

ANN M. GARCIA, et al. v. HOLDER
EEOC Case No. 100-2003-08442X; Agency Case No. 89-665-98-005

CLAIM FORM FOR INDIVIDUAL AND MONETARY RELIEF

Class Members may make claims for individual and monetary relief in the class action matter of *Ann M. Garcia, et al. v. Holder*, EEOC Case No. 100-2003-08442X. The EEOC found in this case that DEA discriminated against female Special Agents in foreign assignments during the time period 1990 to 1992. Submission of a completed Claim for Individual and Monetary Relief form demonstrates that the Class Member submitting the form believes that she is entitled to individual relief. The information provided in this form may be provided only to the Agency, Class Counsel, the EEOC, and those working with them for purposes related to this case. This information will otherwise remain confidential, and the information will not be released to any outside party.

Please complete and return this form to:

- (1) **Oliver C. Allen, Jr.**
EEO Director
Equal Employment Opportunity Staff
Drug Enforcement Administration
8701 Morrisette Drive
Room E-9371
Springfield, VA 22152

And:

- (2) **with a copy to**
Juliette Niehuss
Kator, Parks & Weiser, P.L.L.C.
Attn: Garcia Class Counsel
1200 18th Street, NW
Suite 1000
Washington, D.C. 20036
Phone: (202) 898-4800
Fax: (202) 289-1389
Email: jniehuss@katorparks.com

within 30 days of receipt of this form. It is also important that you provide us with your most up-to-date contact information so that we may ensure that we are able to contact you in the future regarding your claim.

Instructions

Complete **each section** of the following form related to individual and monetary relief related to this case. Return two copies of the completed, signed questionnaire to (1) Oliver C. Allen, DEA EEO Director; and (2) Kator, Parks & Weiser, Class Counsel. **It is highly recommended that you retain**

a complete copy of your submission for your records. For information submitted on behalf of deceased Class Members, please also complete the Addendum form.

NAME (Last, First, Middle)*

Social Security Number

MAILING STREET ADDRESS

Daytime Telephone Number

CITY

STATE

ZIP

ALTERNATE PHONE NUMBER

E-MAIL ADDRESS

* IF YOUR NAME HAS CHANGED IN ANY WAY SINCE YOU SUBMITTED FOREIGN ASSIGNMENTS DURING THE CLASS PERIOD, PLEASE INDICATE ALL OTHER NAMES USED DURING OR SINCE THAT TIME:

WERE YOU EMPLOYED AS A SPECIAL AGENT BY THE U.S. DRUG ENFORCEMENT ADMINISTRATION AT ANY TIME DURING THE TIME PERIOD JANUARY 1, 1990 TO DECEMBER 31, 1992?

- YES
- NO

ARE YOU CURRENTLY EMPLOYED AS A SPECIAL AGENT BY THE U.S. DRUG ENFORCEMENT ADMINISTRATION?

- YES
- NO

IF YOU ARE CURRENTLY EMPLOYED AS A DEA SPECIAL AGENT, WOULD YOU LIKE TO BE PLACED IN A DEA FOREIGN ASSIGNMENT NOW?

- YES
- NO

IF YES, WHERE? _____

DID YOU INCUR ANY **EXPENSES RELATED TO THE LITIGATION** YES
OF THIS CLASS ACTION? (Examples include travel costs, copy costs, and
postage costs.) NO

IF YES, PROVIDE THE **AMOUNT** AND DESCRIBE THE NATURE OF THE EXPENSES (you
may also attach copies of receipts or other documentation showing your expenses):

FOREIGN ASSIGNMENT APPLICATIONS

IDENTIFY **EVERY LOCATION** FOR WHICH YOU BELIEVE THAT **YOU SUBMITTED AN APPLICATION** FOR A DEA FOREIGN ASSIGNMENT ANY TIME DURING THE TIME PERIOD JANUARY 1, 1990 TO DECEMBER 31, 1992:

- | | | |
|--|--|---|
| <input type="checkbox"/> ANKARA, TURKEY | <input type="checkbox"/> COPENHAGEN, DENMARK | <input type="checkbox"/> LA PAZ, BOLIVIA |
| <input type="checkbox"/> ATHENS COUNTRY OFFICE | <input type="checkbox"/> COPENHAGEN COUNTRY OFFICE | <input type="checkbox"/> LAGOS, NIGERIA |
| <input type="checkbox"/> ATHENS, GREECE | <input type="checkbox"/> CURACAO COUNTRY OFFICE | <input type="checkbox"/> LAGOS COUNTRY OFFICE |
| <input type="checkbox"/> BANGKOK COUNTRY OFFICE | <input type="checkbox"/> CURACAO, NETHERLANDS, | <input type="checkbox"/> LAHORE, PAKISTAN |
| <input type="checkbox"/> BANGKOK, THAILAND | ANTILLES | <input type="checkbox"/> LAHORE RESIDENT OFFICE |
| <input type="checkbox"/> BARRANQUILLA RESIDENT | <input type="checkbox"/> FAR EAST | <input type="checkbox"/> LIMA COUNTRY OFFICE |
| OFFICE | <input type="checkbox"/> FRANKFURT, GERMANY | <input type="checkbox"/> LIMA, PERU |
| <input type="checkbox"/> BARRANQUILLA, COLOMBIA | <input type="checkbox"/> FREEPORT RESIDENT OFFICE | <input type="checkbox"/> LONDON, ENGLAND |
| <input type="checkbox"/> BELIZE | <input type="checkbox"/> FREEPORT, BAHAMAS | <input type="checkbox"/> LYON, FRANCE |
| <input type="checkbox"/> BELIZE CITY, BELIZE | <input type="checkbox"/> GUADALAJARA RESIDENT OFFICE | <input type="checkbox"/> MADRID COUNTRY OFFICE |
| <input type="checkbox"/> BERN COUNTRY OFFICE | <input type="checkbox"/> GUADALAJARA, MEXICO | <input type="checkbox"/> MADRID, SPAIN |
| <input type="checkbox"/> BERN, SWITZERLAND | <input type="checkbox"/> GUATEMALA | <input type="checkbox"/> MANILA, PHILIPPINES |
| <input type="checkbox"/> BOGOTA, COLOMBIA | <input type="checkbox"/> GUATEMALA CITY COUNTRY | <input type="checkbox"/> MARACAIBO, VENEZUELA |
| <input type="checkbox"/> BOGOTA COUNTRY OFFICE | OFFICE | <input type="checkbox"/> MARAICABO RESIDENT OFFICE |
| <input type="checkbox"/> BOMBAY RESIDENT OFFICE | <input type="checkbox"/> GUATEMALA CITY, GUATEMALA | <input type="checkbox"/> MARSEILLES, FRANCE |
| <input type="checkbox"/> BOMBAY, INDIA | <input type="checkbox"/> GUAYAQUIL, ECUADOR | <input type="checkbox"/> MAZATLAN RESIDENT OFFICE |
| <input type="checkbox"/> BONN, GERMANY | <input type="checkbox"/> GUAYAQUIL RESIDENT OFFICE | <input type="checkbox"/> MAZATLAN, MEXICO |
| <input type="checkbox"/> BRASILIA COUNTRY OFFICE | <input type="checkbox"/> GUDALAJARA, MEXICO | <input type="checkbox"/> MERIDA RESIDENT OFFICE |
| <input type="checkbox"/> BRASILIA, BRAZIL | <input type="checkbox"/> HERMOSILLO RESIDENT OFFICE | <input type="checkbox"/> MERIDA, MEXICO |
| <input type="checkbox"/> BRIDGETOWN, BARBADOS | <input type="checkbox"/> HERMOSILLO, MEXICO | <input type="checkbox"/> MEXICO CITY COUNTRY OFFICE |
| <input type="checkbox"/> BRIDGETOWN COUNTRY OFFICE | <input type="checkbox"/> HONG KONG | <input type="checkbox"/> MEXICO CITY, MEXICO |
| <input type="checkbox"/> BRUSSELS, BELGIUM | <input type="checkbox"/> HONG KONG, COUNTRY OFFICE | <input type="checkbox"/> MEXICO COUNTRY OFFICE |
| <input type="checkbox"/> BUENOS AIRES COUNTRY OFFICE | <input type="checkbox"/> ISLAMABAD COUNTRY OFFICE | <input type="checkbox"/> MILAN, ITALY |
| <input type="checkbox"/> BUENOS AIRES, ARGENTINA | <input type="checkbox"/> ISLAMABAD, PAKISTAN | <input type="checkbox"/> MONTERREY RESIDENT OFFICE |
| <input type="checkbox"/> CAIRO COUNTRY OFFICE | <input type="checkbox"/> ISTANBUL, TURKEY | <input type="checkbox"/> MONTERREY, MEXICO |
| <input type="checkbox"/> CAIRO, EGYPT | <input type="checkbox"/> ISTANBUL RESIDENT OFFICE | <input type="checkbox"/> MONTEVIDEO COUNTRY OFFICE |
| <input type="checkbox"/> CANBERRA COUNTRY OFFICE | <input type="checkbox"/> KARACHI RESIDENT OFFICE | <input type="checkbox"/> MONTEVIDEO, URUGUAY |
| <input type="checkbox"/> CANBERRA, AUSTRALIA | <input type="checkbox"/> KARACHI, PAKISTAN | <input type="checkbox"/> MONTREAL, CANADA |
| <input type="checkbox"/> CARACAS COUNTRY OFFICE | <input type="checkbox"/> KINGSTON, JAMAICA | <input type="checkbox"/> NASSAU COUNTRY OFFICE |
| <input type="checkbox"/> CARACAS, VENEZUELA | <input type="checkbox"/> KINGSTON COUNTRY OFFICE | <input type="checkbox"/> NASSAU, BAHAMAS |
| <input type="checkbox"/> CHIANG MAI RESIDENT OFFICE | <input type="checkbox"/> KUALA LUMPUR COUNTRY | <input type="checkbox"/> NEW DELHI COUNTRY OFFICE |
| <input type="checkbox"/> CHIANG MAI, THAILAND | OFFICE | <input type="checkbox"/> NEW DELHI, INDIA |
| <input type="checkbox"/> COCHABAMBA RESIDENT OFFICE | <input type="checkbox"/> KUALA LUMPUR, MALAYSIA | <input type="checkbox"/> NICOSIA, CYPRUS |
| <input type="checkbox"/> COCHABAMBA, BOLIVIA | <input type="checkbox"/> LA PAZ COUNTRY OFFICE | <input type="checkbox"/> OTTAWA, CANADA |

