

UNITED STATES DISTRICT COURT

DISTRICT OF OREGON

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| <p>United States of America,</p> <p>Plaintiff,</p> <p>vs.</p> <p>City of Portland,</p> <p>Defendant.</p> | <p>Case No. 3:12-CV-02265-SI</p> <p>TESTIMONY FORM</p> <p>Submitted by:</p> <p>Your First Name: _____</p> <p>Your Last Name: _____</p> <p>Your Organization (if any): _____</p> |
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Use this form to submit written comments as ordered by the Court in the above-styled case only. Your written comments should pertain specifically to topics of the proposed settlement agreement in this case, as provided in the boxes below. Any additional pages must be attached to this form, and are limited to 20 pages (single-sided). If you would like to submit oral testimony in addition to your written comments, please check the appropriate box at the end of this form. Pursuant to Court order, live testimony may be restricted to matters that are relevant to the Court’s decision in this matter, and may be limited to evidence that is not cumulative of evidence already received by the Court. A copy of the Complaint, proposed Settlement Agreement, and other key documents is available online at <http://ord.uscourts.gov/fh>

Topics covered by the Proposed Settlement Agreement are listed below. Please check the specific topic(s) that apply to the comments you are submitting for the Court’s consideration.

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| <input type="checkbox"/> Definitions | <input type="checkbox"/> Crisis Intervention Training | <input type="checkbox"/> CRC Appeals |
| <input type="checkbox"/> Use of Force Policy (General) | <input type="checkbox"/> Crisis Intervention Team | <input type="checkbox"/> Discipline |
| <input type="checkbox"/> Electronic Control Weapons | <input type="checkbox"/> Mobile Crisis Prevention Team | <input type="checkbox"/> Communication with Complainant and Transparency |
| <input type="checkbox"/> Use of Force Reporting | <input type="checkbox"/> Service Coordination Team | <input type="checkbox"/> Community Engagement (General) |
| <input type="checkbox"/> Use of Force Supervisory Investigations and Reports | <input type="checkbox"/> Bureau of Emergency Communication | <input type="checkbox"/> Community Oversight Advisory Board |
| <input type="checkbox"/> Compliance Audits Related to Use of Force | <input type="checkbox"/> Employee Information System | <input type="checkbox"/> Compliance Officer and Community Liaison |
| <input type="checkbox"/> Training (General) | <input type="checkbox"/> Officer Accountability (General) | <input type="checkbox"/> PPB Compliance Coordinator |
| <input type="checkbox"/> Mental Health Services (General) | <input type="checkbox"/> Investigation Timeframe | <input type="checkbox"/> Agreement Implementation and Enforcement |
| <input type="checkbox"/> Crisis Intervention (General) | <input type="checkbox"/> On Scene Public Safety Statements and Interviews | <input type="checkbox"/> Other (describe): _____ |
| <input type="checkbox"/> Behavioral Health Unit and Advisory Committee | <input type="checkbox"/> Conduct of IA Investigations | _____ |

Are you (or is your organization) represented by an attorney? [] Yes [] No.

Attorney's Name: _____ Attorney's Phone Number: _____

Attorney's Mailing Address: _____

Attorney's Email Address: _____

Have you previously provided written comments or oral testimony to the City of Portland, City Council, or the U.S. Department of Justice (including the United States Attorney) on the matters you are now submitting to the Court? [] Yes [] No. If yes, please describe whether you submitted written comments, oral testimony, or both, and the date of your prior submission of comments and/or testimony.

In addition to the written comments you are submitting, do you also request to provide oral testimony to the matters you have submitted in writing? [] Yes [] No. **If you are unable to appear in person, but would like to provide oral testimony, please attach a DVD video of your testimony.**

Your Signature: _____ **Date:** _____

Your Title (if any): _____

Your Mailing Address: _____

Your Email Address: _____

Your Phone Number(s): _____

For your comments to be taken under Court consideration, the original and one (1) copy of this form and any attachments must be received by the Court*, no later than January 31, at 4:30pm. All written comments received will be kept on file until this case is closed. Copies may be made available to the public and the parties, but will not become part of the official Court record as evidence, unless the Court orders otherwise. You may submit your form via email to Mary_Austad@ord.uscourts.gov, or by certified first class mail, or hand delivery to the following address:

**Clerk of Court, Civil Intake
Fairness Hearing Comments
United States District Court, District of Oregon
1000 SW Third Ave., Suite 700
Portland, OR 97204**

* The Clerk's office cannot answer any questions regarding this form. If you have specific questions regarding this form, please contact the Civil Rights Division toll-free at 877-218-5228, or at community.portland@usdoj.gov.

* La oficina del secretario del tribunal no puede responder a preguntas acerca de este formulario. Si usted tiene preguntas específicas sobre este formulario, por favor póngase en contacto con la Civil Rights Division en 877-218-5228, community.portland@usdoj.gov.