

Must Be Postmarked  
No Later Than  
July 6, 2015

**LAAC1**



*Aichele v. City of Los Angeles* Settlement Administrator  
c/o Gilardi & Co. LLC  
P.O. Box 8060  
San Rafael CA 94912-8060

## CLASS MEMBER CLAIM FORM

### CLAIMANT INFORMATION

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

Date of Birth

/  /

Month Day Year

Daytime Telephone Number

-  -

Evening Telephone Number

-  -

Social Security Number

-  -

or

Taxpayer Identification Number

-

I was 1) present on November 30, 2011 in or around the Los Angeles City Hall Lawn area (in the area between Los Angeles Street and Broadway Street, and between Cesar Chavez Avenue and Second Street) at any point between the hours of midnight and 3:00 a.m., and was arrested by LAPD that evening in that area in connection with efforts to disperse the Occupy Los Angeles protest. *Your representations may be checked against arrest records to confirm your inclusion in the settlement and in various sub-classes.*

I meet the above definition and was [check the appropriate boxes]

1. Arrested and transported to jail on a bus .
2. At the time of my arrest, I was **not on City Hall Lawn** participating in the Occupy protest at Los Angeles City Hall at all, or had removed myself from it at the direction of the police .
3. I spent time in jail and was not released on my own recognizance or bail until: 36 hours **or less** after my arrest , more than 36 hours after my arrest .

**This Claim Form must be postmarked or received by the Administrator NO LATER THAN July 6, 2015.**

**DO NOT DELAY. Mail it right away to:**

*Aichele v. City of Los Angeles* Settlement Administrator  
c/o Gilardi & Co. LLC  
P.O. Box 8060  
San Rafael CA 94912-8060

(continued on back)



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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Any information that you provide in this Claim Form is private and will be held in the strictest confidence, except as needed by the Parties and Settlement Administrator. It will not be provided to any Government Agency other than the Defendants, and will be used solely for purposes of this settlement. If you have any questions about this lawsuit, write to us at *Aichele v. City of Los Angeles* Settlement Administrator, c/o Gilardi & Co., LLC, P.O. Box 8060, San Rafael, CA 94912-8060, or contact us by e-mail at [info@OccupyLASettlement.com](mailto:info@OccupyLASettlement.com) or visit our web site at [www.OccupyLASettlement.com](http://www.OccupyLASettlement.com).

YES, I QUALIFY AND WISH TO MAKE A CLAIM.

By signing this form below, I am confirming that the above information is correct and that:

1. I am the person identified above and I am over the age of 18, or, if I am a juvenile, my parent or guardian has signed below.
2. I will abide by, and be limited to, the formula for damages approved by the Court.
3. I will keep the Settlement Administrator informed of my contact information at all times.

I declare under penalty of perjury that the information given above is true and correct.

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

If you are signing as a Parent or Guardian, please print your first and last names on the lines below and include verification of your guardianship status if you are a guardian:

Print Parent/Guardian First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