- PANAMA CITY, PANAMA
- PANAMA CITY COUNTRY OFFICE
- PARIS COUNTRY OFFICE
- PARIS, FRANCE
- PESHAWAR RESIDENT OFFICE
- PESHAWAR, PAKISTAN
- PORT-AU-PRINCE, HAITI
- PORT-AU-PRINCE COUNTRY OFFICE
- QUITO, ECUADOR
- QUITO COUNTRY OFFICE
- RANGOON, BURMA
- ROME, ITALY
- ROME COUNTRY OFFICE

- SAN JOSE, COSTA RICA
- SAN SALVADOR COUNTRY OFFICE
- SAN SALVADOR, EL SALVADOR
- SANTA CRUZ COUNTRY OFFICE
- SANTA CRUZ, BOLIVIA
- SANTA CRUZ RESIDENT OFFICE
- SANTA CRUZ/OSA
- SANTIAGO, CHILE
- SANTIAGO COUNTRY OFFICE
- SANTO DOMINGO, D R
- SAO PAULO, BRAZIL
- SEOUL, KOREA
- SINGAPORE
- SONGKHLA, THAILAND

- SONGKHLA RESIDENT OFFICE
- SONGKLA, THAILAND
- ST CLOUD, FRANCE
- TEGUCIGALPA, HONDURAS
- TEGUCIGALPA COUNTRY OFFICE
- THE HAGUE COUNTRY OFFICE
- THE HAGUE, NETHERLANDS
- TOKYO, JAPAN
- UDORN, THAILAND
- UDORN RESIDENT OFFICE
- VIENNA COUNTRY OFFICE
- VIENNA, AUSTRIA
- OTHER _____
- ALL OF THE ABOVE

DID YOU APPLY FOR ANY FOREIGN ASSIGNMENTS IN 1989 FOR WHICH A SELECTION WAS MADE IN 1990-1992?

