

PROVIDER DEFENDANTS SETTLEMENT PROOF OF CLAIM FORM

****Each individual making a claim MUST SIGN his/her own Proof of Claim form****
Sign ONLY ONE signature line below – if both lines are signed, your form will not be considered

PERSONAL INFORMATION

Name: _____
(First) (Middle) (Last)

Address: _____
(Number and Street) (Apt./Floor) (City) (State) (Zip Code)

Email address: _____

Home Phone: (____)____-____ Cell Phone: (____)____-____

Date of Birth: _____ SSN: _____-____-_____

Received money from Mericle Settlement (circle one): YES or NO

Check which applies to you: _____ PARENT/GUARDIAN (each child must submit his/her own form)

_____ JUVENILE (each parent(s) must submit his/her own form)

PARTICIPATION IN SETTLEMENT

Signature to PARTICIPATE: _____

**YOU WILL BE CONSIDERED FOR PAYMENT FROM THE CASH SETTLEMENT FUND
IF RECORDS ARE REQUIRED TO SUPPORT YOUR CLAIM, YOU MUST ALSO COMPLETE & SIGN THE RELEASE FORM**

OPT-OUT RIGHT

You can elect to opt out of this Settlement and be free to legally pursue PA Child Care, LLC, Western PA Child Care, LLC, and/or Mid-Atlantic Youth Services Corp., on your own or with your own attorney, and outside of the Provider Defendant Settlement. If you opt out of the Settlement, you will not receive any payment from the Cash Settlement Fund and you will not be a Settlement Class Member.

Signature to OPT OUT: _____

YOU WILL NOT BE CONSIDERED FOR PAYMENT FROM THE CASH SETTLEMENT FUND

**Return completed form to: Provider Defendant Settlement Claims Committee
Anapol Schwartz, 1710 Spruce Street, Philadelphia, PA 19103
For questions, visit www.kidswinsettlement.com**