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PROOF OF CLAIM FORM (NON-LIST)***City of Detroit Bankruptcy Claim***
UNITED STATES BANKRUPTCY COURT
CASE NO. 13-53846

THIS FORM IS BEING COMPLETED, UNDER PENALTY OF PERJURY, CONCERNING A POTENTIAL CLAIMANT AND FUNDS WHICH SHE/HE MAY HAVE BEEN ENTITLED TO, AS A RESULT OF HIS/HER EMPLOYMENT WITH THE CITY OF DETROIT AND THE RESOLUTION OF A SERIES OF PENDING CLAIMS AGAINST THE CITY BY THE UNITED STATES BANKRUPTCY COURT (“FUNDS”). PLEASE PROVIDE THE INFORMATION BELOW SO THAT YOUR CLAIM CAN BE PROCESSED AND IT CAN BE DETERMINED WHETHER YOU ARE AN ELIGIBLE CLAIMANT.

IN ORDER TO BE ELIGIBLE, YOU ARE REQUIRED TO PROVIDE EVIDENCE THAT YOU WERE EMPLOYED BY THE CITY OF DETROIT AND REPRESENTED BY AFSCME DURING THE TIME FRAME OF 2009 TO 2013. THIS CAN BE SATISFIED WITH PAYSTUBS THAT SHOW EMPLOYMENT WITH THE CITY AND A DUES DEDUCTION TO AFSCME FROM 2009 TO 2013. OTHER RELIABLE EVIDENCE THAT DEMONSTRATES YOUR ELIGIBILITY WILL ALSO BE CONSIDERED. PLEASE ATTACH COPIES SUPPORTING YOUR PROOF OF CLAIM WITH THIS FORM. YOU MUST COMPLETE AND SIGN THIS PROOF OF CLAIM FORM (“CLAIM FORM”) AND MAIL IT BY PREPAID, FIRST-CLASS MAIL, POSTMARKED NO LATER THAN **NOVEMBER 20, 2025**, TO THE FOLLOWING ADDRESS:

City of Detroit Bankruptcy Claim
c/o Epiq
PO Box 5439
Portland, OR 97228-5439

ALTERNATIVELY, YOU MAY OBTAIN, COMPLETE, AND SUBMIT AN ELECTRONIC CLAIM AND TAX FORM **BY 11:59 P.M. EST ON NOVEMBER 20, 2025** AT **WWW.CITYOFDETROITBANKRUPTCYCLAIM.COM**.

CLAIM & TAX FORMS THAT ARE NOT MAILED BY PREPAID FIRST-CLASS MAIL AND/OR ARE RECEIVED WITH NO POSTMARK WILL BE DEEMED TO HAVE BEEN SUBMITTED ON THE DATE OF RECEIPT.

FAILURE TO TIMELY SUBMIT THE NECESSARY FORMS WILL RESULT IN YOU NOT SHARING IN THE PROCEEDS.

DO NOT MAIL OR DELIVER YOUR CLAIM FORM OR TAX FORM TO THE COURT, THE CITY OF DETROIT, AFSCME, OR THE ATTORNEYS OF RECORD.

Questions? Visit www.CityofDetroitBankruptcyClaim.com or call toll-free (888) 868-4941.

GENERAL INSTRUCTIONS

1. **CLAIM FORM:** In order to share in the proceeds from the AFSCME bankruptcy claim, you must submit the attached Claim Form. You must fill out all applicable information on the Claim Form and Sign and Date the Claim Form.
2. **TAX FORM:** In order to share in the proceeds from the AFSCME bankruptcy claim, you must submit the attached W-9 tax form. You must fill out all applicable information on the Tax Form and Sign and Date the Tax Form.
3. If you were not a City of Detroit employee that was represented by AFSCME at any time from 2009 to 2013, you are excluded from this claim.
4. **SUPPORTING DOCUMENTATION** – You must submit supporting documentation that demonstrates that you were a City of Detroit Employee represented by AFSCME at any time during the time period of 2009 to 2013 in order to be an eligible member.
5. **DO NOT SEND ORIGINAL DOCUMENTS.** Please keep a copy of all documents that you send to the Claims Administrator. Also, please do not highlight any portion of the Claim Form or any supporting documents.
6. By submitting this Claim Form, you will be making a request to share in the proceeds of the AFSCME Bankruptcy Fund. If you were NOT an employee of the City of Detroit and represented by AFSCME at any time from 2009 to 2013, **DO NOT** submit a Claim Form. **You may not share in the proceeds of AFSCME Bankruptcy Fund if you are not an employee of the City of Detroit and represented by AFSCME from 2009 to 2013.** Thus, if you are not eligible, any Claim Form that you submit, or that may be submitted on your behalf, will not be accepted.
7. If you have questions concerning the Claim Form or need additional copies of the Claim Form or other related documents, you may contact the Claims Administrator, Epiq, by writing to the above address, by calling the toll-free hotline at (888) 868-4941, by sending an email to info@CityofDetroitBankruptcyClaim.com; or you may download the documents from www.CityofDetroitBankruptcyClaim.com.