YES

NO

IF YES, PLEASE INDICATE THE LOCATIONS FOR WHICH YOU APPLIED FOR A FOREIGN ASSIGNMENT IN 1989:

- ANKARA, TURKEY
- ATHENS COUNTRY OFFICE
- ATHENS, GREECE
- BANGKOK COUNTRY OFFICE
- BANGKOK, THAILAND
- BARRANQUILLA RESIDENT OFFICE
- BARRANQUILLA, COLOMBIA
- BELIZE
- BELIZE CITY, BELIZE
- BERN COUNTRY OFFICE
- BERN, SWITZERLAND
- BOGOTA, COLOMBIA
- BOGOTA COUNTRY OFFICE
- BOMBAY RESIDENT OFFICE
- BOMBAY, INDIA
- BONN, GERMANY
- BRASILIA COUNTRY OFFICE
- BRASILIA, BRAZIL
- BRIDGETOWN, BARBADOS
- BRIDGETOWN COUNTRY OFFICE
- BRUSSELS, BELGIUM
- BUENOS AIRES COUNTRY OFFICE
- BUENOS AIRES, ARGENTINA
- CAIRO COUNTRY OFFICE
- CAIRO, EGYPT
- CANBERRA COUNTRY OFFICE
- CANBERRA, AUSTRALIA
- CARACAS COUNTRY OFFICE
- CARACAS, VENEZUELA

- CHIANG MAI RESIDENT OFFICE
- CHIANG MAI, THAILAND
- COCHABAMBA RESIDENT OFFICE
- COCHABAMBA, BOLIVIA
- COPENHAGEN, DENMARK
- COPENHAGEN COUNTRY OFFICE
- CURACAO COUNTRY OFFICE
- CURACAO, NETHERLANDS, ANTILLES
- FAR EAST
- FRANKFURT, GERMANY
- FREEPORT RESIDENT OFFICE
- FREEPORT, BAHAMAS
- GUADALAJARA RESIDENT OFFICE
- GUADALAJARA, MEXICO
- GUATEMALA
- GUATEMALA CITY COUNTRY OFFICE
- GUATEMALA CITY, GUATEMALA
- GUAYAQUIL, ECUADOR
- GUAYAQUIL RESIDENT OFFICE
- GUDALAJARA, MEXICO
- HERMOSILLO RESIDENT OFFICE
- HERMOSILLO, MEXICO
- HONG KONG
- HONG KONG, COUNTRY OFFICE
- ISLAMABAD COUNTRY OFFICE
- ISLAMABAD, PAKISTAN
- ISTANBUL, TURKEY
- ISTANBUL RESIDENT OFFICE

- KARACHI RESIDENT OFFICE
- KARACHI, PAKISTAN
- KINGSTON, JAMAICA
- KINGSTON COUNTRY OFFICE
- KUALA LUMPUR COUNTRY OFFICE
- KUALA LUMPUR, MALAYSIA
- LA PAZ COUNTRY OFFICE
- LA PAZ, BOLIVIA
- LAGOS, NIGERIA
- LAGOS COUNTRY OFFICE
- LAHORE, PAKISTAN
- LAHORE RESIDENT OFFICE
- LIMA COUNTRY OFFICE
- LIMA, PERU
- LONDON, ENGLAND
- LYON, FRANCE
- MADRID COUNTRY OFFICE
- MADRID, SPAIN
- MANILA, PHILIPPINES
- MARACAIBO, VENEZUELA
- MARAICABO RESIDENT OFFICE
- MARSEILLES, FRANCE
- MAZATLAN RESIDENT OFFICE
- MAZATLAN, MEXICO
- MERIDA RESIDENT OFFICE
- MERIDA, MEXICO
- MEXICO CITY COUNTRY OFFICE
- MEXICO CITY, MEXICO
- MEXICO COUNTRY OFFICE

