

Byrne v. Santa Barbara, et al.  
&  
Bracy v. DG Hospitality Van Nuys, LLC, et al.  
Settlement Administrator  
P.O. Box 404017  
Louisville, KY 40233



**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. *DG 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)

**Must Be Postmarked No Later Than October 29, 2018**

**CLASS ACTION CLAIM/CREDIT BENEFIT FORM**

**CLAIMANT INFORMATION**

<input type="text"/>	<input type="text"/>	<input type="text"/>
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First Name

M.I.

Last Name

<input type="text"/>
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Primary Address

<input type="text"/>
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Primary Address Continued

<input type="text"/>
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City

<input type="text"/>
----------------------

State

<input type="text"/>
----------------------

Zip Code

<input type="text"/>
----------------------

Foreign Province

<input type="text"/>
----------------------

Foreign Postal Code

<input type="text"/>
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Foreign Country Name/Abbreviation

**COMPLETE EACH OF THE FOLLOWING IN ORDER TO BE ELIGIBLE FOR A CASH PAYMENT OR CREDIT BENEFIT YOU MUST COMPLETE, SIGN AND MAIL OR EMAIL THIS CLAIM FORM BY FIRST CLASS MAIL OR EQUIVALENT, POSTAGE PAID POSTMARKED ON OR BEFORE OCTOBER 29, 2018 ADDRESSED AS FOLLOWS, IN ORDER TO BE ELIGIBLE TO RECEIVE RECOVERY, OR SEE DOCUMENTS AT WWW.SANTABARBARAHOSPITALITYSERVICESSETTLEMENT.COM. IF YOU ALREADY SUBMITTED A CLAIM, OBJECTION OR OPT-OUT FORM, THERE IS NOTHING FURTHER FOR YOU TO DO. YOU MAY CONTACT THE CLAIMS ADMINISTRATOR BELOW TO INQUIRE IF THEY HAVE THE FORM YOU PREVIOUSLY SUBMITTED.**

*Lauren Byrne v. Santa Barbara Hospitality, Inc., et al.*  
*Jenetta L. Bracy v. DG Hospitality Van Nuys, LLC, et al.*

**KCC Class Action Services**  
info@santabarbarahospitalityservicessettlement.com  
Settlement Administrator Address:  
P.O. Box 404017  
Louisville, KY 40233  
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):

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Social Security Number

<input type="text"/>
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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
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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

Address

City State Zip Code

/  /  to  /  /

Date(s) Performed (Start) 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

(4)

Name/Location of Club

Address

City State Zip Code

/  /  to  /  /

Date(s) Performed (Start) 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

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

**YOU ARE ONLY REQUIRED TO PROVIDE YOUR BEST ESTIMATES ABOVE OF THE DATES THAT YOU PERFORMED. IN ADDITION, YOUR CLAIM WILL NOT BE REJECTED IF YOU ARE UNABLE TO PROVIDE SUPPORTING DOCUMENTATION.**



**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.**

**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)

