

**RELEASE OF CLAIMS
AGAINST THE SHERIFF OF COOK COUNTY FORM**

**COMPLETED RELEASE FORMS MUST BE SUBMITTED
WITH SRO CLAIM FORMS (FORM 2) AND
MUST BE RECEIVED BY THE SHERIFF'S COMPLIANCE ADMINISTRATOR BY
FEBRUARY 27, 2009**

By submitting this claim, I, _____, hereby agree to have my claim(s) for political discrimination in connection with any term or aspect of governmental employment with the Sheriff of Cook County decided by the Sheriff's Compliance Administrator as part of the Claim Procedure for Alleged Pre-SRO Violations contained in the Supplemental Relief Order for the Sheriff of Cook County. Subject to the terms of the Supplemental Relief Order for the Sheriff of Cook County, I hereby release the Sheriff of Cook County, and its predecessors, and all of its employees, agents, advisors, and attorneys, and their heirs, executors, administrators, personal or legal representatives, successors, transferees and assigns from all claims of political discrimination, including any and all claims, causes of action, rights, actions, suits, obligations, debts, demands, judgments, agreements, promises, liabilities, controversies, costs, expenses or attorneys' fees, of every nature and description whatsoever that have been or could have been asserted in this *Shakman, et al. v. Democratic Organization of Cook County, et al.*, 69 C 2145 (including, but not limited to, violations of the Sheriff's Consent Decrees and First Amendment political discrimination lawsuits) and whether now known or unknown, suspected or unsuspected, arising out of employment decisions of any kind (including, but not limited to, hiring, promotion, termination, assignments, disciplinary decisions, overtime and the like) made by the Office of the Sheriff of Cook County with respect to Class Members prior to the final approval of the Supplemental Relief Order for the Sheriff of Cook County by the Court and based on the claim that those employment decisions were impermissibly motivated by political considerations. I understand and agree that these claims are released regardless of whether I receive a cash award through the Claim Procedure.

(Signature of Claimant)

Dated: _____

SUBSCRIBED AND SWORN to
before me this ____ day
of _____, 200_.

Notary