

CLAIM CORRECTION FORM

SUBMIT THIS FORM ONLY IF YOU DISAGREE WITH START AND END DATES LISTED IN THE ATTACHED LETTER.

CLASS MEMBER INFORMATION:

First Name:	MI:	Last Name:
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Date of Birth:	Last 4 of Social Security Number:	
<input style="width: 10%; text-align: center;" type="text"/> <input style="width: 10%; text-align: center;" type="text"/> - <input style="width: 10%; text-align: center;" type="text"/> <input style="width: 10%; text-align: center;" type="text"/> - <input style="width: 10%; text-align: center;" type="text"/> <input style="width: 10%; text-align: center;" type="text"/> <input style="width: 10%; text-align: center;" type="text"/> <input style="width: 10%; text-align: center;" type="text"/> <input style="width: 10%; text-align: center;" type="text"/> <input style="width: 10%; text-align: center;" type="text"/>	<input style="width: 100%;" type="text"/>	
MM	DD	YYYY

DECEASED SETTLEMENT CLASS MEMBER'S FAMILY REPRESENTATIVE INFORMATION (if applicable):

First Name:	MI:	Last Name:
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Address:		
<input style="width: 100%;" type="text"/>		
City:	State:	ZIP Code:
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Telephone:		
<input style="width: 100%;" type="text"/>		
Email:		
<input style="width: 100%;" type="text"/>		
Relationship to Settlement Class Member:		
<input style="width: 100%;" type="text"/>		

PLEASE SUBMIT CORRECTED INFORMATION ONLY:

Type of Homestead Application	Start Date	End Date
Residential	<input style="width: 10%; text-align: center;" type="text"/> <input style="width: 10%; text-align: center;" type="text"/> - <input style="width: 10%; text-align: center;" type="text"/> <input style="width: 10%; text-align: center;" type="text"/> - <input style="width: 10%; text-align: center;" type="text"/> <input style="width: 10%; text-align: center;" type="text"/> <input style="width: 10%; text-align: center;" type="text"/> <input style="width: 10%; text-align: center;" type="text"/> MM DD YYYY	<input style="width: 10%; text-align: center;" type="text"/> <input style="width: 10%; text-align: center;" type="text"/> - <input style="width: 10%; text-align: center;" type="text"/> <input style="width: 10%; text-align: center;" type="text"/> - <input style="width: 10%; text-align: center;" type="text"/> <input style="width: 10%; text-align: center;" type="text"/> <input style="width: 10%; text-align: center;" type="text"/> <input style="width: 10%; text-align: center;" type="text"/> MM DD YYYY
Agricultural	<input style="width: 10%; text-align: center;" type="text"/> <input style="width: 10%; text-align: center;" type="text"/> - <input style="width: 10%; text-align: center;" type="text"/> <input style="width: 10%; text-align: center;" type="text"/> - <input style="width: 10%; text-align: center;" type="text"/> <input style="width: 10%; text-align: center;" type="text"/> <input style="width: 10%; text-align: center;" type="text"/> <input style="width: 10%; text-align: center;" type="text"/> MM DD YYYY	<input style="width: 10%; text-align: center;" type="text"/> <input style="width: 10%; text-align: center;" type="text"/> - <input style="width: 10%; text-align: center;" type="text"/> <input style="width: 10%; text-align: center;" type="text"/> - <input style="width: 10%; text-align: center;" type="text"/> <input style="width: 10%; text-align: center;" type="text"/> <input style="width: 10%; text-align: center;" type="text"/> <input style="width: 10%; text-align: center;" type="text"/> MM DD YYYY
Pastoral	<input style="width: 10%; text-align: center;" type="text"/> <input style="width: 10%; text-align: center;" type="text"/> - <input style="width: 10%; text-align: center;" type="text"/> <input style="width: 10%; text-align: center;" type="text"/> - <input style="width: 10%; text-align: center;" type="text"/> <input style="width: 10%; text-align: center;" type="text"/> <input style="width: 10%; text-align: center;" type="text"/> <input style="width: 10%; text-align: center;" type="text"/> MM DD YYYY	<input style="width: 10%; text-align: center;" type="text"/> <input style="width: 10%; text-align: center;" type="text"/> - <input style="width: 10%; text-align: center;" type="text"/> <input style="width: 10%; text-align: center;" type="text"/> - <input style="width: 10%; text-align: center;" type="text"/> <input style="width: 10%; text-align: center;" type="text"/> <input style="width: 10%; text-align: center;" type="text"/> <input style="width: 10%; text-align: center;" type="text"/> MM DD YYYY

Additional Claimant Listed on Claim Form:

PLEASE SUBMIT ANY DOCUMENTS YOU HAVE TO SUPPORT YOUR POSITION BY MAIL. DO NOT SEND DOCUMENTS YOU HAVE ALREADY SUBMITTED TO THE HAWAIIAN CLAIMS OFFICE OR TO THE DEPARTMENT OF HAWAIIAN HOME LANDS.

By my signature below, I affirm on penalty of law that the foregoing statements are true based on my own personal knowledge:

Signature

Dated: - -
MM DD YYYY

Print name

To request corrections, you must submit this form by mail to Kalima Claims Administrator, P.O. Box 135035, Honolulu, HI 96801, OR via email to info@kalima-lawsuit.com. You may download a copy of the correction form by going to kalima-lawsuit.com. **Your corrections must be postmarked by April 3, 2023, to be accepted. YOU ARE NOT PERMITTED TO SUBMIT NEW CLAIMS. THE CLAIMS DEADLINE CLOSED AUGUST 30, 1995. YOU MAY ONLY MAKE CORRECTIONS TO THE CLAIM TYPE, CLAIM START DATE, AND CLAIM END DATE.**