need additional copies of the Claim Form or the Notice, you may contact the Settlement Administrator, at the above address or by toll-free phone at 1-855-790-7507, or you may download the documents from the website www.GTLPrisonCallsClassAction.com. You may also contact Plaintiffs' Counsel, James E. Cecchi, Esq., Carella, Byrne, Cecchi, Olstein, Brody & Agnello, P.C., 5 Becker Farm Road, Roseland, NJ 07068; 973-994-1700.

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PART II – CLAIMANT INFORMATION

The Settlement Administrator will use this information for all communications regarding this Claim Form. If this information changes, you **MUST** notify the Settlement Administrator in writing at the address above.

Claimant Name(s) (as the name(s) should appear on check, if eligible for payment):

Name of Person the Settlement Administrator Should Contact Regarding this Claim Form (Must Be Provided):

Mailing Address – Line 1: Street Address/P.O. Box:

Mailing Address – Line 2 (If Applicable): Apartment/Suite/Floor Number:

City:

State/Province:

Zip Code:

Country:

Daytime Telephone Number:

Evening Telephone Number:

Email address (E-mail address is not required, but if you provide it you authorize the Settlement Administrator to use it in providing you with information relevant to this claim.):

YOU MUST COMPLETE AND RETURN THIS PAGE OF THE CLAIM FORM

PART III – SCHEDULE OF GTL CALLING USAGE

In the chart below, if you were an AdvancePay account holder for accepting calls through GTL from a New Jersey correctional institution, set forth all telephone numbers you used for accepting GTL calls and the approximate time frame that you accepted calls for each telephone number listed. Attach copies of any documentation you have to show the numbers associated with your AdvancePay account. If you were a prisoner who paid for calls through GTL with your prison debit account or by calling cards purchased from the facility commissary, set forth the PIN associated with your debit account or calling cards if known, the institution(s) from which the calls were made and/or the calling card(s) were purchased, and the approximate time periods calls were made using each PIN. Attach copies of any documentation you have to support this information, including, without limitation, phone bills or other documentation setting forth the phone number(s) associated with your account(s).

| AdvancePay Telephone Numbers | Time Period Phone Number Used | PIN | Institution From Which Calls Were Made | Time Period PIN Was In Use |
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The Settlement Relief will be allocated to eligible Class Members according to the method described in the Notice.

YOU MUST COMPLETE AND RETURN THIS PAGE OF THE CLAIM FORM

PART IV – SUBMISSION TO JURISDICTION OF THE DISTRICT COURT

By signing below, you are verifying that:

1. You have provided genuine documentation to support your claim (if necessary) and agree to provide additional information to Plaintiffs' Counsel or the Settlement Administrator if necessary;
2. You have not assigned or transferred (or purported to assign or transfer) or settled for the same purchases or submitted any other Claim and have not authorized any other person or entity to do so, and know of no other person or entity having done so on your behalf;
3. The information provided in this Claim Form is accurate and complete; and
4. You agree to submit to the jurisdiction of the District Court for the District of New Jersey, where this Action is pending, for purposes of resolving any issues related to or arising from your claim.

PART V – CERTIFICATION

I (We) certify that I am (we are) NOT subject to backup withholding under the provisions of Section 3406 (a)(1)(c) of the Internal Revenue Code because: (a) I am (We are) exempt from backup withholding, or (b) I (We) have not been notified by the IRS that I am (we are) subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me (us) that I am (we are) no longer subject to backup withholding. **NOTE: If you have been notified by the IRS that you are subject to backup withholding, completely fill in this bubble:** ☐

UNDER THE PENALTIES OF PERJURY, I (WE) CERTIFY THAT ALL OF THE INFORMATION PROVIDED BY ME (US) ON THIS CLAIM FORM IS TRUE, CORRECT, AND COMPLETE, AND THAT ANY DOCUMENTS SUBMITTED HEREWITH ARE TRUE AND CORRECT COPIES OF WHAT THEY PURPORT TO BE.

Signature of claimant

Date

Print your name here

Capacity of Person Signing

YOU MUST COMPLETE AND RETURN THIS PAGE OF THE CLAIM FORM

REMINDER CHECKLIST

1. Please sign the above certification.
2. Remember to attach only **copies** of any acceptable supporting documentation as these documents will not be returned to you.
3. Please do not highlight any portion of the Claim Form or any supporting documents.
4. Keep copies of the completed Claim Form and documentation for your own records.
5. The Settlement Administrator will acknowledge receipt of your Claim Form by mail, within 60 days. Your claim is not deemed filed until you receive an acknowledgement postcard. **IF YOU DO NOT RECEIVE AN ACKNOWLEDGEMENT POSTCARD WITHIN 60 DAYS, PLEASE CALL THE SETTLEMENT ADMINISTRATOR TOLL FREE AT 1-855-790-7507.**
6. If your address changes in the future, or if this Claim Form was sent to an old or incorrect address, please send the Settlement Administrator written notification of your new address.
7. If you have any questions or concerns regarding your claim, please contact the Settlement Administrator at the above address or toll-free at 1-855-790-7507 or visit www.GTLPrisonCallsClassAction.com.

THIS CLAIM FORM MUST BE MAILED BY PREPAID, FIRST-CLASS MAIL, OR SUBMITTED ONLINE AT WWW.GTLPRISONCALLSCLASSACTION.COM POSTMARKED OR RECEIVED NO LATER THAN DECEMBER 7, 2020.

A Claim Form received by the Settlement Administrator shall be deemed to have been submitted when posted, if a postmark date on or before December 7, 2020 is indicated on the envelope and it is mailed First Class, and addressed in accordance with the above instructions. In all other cases, a Claim Form shall be deemed to have been submitted when actually received by the Settlement Administrator.

It will take a significant amount of time to fully process all of the Claim Forms. Please be patient.