- | | | |
|---|--|---|
| <input type="checkbox"/> MILAN, ITALY | <input type="checkbox"/> PORT-AU-PRINCE, HAITI | <input type="checkbox"/> SAO PAULO, BRAZIL |
| <input type="checkbox"/> MONTERREY RESIDENT OFFICE | <input type="checkbox"/> PORT-AU-PRINCE COUNTRY OFFICE | <input type="checkbox"/> SEOUL, KOREA |
| <input type="checkbox"/> MONTERREY, MEXICO | <input type="checkbox"/> QUITO, ECUADOR | <input type="checkbox"/> SINGAPORE |
| <input type="checkbox"/> MONTEVIDEO COUNTRY OFFICE | <input type="checkbox"/> QUITO COUNTRY OFFICE | <input type="checkbox"/> SONGKHLA, THAILAND |
| <input type="checkbox"/> MONTEVIDEO, URUGUAY | <input type="checkbox"/> RANGOON, BURMA | <input type="checkbox"/> SONGKHLA RESIDENT OFFICE |
| <input type="checkbox"/> MONTREAL, CANADA | <input type="checkbox"/> ROME, ITALY | <input type="checkbox"/> SONGKLA, THAILAND |
| <input type="checkbox"/> NASSAU COUNTRY OFFICE | <input type="checkbox"/> ROME COUNTRY OFFICE | <input type="checkbox"/> ST CLOUD, FRANCE |
| <input type="checkbox"/> NASSAU, BAHAMAS | <input type="checkbox"/> SAN JOSE, COSTA RICA | <input type="checkbox"/> TEGUCIGALPA, HONDURAS |
| <input type="checkbox"/> NEW DELHI COUNTRY OFFICE | <input type="checkbox"/> SAN SALVADOR COUNTRY OFFICE | <input type="checkbox"/> TEGUCIGALPA COUNTRY OFFICE |
| <input type="checkbox"/> NEW DELHI, INDIA | <input type="checkbox"/> SAN SALVADOR, EL SALVADOR | <input type="checkbox"/> THE HAGUE COUNTRY OFFICE |
| <input type="checkbox"/> NICOSIA, CYPRUS | <input type="checkbox"/> SANTA CRUZ COUNTRY OFFICE | <input type="checkbox"/> THE HAGUE, NETHERLANDS |
| <input type="checkbox"/> OTTAWA, CANADA | <input type="checkbox"/> SANTA CRUZ, BOLIVIA | <input type="checkbox"/> TOKYO, JAPAN |
| <input type="checkbox"/> PANAMA CITY, PANAMA | <input type="checkbox"/> SANTA CRUZ RESIDENT OFFICE | <input type="checkbox"/> UDORN, THAILAND |
| <input type="checkbox"/> PANAMA CITY COUNTRY OFFICE | <input type="checkbox"/> SANTA CRUZ/OSA | <input type="checkbox"/> UDORN RESIDENT OFFICE |
| <input type="checkbox"/> PARIS COUNTRY OFFICE | <input type="checkbox"/> SANTIAGO, CHILE | <input type="checkbox"/> VIENNA COUNTRY OFFICE |
| <input type="checkbox"/> PARIS, FRANCE | <input type="checkbox"/> SANTIAGO COUNTRY OFFICE | <input type="checkbox"/> VIENNA, AUSTRIA |
| <input type="checkbox"/> PESHAWAR RESIDENT OFFICE | <input type="checkbox"/> SANTO DOMINGO, D R | <input type="checkbox"/> OTHER _____ |
| <input type="checkbox"/> PESHAWAR, PAKISTAN | | <input type="checkbox"/> ALL OF THE ABOVE |

WERE ANY OF THE FOREIGN ASSIGNMENTS THAT YOU NOTED ABOVE A POSSIBLE PROMOTION FOR YOU? YES
 NO

DID YOU RECEIVE ANY PROMOTIONS DURING YOUR DEA CAREER IN 1990 OR THEREAFTER? YES
 NO

IF YES, IDENTIFY THE YEARS IN WHICH YOU RECEIVE SUCH PROMOTIONS, AND THE GRADE LEVELS OF THE PROMOTIONS AT ISSUE:

DID YOU FAIL TO RECEIVE ANY PROMOTIONS DURING YOUR DEA CAREER AS A RESULT OF DEA'S DISCRIMINATION AGAINST YOU IN FOREIGN ASSIGNMENTS DURING 1990 TO 1992? YES
 NO

IF YES, IDENTIFY THE YEARS IN WHICH YOU FAILED TO RECEIVE SUCH PROMOTIONS, AND THE GRADE LEVEL OF THE PROMOTIONS AT ISSUE:

DID YOU SEEK ANY MEDICAL ASSISTANCE OR TREATMENT YES
FOR YOUR **PHYSICAL HEALTH** RELATED TO DEA'S
DISCRIMINATION AGAINST YOU IN FOREIGN NO
ASSIGNMENTS DURING 1990 TO 1992?

