

**BAY COUNTY LAWSUIT QUESTIONNAIRE**

Name: \_\_\_\_\_

Current Address, Email and Telephone:

\_\_\_\_\_  
\_\_\_\_\_

Were you in the Bay County jail DURING Hurricane Michael or after?

\_\_\_\_\_

Around the time of Hurricane Michael, what were the dates you were in the Bay County Jail?

\_\_\_\_\_

If you were in Bay County DURING the hurricane, how long was the facility without power, water, plumbing and air conditioner?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If you were in Bay County DURING the hurricane, describe the circumstances both during and after the hurricane that you were in and/or subjected to.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If you were in Bay County DURING the hurricane, when did you get out of the Bay County Jail after the hurricane and give each location including periods of incarceration in DOC and jails since leaving the Bay County Jail.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you believe that you have any medical condition **RESULTING** from your incarceration **DURING** or **AFTER** the hurricane and if so, what is that condition.

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Please list all places and dates of incarceration from October 2018 to present:

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If you are experiencing health problems that you **BELIEVE ARE THE RESULT OF YOUR INCARCERATION DURING HURRICANE MICHAEL**, what are your symptoms?

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

Have you seen a doctor or other medical professional for these symptoms?  
List the name and address of any doctor you have seen for the symptoms listed above:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

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Name: \_\_\_\_\_

List all doctors (with addresses) you have seen for the past ten years:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_
10. \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed name