

Township of Jackson Restitution Fund Claim Form:

The Division on Civil Rights (DCR) is the state agency responsible for preventing and eliminating discrimination and bias-based harassment in employment, housing, and places of public accommodation (e.g., places open to the public like schools, businesses, hospitals, etc.). DCR enforces laws such as the New Jersey Law Against Discrimination (LAD), the New Jersey Family Leave Act, and the Fair Chance in Housing Act.

On August 28, 2023, the Office of the New Jersey Attorney General and DCR reached a settlement resolving a lawsuit it filed alleging that Jackson Township violated the LAD by discriminating against Orthodox Jewish residents through, among other things, the use of zoning and land use powers that made it harder for Orthodox Jews to practice their religion. The settlement, which is memorialized in a consent order provides among other things, a \$150,000 restitution fund for the purpose of compensating aggrieved persons. People from this community, who believe they have been harmed by the alleged conduct between January 1, 2015 and August 31, 2023, can submit the following and completed form to DCR at JacksonRestitutionFund@njcivilrights.gov along with all necessary attachments and/or proofs.

PLEASE NOTE: This form must be submitted by December 31, 2024 to be considered. Any forms submitted after 11:59 p.m. on December 31, 2024 will **NOT** be considered.

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PLEASE REVIEW EACH PAGE TO ENSURE YOU HAVE COMPLETED
THE FORM ACCURATELY INORDER TO PREVENT FILING AN
INCOMPLETE CLAIM THAT WILL NOT BE REVIEWED.



| Name: | | |
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| Mailing Address: | | |
| | | |
| Phone Number: | Email Address: | |
| Preferred Method of Contact: Phone E-mail Mail | | |
| Date the Discriminatory Act/Actions took place: | | |
| (Please be very specific. If there was more than one action, and more than one place where they took place, please number them | | |
| as 1, 2, 3 etc.) | | |
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| Disco When Discolation and Occurred | | |
| Place Where Discriminatory Act Occurred: (For each action numbered above, please state the | exact address that the action took place, and describe the location, i.e. inside | |
| (For each action numbered above, please state the exact address that the action took place, and describe the location, i.e. inside the townhall; or local park/grounds.) | | |
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| Description of Discriminatory Action: | | |
| (For each action numbered above, please describe the discriminatory act/action. Attach a separate sheet of paper describing the | | |
| actions if needed) | , | |
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Please select at least one of the following statements and provide proof: ☐ I was fined for violating a Jackson Township ordinance for engaging in a religious practice, including, but not limited to, erecting or expanding a sukkah or eruv. ☐ I incurred expenses because I was prohibited by Jackson Township from engaging in a religious practice, including, but **not** limited to, erecting or expanding a sukkah or eruv. □ I paid an application fee to Jackson Township for engaging in a religious practice that I believe I would <u>not</u> have been required to pay if I was not Jewish. ☐ I was fined by Jackson Township for violating a Township ordinance that I do not believe I would have been fined for violating if I were **not** Jewish. □ I was discriminated against or harassed by an employee of Jackson Township based on my religion. ☐ I was harassed by a member of the public in Jackson Township based on my religion and Jackson Township officials or employees failed to take appropriate action to remedy that harassment. Please submit a copy of the following: (Important: You must submit some evidence that one of the above violations caused you to suffer monetary harm. See below for potential types of written document(s) that will be considered eligible for the Fund.) Violation (Examples of Violations: Warning letters, township ordinance violation, or ticket for example that says you violated a township code/ordinance) □ Notice to cure/correct/remediate violation Stop construction Notice/Letters demanding any cessation of religious structural construction Receipts for expenditures due to township religious accommodation-based denials (i.e. travel costs because busing to religious schools denied; Airbnb receipts for rentals because you could not observe sukkot since you were denied building a sukkah, etc.) ☐ Any evidence of discriminatory actions taken by Township, its agents or others where the Township failed to act, (i.e., letters from the Township refusing to take action when you complained about specific acts of discrimination that was occurring by others) such as neighbors or township employees Other Evidence (Please Describe):__

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Exclusions: (Please Review Carefully)

Please be advised that claims for the following will **not** be reimbursed:

- Purchase of weapons or installation of home monitoring systems, including camera systems;
- Allegations that a home or other real estate's value decreased;

| | Claims submitted for conduct prior to January 1, 2015, or of Claims submitted after December 31, 2024. | conduct after August 31, 2023; |
|----|--|---|
| | I ACKNOWLEDGE RECEIPT OF THE | E ABOVE EXCLUSIONS. |
| | Print Name: | Date: |
| | Signature: | Date: |
| | <u>Affirmation</u> | <u>n</u> |
| | By checking off the boxes below and by printing, and sig | gning my name and the date below, I affirm: |
| | All of the information provided on this form is true to the best I understand that neither DCR nor its employees are my person legal advice from DCR I understand that the amount of restitution I receive is determi for insurance, incidental costs, or damages due to "pain and su I understand that DCR will send any payments by mail with retu I understand that DCR <u>cannot</u> advise me on whether my restitutax advice related to the restitution. ERTIFY THAT I HAVE <u>NOT</u> ALREADY RECEIVED SETTLEMENT OR R | inal attorneys, and I am not seeking now or in the future, any lined solely by DCR, and that DCR <u>cannot</u> provide restitution uffering" urn receipt requested to the mailing address I provided ution is taxable income, <u>nor</u> provide me with state or federal |
| | ASSERTED HARM DESCRI | |
| | Print Name: | Date: |
| | Signature: | Date: |
| 1) | Submit this form and the accomp By mail to: (Please ensure the items are delivered to us by De New Jersey Division on ATTN: Affirmative Enfor 31 Clinton Street, 3 Newark, New Jersey | ecember 31, 2024 In Civil Rights In Civil Rights |
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PLEASE REVIEW EACH PAGE TO ENSURE YOU HAVE COMPLETED

THE FORM ACCURATELY INORDER TO PREVENT FILING AN

INCOMPLETE CLAIM THAT WILL NOT BE REVIEWED.

2) By e-mail: please attach the form and all accompanying documents to: <u>JacksonRestitutionFund@njcivilrights.gov</u>



What Happens Next?

- ✓ If a claimant requests to file a claim, DCR will email them a Settlement Claim Form with the request that it be submitted within 30 days.
- ✓ If DCR does not receive a completed form and required submissions, it may deny the claim.
- ✓ We will review all claims received by DCR by December 31, 2024 and advise reimbursement status by February 28, 2025, which is the closing date for the reimbursement fund. After the closing date, no reimbursement fund claim form will be reviewed nor responded to.