IF YES, PROVIDE THE **AMOUNT** OF ANY MEDICAL CHARGES, DATES OF ANY
MEDICAL ASSISTANCE OR TREATMENT, AND DESCRIBE THE NATURE OF THE
ASSISTANCE OR TREATMENT:

DID YOU SEEK ANY MEDICAL ASSISTANCE OR TREATMENT YES
FOR YOUR **MENTAL OR PSYCHOLOGICAL HEALTH**
RELATED TO DEA'S DISCRIMINATION AGAINST YOU IN NO
FOREIGN ASSIGNMENTS DURING 1990 TO 1992?

IF YES, PROVIDE THE **AMOUNT** OF ANY MEDICAL CHARGES, DATES OF ANY
MEDICAL ASSISTANCE OR TREATMENT, AND DESCRIBE THE NATURE OF THE
ASSISTANCE OR TREATMENT:

DID YOU SEEK ANY INFORMAL CARE OR COUNSELING FOR YES
YOUR **MENTAL OR PSYCHOLOGICAL HEALTH** RELATED
TO DEA'S DISCRIMINATION AGAINST YOU IN FOREIGN NO
ASSIGNMENTS DURING 1990 TO 1992? (Examples include seeking
Pastoral care, counseling by family members, or the DEA Employee
Assistance Program.)

IF YES, PROVIDE THE **AMOUNT** OF ANY CHARGES, DATES OF ANY CARE, AND
DESCRIBE THE NATURE OF THE ASSISTANCE OR TREATMENT:

INDICATE THE LEVEL OF HARM THAT YOU SUFFERED AS A RESULT OF DEA'S SEX DISCRIMINATION AGAINST YOU IN FOREIGN ASSIGNMENTS DURING 1990 TO 1992 BY CIRCLING A NUMBER FROM ZERO (NO HARM) TO TEN (EXTREME HARM) FOR EACH CATEGORY BELOW, AND INDICATE THE TIME PERIOD (FROM BEGINNING TO END) THAT YOU WERE IMPACTED BY THE REPORTED HARM (FROM 1990 TO THE PRESENT).

For example, if you suffered extreme Mental Anguish from 1992 to 1997, you would circle the number 10 under Mental Anguish, and indicate the time period as 1992-1997.

EMOTIONAL PAIN AND SUFFERING

(None) 0 1 2 3 4 5 6 7 8 9 10 (Extreme)

TIME PERIOD YOU SUFFERED EMOTIONAL PAIN: _____

INCONVENIENCE

(None) 0 1 2 3 4 5 6 7 8 9 10 (Extreme)

TIME PERIOD YOU SUFFERED INCONVENIENCE: _____

MENTAL ANGUISH

(None) 0 1 2 3 4 5 6 7 8 9 10 (Extreme)

TIME PERIOD YOU SUFFERED MENTAL ANGUISH: _____

LOSS OF ENJOYMENT OF LIFE

(None) 0 1 2 3 4 5 6 7 8 9 10 (Extreme)

TIME PERIOD YOU SUFFERED LOSS OF ENJOYMENT OF LIFE: _____

EMBARASSMENT OR HUMILIATION

(None) 0 1 2 3 4 5 6 7 8 9 10 (Extreme)

TIME PERIOD YOU SUFFERED EMBARASSMENT: _____

LOSS OF PROFESSIONAL REPUTATION

(None) 0 1 2 3 4 5 6 7 8 9 10 (Extreme)

TIME PERIOD YOU SUFFERED LOSS OF REPUTATION: _____

REDUCED EARNING CAPACITY

(None) 0 1 2 3 4 5 6 7 8 9 10 (Extreme)

TIME PERIOD YOU SUFFERED REDUCED EARNING CAPACITY: _____

LOSS OF SELF ESTEEM

(None) 0 1 2 3 4 5 6 7 8 9 10 (Extreme)

