

CLAIM FORM FOR CASH BENEFITS

Rodriguez et al. v. Providence Community Corrections, Inc. et al., Case No. 3:15-cv-01048
(M.D. Tenn. filed October 1, 2015)

Rutherford County/PCC Probation Settlement

C/O Dahl Administration LLC, PO Box 3614, Minneapolis, MN 55403-0614

Your Signed Claim Form Must Be Completed, Submitted Online or Mailed and Postmarked No Later Than April 27, 2018 in Order to Receive the Benefits Described in the Class Notice. Please Read This Entire Form Carefully.

I. ELIGIBILITY

If you were on probation in Rutherford County, Tennessee for a traffic or misdemeanor case and (a) were supervised by or paid money to Providence Community Corrections, Inc. (“PCC”) on or after October 1, 2011 or (b) were supervised by or paid probation fees to Rutherford County’s Probation Department in or after March 2016 solely for the purpose of paying court-imposed financial obligations (“Cash Benefits Class Member”), you may be entitled to financial compensation if you complete this Claim Form and submit it either by **mail or online** no later than **April 27, 2018**.

II. INSTRUCTIONS

Please carefully read the Official Notice (available at www.PCCRutherfordSettlement.com) regarding the Settlement before filling out this Claim Form. To be eligible to receive a portion of the Settlement Fund, you must (a) **fill out** the Settlement Class Member Information below; (b) **sign** the Verification at the end of the Claim Form; and (c) **return** this completed Claim Form by **mail or online** no later than **April 27, 2018**.

III. SETTLEMENT CLASS MEMBER INFORMATION

If you cannot remember or locate all of the information requested below, please provide as much accurate information as possible so that your records can be located.

Name (including all names by which you might be known in court): _____

Date of Birth: _____ Approximate Dates on Probation: _____

Rutherford County Case Number(s)/Other Information Relating to Case or Probation that may help locate your file (optional):

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Email Address: _____

IV. VERIFICATION

By submitting this Claim Form and signing below, I declare under penalty of perjury under the laws of the United States of America and the State of Tennessee that I believe I am a Cash Benefits Class Member and that all information submitted in this Claim Form is true and correct.

Signature: _____ Date: _____

Print Name: _____

Your claim will be submitted to the Settlement Administrator for review. If accepted, you will be mailed a check representing your share of the Settlement Fund. This process takes time, so please be patient. Please keep a copy of your completed Claim Form for your records and ensure that you keep your current address on file with the Settlement Administrator.

Questions or Need Help? Call 1-888-805-9120 or visit www.PCCRutherfordSettlement.com