

# *In Re: Flint Water Cases* Settlement Update

January 11, 2022

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THE CLAIMS  
PERIOD FOR THE  
FLINT WATER  
SETTLEMENT WILL  
BEGIN ON  
JANUARY 12, 2022

- On November 10, 2021, the Court granted final approval to the partial settlement of \$626.25 million in the Flint Water litigation.
- The Claims Process will open on **January 12, 2022**, at 8:00 AM EST. The deadline to submit your Claims Packet is **May 12, 2022**
- Our office will submit your claim form and proof documents on your behalf.
- **IMPORTANT: If you do not finish the forms or do not sign the required documents during the Claims Period, you will not be eligible for compensation.**

# WHAT DOES THIS MEAN FOR ME?

- If there are **no appeals**, then the settlement will be final and payments can be distributed **AFTER** the claims are submitted, reviewed, and evaluated.
- However, there is a **possibility of appeals**. If an appeal is filed, then no payments can be made unless and until the court's decision is upheld on appeal.

# REQUIRED FORMS

1. **Claim Form**. Each individual claimant must submit a separate form.
2. **Declaration of Proof of Exposure**
3. **Lien Questionnaire**
4. **Release** (must be signed). You must sign this form in order to have your claim reviewed.
5. **Signature Attestation Form**. You must sign this form in order to have your claim reviewed.
6. **Business claimants** – if you are making a business claim, you must fill out the business forms.

## I. Claimant Information

In this section, fill in the information for the person who is the Claimant. If you are submitting this form for yourself, then you are the "Claimant". Each person or entity must fill out his, her, or its own Claim Form.

In this section, if you are submitting this form on behalf of a person who is deceased, legally incapacitated, or a minor, fill in the information about that deceased, legally incapacitated, or minor person. That person is the "Claimant" for the purpose of this section. If you are filling out this form for a deceased, legally incapacitated, or minor person, then you must also fill out section 2 of this form and provide the documents described there (unless you already provided those documents with the Registration Form).

Claimant

Last Name

First Name

Middle Name

Social Security Number

Full Social Security Number

Date of Birth

Date Of Birth

Current Address of Claimant

Address Line 1

Address Line 2

City

State

Zip Code

Dates resided at this address:

From

To

# Completing the Claim Form

# Completing the Claim Form

## II. All other Claimant Addresses since April 25, 2014

(if not the same as current address)

- No  
 Yes

Has the CLAIMANT resided at an additional Address Since April 25, 2014?

## WHO IS THE CLAIMANT?

- Self, I am the claimant  
 I Represent a Minor  
 I represent an Incapacitated Adult  
 I Represent a Deceased Minor  
 I Represent a Deceased Adult

Are you the claimant or do you represent the claimant?

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# Completing the Claim Form

## II. NEXT FRIEND, PERSONAL REPRESENTATIVE, OR GUARDIAN INFORMATION

(Fill out this section only if you are submitting this form on behalf of a minor, legally incapacitated, or deceased person)

### Relationship to Claimant

You will be required to provide documents proving that you have the relationship to, or the legal appointment for, the Claimant in the box(es) you check. If you already provided these documents when registering, you do not need to provide them again. That chart included with the instructions identifies the documents you need to provide. After completing this Registration Packet in its entirety, we will check to make sure that we have all required documentation. If we need anything, we will follow up with a link to securely upload the necessary documents to complete your claim.

You must also provide notice to the Claimant's other relatives or court-appointed representatives listed that you are submitting this Claim for the Claimant. For example, if you are the Claimant's sibling, you must notify Claimant's other siblings, parents, aunts, uncles, spouse, children, grandparents, and court-appointed representatives (if any applicable) that you are submitting this Claim for the Claimant.

- Spouse
- Parent
- Stepparent
- Adult Child
- Adult Sibling
- Grandparent
- Adult Aunt
- Adult Uncle
- Legal Guardian or court-appointed representative
- Estate Administrator
- Other:

Check all that apply

Representative's Name:

Last Name

First Name

Middle Name

Representative's Address:

Street/P.O. Box

Apt/Suite

City

State

Zip

Representative's Social Security Number:

Full Social Security Number

Representative's Date of Birth:

Date of Birth (Month/Day/Year)

Date of Death of Claimant

(if applicable)

Date of Death

# Completing the Claim Form

## V. VERIFICATION

I certify and attest under penalty of perjury, pursuant to 28 U.S.C. Section 1746, that: I am 18 years of age or older; all information submitted in support of this Claim, including the information contained within and submitted with this Claim Form, is true, correct, accurate, and complete to the best of my knowledge; and, if I completed section 2 above, I have notified all persons who have the identified relation with the Claimant and who might qualify to act as a Next Friend for the Claimant, that I am submitting this Claim Form on behalf of the Claimant and none of those individuals have advised me of any objection. I understand that false statements or claims made in connection with this Claim Form may result in fines, imprisonment, and/or any other remedy available by law.

Claimant or Representative's Signature

[\[clear\]](#)

Use your mouse or finger to draw your signature above

Printed Name

First Name

Middle Initial

Last Name

Date

   :  

[Save and Resume Later](#)

SUBMIT



# Examples of Missing Information

- **Dates of Birth**
- **Impacted Addresses in Flint**
- **Proofs of Exposure** (water bills, school records, deeds, leases, tax returns)
- **Proofs of Injury** (medical records, blood tests, bone scan reports, neuropsychological reports)
- **Identification Documents** (birth certificate or driver's license)

# HOW MUCH COMPENSATION WILL I RECEIVE?

- The compensation amount will depend on the compensation category for which you qualify.
- The compensation cannot be determined until all the claims are received and processed.
- If there are no appeals, then it may be possible to issue payments near the end of 2022.

# Importance of CANTAB Testing for Minor Children

- Children between the ages of 7 and 18 are eligible to participate in a CANTAB neuropsychological evaluation.
- This evaluation is quick and is performed at our Flint Office.
- Children who have a cognitive impairment are eligible for greater compensation under a Settlement Grid.

**If your child or loved one has not had a CANTAB test, please schedule one immediately!**

# WHAT SHOULD I DO NOW?

- If you have not completed your claim form, our office will not be able to submit a claim. Please do this immediately!
- You should make sure that you keep our offices informed of any changes in your contact information.
- **If you moved in the last year**, please provide your new address to our office.
- **If you changed your email address**, you must inform our office.

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# THANK YOU

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**Hours: Monday - Friday (10:00 AM – 6:00 PM)**  
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