

Byrne v. Santa Barbara, et al.
&
Bracy v. DG Hospitality Van Nuys, LLC, et al.
Settlement Administrator
P.O. Box 404017
Louisville, KY 40204



**Must Be Postmarked
No Later Than
February 2, 2018**

SOI

*Lauren Byrne ("Plaintiff") v.
Santa Barbara Hospitality Services, Inc., et al.
("Defendants")*
United States District Court for
the Central District of California
Case No. 5:17-CV-00527 JGB (KKx)

and

*Jenetta L. Bracy ("Plaintiff") v.
DH Hospitality Van Nuys, LLC, et al.
("Defendants")*
United States District Court for
the Central District of California
Case No. 5:17-CV-00854 JGB (KKx)

CLASS ACTION CLAIM/CREDIT BENEFIT FORM

CLAIMANT INFORMATION

<input type="text"/>	<input type="text"/>	<input type="text"/>
First Name	M.I.	Last Name
<input type="text"/>		
Primary Address		
<input type="text"/>		
Primary Address Continued		
<input type="text"/>	<input type="text"/>	<input type="text"/>
City	State	Zip Code

**COMPLETE EACH OF THE FOLLOWING IN ORDER TO BE ELIGIBLE FOR A CASH PAYMENT OR CREDIT BENEFIT
YOU MUST COMPLETE, SIGN AND MAIL THIS CLAIM FORM BY FIRST CLASS MAIL OR EQUIVALENT, POSTAGE PAID
POSTMARKED ON OR BEFORE FEBRUARY 2, 2018 ADDRESSED AS FOLLOWS, IN ORDER TO BE ELIGIBLE TO RECEIVE
RECOVERY, OR SEE DOCUMENTS AT WWW.SANTABARBARAHOSPITALITYSERVICESSETTLEMENT.COM**

MAIL TO:

**Byrne v. Santa Barbara, et al.
&
Bracy v. DG Hospitality Van Nuys, LLC, et al.
Settlement Administrator
P.O. Box 404017
Louisville, KY 40204
Phone: 866-644-9959**

Failure to Complete All Sections Or Failure to Submit This Claim Form Before the Deadline Will Result in Denial of Your Claim. Please Print Clearly. Note: You will be taxed on any Settlement payment monies you are paid and will receive a Form 1099, or other applicable tax forms(s).

SECTION A: CLAIMANT INFORMATION

If the pre-printed address above on the left is incorrect or out of date or if there is no pre-printed data, YOU MUST provide your current name and address on the blank lines above. If you move after submitting this form and prior to receiving payment, please send the Settlement Administrator your new address. You are responsible for ensuring the Settlement Administrator has your current and correct address.

Additional Required Information (You MUST also provide the below information to make a Valid Claim to be eligible to receive a Credit Benefit or Cash Payment):

- -
Social Security Number

Driver's License Number

FOR CLAIMS PROCESSING ONLY	OR <input type="text"/>	CB <input type="text"/>	<input type="radio"/> DOC <input type="radio"/> LC <input type="radio"/> REV	<input type="radio"/> RED <input type="radio"/> A <input type="radio"/> B
----------------------------------	-------------------------	-------------------------	--	---



Area code

Telephone number (home)

Area code

Telephone number (work)

Email Address

SECTION B: DANCE HISTORY

PLEASE LIST BELOW THE NAMES OF THE CLUB(S) WHERE YOU PERFORMED, THE DATE(S) YOU PERFORMED AS AN ENTERTAINER AT THE CLUB(S) AND THE NUMBER OF DANCE DAYS YOU PERFORMED.

(1)

Name/Location of Club

Address

City

State

Zip Code

Date(s) Performed (Start)

to

Date(s) Performed (End)

Days Danced

Stage Name

Your Address and Telephone Number at the Time You Performed

Primary Address

Primary Address Continued

City

State

Zip Code

(2)

Name/Location of Club

Address

City

State

Zip Code

Date(s) Performed (Start)

to

Date(s) Performed (End)

Days Danced

Stage Name

Your Address and Telephone Number at the Time You Performed

Primary Address

Primary Address Continued

City

State

Zip Code



(3)

Name/Location of Club

Name/Location of Club

Address

Address

City

City

State

State

Zip Code

Zip Code

Date(s) Performed (Start) to Date(s) Performed (End)

Date(s) Performed (Start)

Date(s) Performed (End)

Days Danced

Days Danced

Stage Name

Stage Name

Your Address and Telephone Number at the Time You Performed

Primary Address

Primary Address

Primary Address Continued

Primary Address Continued

City

City

State

State

Zip Code

Zip Code

(4)

Name/Location of Club

Name/Location of Club

Address

Address

City

City

State

State

Zip Code

Zip Code

Date(s) Performed (Start) to Date(s) Performed (End)

Date(s) Performed (Start)

Date(s) Performed (End)

Days Danced

Days Danced

Stage Name

Stage Name

Your Address and Telephone Number at the Time You Performed

Primary Address

Primary Address

Primary Address Continued

Primary Address Continued

City

City

State

State

Zip Code

Zip Code

PLEASE ATTACH COPIES (NOT ORIGINALS) OF ANY SUPPORTING DOCUMENTS YOU HAVE. THE SETTLEMENT ADMINISTRATOR MAY CONTACT YOU FOR FURTHER INFORMATION.



SECTION C: CERTIFICATION, FORM OF PAYMENT ELECTION, AND SIGNATURE OF CLAIMANT

I have read and understood the accompanying Notice of Class Action Settlement (“Notice”) and am choosing to participate in this action and make a claim under the terms of the Settlement Agreement. I agree to release the claims as described in the Notice to the fullest extent of the law, including all claims arising under the Federal Fair Labor Standards Act relating to the claims made in the Second Amended Complaint. **I understand that I will be responsible for the payment of all taxes owed as a result of receiving any Settlement payment, whether in the form of a Cash Payment or Credit Benefit, and that I will receive an I.R.S. Form 1099 tax reporting form (or other applicable tax form(s)) reflecting any Cash Payment I receive pursuant to the Settlement, and that I am not receiving any tax advice related to this payment from Class Counsel, Intervenors’ Counsel or Defendants.**

In the event that I am eligible to receive a Settlement payment, the form of Settlement payment that I choose to receive is the following (fill in one):

- Cash Payment (Payment will be issued by check.)**
- Credit Benefit (Payment in lieu of cash. Credit will be issued in the amount of two (2) times the Cash Payment, to be used at my Qualifying Club for credit against the Overhead Payment for future Performances.)**

I further understand that if I elect to receive a Credit Benefit and am determined eligible, that I must redeem the Credit Benefit at the Qualifying Club, schedule a Date of Performance at least seven (7) days in advance with the general manager of the Qualifying Club, be an LLC Member in good standing, and redeem the Credit Benefit within twelve (12) months from the Effective Date.

The undersigned hereby certifies under penalty of perjury under the laws of the United States of America that all of the information provided in this Claim Form is true and correct.

Signature: _____

Dated: _____

Print Name: _____

(must be filled in by Claimant)