TIME PERIOD YOU SUFFERED LOSS OF SELF ESTEEM: _____

WITHDRAWAL FROM SOCIAL ACTIVITIES

(None) 0 1 2 3 4 5 6 7 8 9 10 (Extreme)

TIME PERIOD YOU SUFFERED: _____

DID YOU SUFFER ANY OF THE FOLLOWING MANIFESTATIONS OF EMOTIONAL HARM AS A RESULT OF DEA'S SEX DISCRIMINATION AGAINST YOU IN FOREIGN ASSIGNMENTS DURING 1990 TO 1992? INDICATE ANY HARM YOU SUFFERED AND THE TIME PERIOD (FROM BEGINNING TO END) THAT YOU SUFFERED THE REPORTED HARM (FROM 1990 TO THE PRESENT).

For example, if you suffered from Sleeplessness from 1992 to 1997, you would check the box for Sleeplessness, and indicate the time period as 1992-1997.

SLEEPLESSNESS

TIME PERIOD YOU SUFFERED: _____

STRESS

TIME PERIOD YOU SUFFERED: _____

DEPRESSION

TIME PERIOD YOU SUFFERED: _____

MARITAL STRAIN

TIME PERIOD YOU SUFFERED: _____

HUMILIATION

TIME PERIOD YOU SUFFERED: _____

EXCESSIVE FATIGUE

TIME PERIOD YOU SUFFERED: _____

NERVOUS BREAKDOWN

TIME PERIOD YOU SUFFERED: _____

ULCERS

TIME PERIOD YOU SUFFERED: _____

GASTROINTESTINAL DISORDERS

TIME PERIOD YOU SUFFERED: _____

HAIR LOSS

TIME PERIOD YOU SUFFERED: _____

HEADACHES

TIME PERIOD YOU SUFFERED: _____

PANIC ATTACK

TIME PERIOD YOU SUFFERED: _____

SIGNIFICANT WEIGHT GAIN OR WEIGHT LOSS

TIME PERIOD YOU SUFFERED: _____

**AS A RESULT OF DEA'S DISCRIMINATION
AGAINST YOU IN THIS CASE, INDICATE THE
TOTAL DOLLAR AMOUNT OF NON-PECUNIARY
COMPENSATORY DAMAGES THAT YOU SEEK
TO BE AWARDED (UP TO \$300,000):** \$ _____

I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct to the best of my knowledge and belief.

Executed On: _____
Date Signature

**PLEASE SUBMIT TWO COPIES OF THIS COMPLETED CLAIM FORM WITHIN 30
DAYS TO:**

Oliver C. Allen, Jr.
EEO Director
Equal Employment Opportunity Staff
Drug Enforcement Administration
8701 Morrissette Drive
Room E-9371
Springfield, VA 22152

AND

Juliette Niehuss
Kator, Parks & Weiser, P.L.L.C.
Attn: Garcia Class Counsel
1200 18th Street, NW
Suite 1000
Washington, D.C. 20036
Phone: (202) 898-4800
Fax: (202) 289-1389
Email: jniehuss@katorparks.com

ADDENDUM FOR CLAIMS MADE ON BEHALF OF DECEASED CLASS MEMBERS

IF YOU INTEND TO SUBMIT A CLAIM ON BEHALF OF A CLASS MEMBER WHO **HAS DIED**, YOU SHOULD COMPLETE AND SIGN THE ENTIRE QUESTIONNAIRE FOR INDIVIDUAL AND MONETARY RELIEF AND PROVIDE THE FOLLOWING INFORMATION:

NAME OF DECEASED CLASS MEMBER (Last, First, Middle)

YOUR NAME (Last, First, Middle)

YOUR MAILING STREET ADDRESS

Daytime Telephone Number

CITY

STATE

ZIP

ALTERNATE PHONE NUMBER

YOUR E-MAIL ADDRESS

IDENTIFY YOUR RELATIONSHIP TO
THE DECEASED CLASS MEMBER:

SPOUSE

CHILD

OTHER: _____

DATE OF DECEASED CLASS MEMBER'S DEATH: _____

I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct to the best of my knowledge and belief.

Executed On: _____
Date

Signature