IMPORTANT: PLEASE NOTE

YOUR CLAIM IS NOT DEEMED FILED UNTIL YOU RECEIVE AN ACKNOWLEDGEMENT BY MAIL OR EMAIL. THE CLAIMS ADMINISTRATOR WILL ACKNOWLEDGE RECEIPT OF YOUR CLAIM FORM BY MAIL OR EMAIL, WITHIN 60 DAYS. IF YOU DO NOT RECEIVE AN ACKNOWLEDGEMENT WITHIN 60 DAYS, PLEASE CALL THE CLAIMS ADMINISTRATOR TOLL-FREE AT (888) 868-4941.

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PART II – CLAIMANT ELIGIBILITY

Were you a City of Detroit employee that was represented by AFSCME at any time from 2009 to 2013?

Check One

Yes No

If the answer above is “No,” you are not eligible to share in the proceeds of the AFSCME Claim.

If the answer above is “Yes,” please provide the following information:

Start Date as a City of Detroit employee - -
MM DD YYYY

End Date as a City of Detroit employee (leave blank if still employed) - -
MM DD YYYY

LIST CLASSIFICATIONS AND DEPARTMENTS FROM 2009 TO 2013:

Classifications and Departments

Dates

_____	_____
_____	_____
_____	_____

Questions? Visit www.CityofDetroitBankruptcyClaim.com or call toll-free (888) 868-4941.

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PART III – SIGNATURE

CERTIFICATION

By signing and submitting this Claim Form, the Claimant(s) or the person(s) who represent(s) the Claimant(s) certifies (certify), as follows:

1. that I (we) have read and understand the contents of this Claim Form.
2. that the Claimant(s) is eligible to share in the proceeds of the AFSCME Bankruptcy Fund as defined in this Claim Form.
3. that the Claimant(s) has (have) not submitted any other Claim Form covering the same individual(s) and knows (know) of no other person having done so on the Claimant’s (Claimants’) behalf.
4. that I (we) agree to furnish such additional information with respect to this Claim Form as the Claims Administrator or the Court may require.

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 THE DOCUMENTS SUBMITTED HEREWITH ARE TRUE AND CORRECT COPIES OF WHAT THEY PURPORT TO BE.

(Sign your name here)

Date:

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PART IV. REMINDER CHECKLIST



Please sign the above certification.

Remember to attach only **copies** of acceptable supporting documentation as these documents will not be returned to you.



Please do not highlight any portion of the Claim Form or any supporting documents.

Keep copies of the completed Claim Form and documentation for your own records.



The Claims Administrator will acknowledge receipt of your Claim Form by mail or email, within 60 days. Your claim is not deemed filed until you receive an acknowledgement postcard or confirmation email. **IF YOU DO NOT RECEIVE AN ACKNOWLEDGEMENT POSTCARD OR CONFIRMATION EMAIL WITHIN 60 DAYS, PLEASE CALL THE CLAIMS ADMINISTRATOR TOLL-FREE AT (888) 868-4941.**

If your address changes in the future, or if this Claim Form was sent to an old or incorrect address, please send the Claims Administrator written notification of your new address. If you change your name, please inform the Claims Administrator.



If you have any questions or concerns regarding your claim, please contact the Claims Administrator at the address below, by email at info@CityofDetroitBankruptcyClaim.com, or by toll-free phone at (888) 868-4941, or you may visit www.cityofdetroitbankruptcyclaim.com. **Please DO NOT call the Defendants or their Counsel with questions regarding your claim.**

THIS CLAIM FORM MUST BE SUBMITTED TO THE CLAIMS ADMINISTRATOR BY FIRST-CLASS MAIL SO THAT IT IS **POSTMARKED NO LATER THAN NOVEMBER 20, 2025**, ADDRESSED AS FOLLOWS:

*City of Detroit Bankruptcy Claim
c/o Epiq
PO Box 5439
Portland, OR 97228-5439*

ALTERNATIVELY, YOU MAY OBTAIN, COMPLETE, AND SUBMIT AN ELECTRONIC CLAIM AND TAX FORM BY 11:59 P.M. EST ON NOVEMBER 20, 2025 AT WWW.CITYOFDETROITBANKRUPTCYCLAIM.COM.

A Claim Form received by the Claims Administrator shall be deemed to have been submitted when posted, or when a postmark date on or before November 20, 2025, 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 Claims Administrator.

You should be aware that it will take a significant amount of time to fully process all of the submitted Claim Forms and to administer the payment of the proceeds of the AFSCME Bankruptcy Fund. This work will be completed as promptly as time permits. Please be patient and notify the Claims Administrator of any change of address.

Questions? Visit www.CityofDetroitBankruptcyClaim.com or call toll-free (888) 868-4941.