

Claim Form for Casilao v. Hotelmacher Settlement

For your claim to be considered, you must timely complete this Claim Form. The Claim Form may be completed online at www.hotelmachersettlement.com or by mailing a completed Claim Form by **July 15, 2024** to:

Casilao v. Hotelmacher, LLC
c/o CPT Group, Inc.
50 Corporate Park
Irvine, CA 92606
CPT Group, Inc. Toll Free Number: 1-888-710-5614

To ensure the accuracy and completeness of your claim, online claim submission is strongly encouraged. If you plan to mail in a Claim Form, then please type or legibly print all requested information, in blue or black ink.

Current Contact Information

Full Name: _____

Your Birth Date: _____ Social Security Number (if known): _____

Mailing Address: _____

Phone Number: _____ Email Address: _____

Payment Information

You can receive your payment via a variety of digital options such as Prepaid Mastercard, PayPal, Venmo, Direct Deposit/ACH, Zelle, or you can elect to receive a paper check. Please select the method by which you would like to receive the payment. A paper check will be mailed if a method of compensation is not selected.

How do you want to receive payment (check one):

<input type="checkbox"/>	I would like to receive my Settlement Benefit by paper check via First Class Mail at the following address: _____ _____
<input type="checkbox"/>	I would like to receive a digital payment. (For example, Venmo, PayPal, Zelle, or Prepaid Mastercard). Please complete the Claim Form online at www.hotelmachersettlement.com using your CPT ID: <<ID>> and Passcode: <<Passcode>> to select your digital payment option.

**** Form Continues on Next Page ****

Information about Time Spent Working for Defendants

The settlement distributes payments to the class members based on the number of days between the day they arrived in Clinton, Oklahoma, and the date that they stopped working for Defendants.

Our records show you arrived in Clinton, Oklahoma, on <<**ArrivalDate**>>, and stopped working for Defendants on <<**DepartureDate**>>.

If you disagree with this information, please tell us what day you believe you arrived in Clinton, and what day you believe you stopped working for Defendants, and attach any supporting information.

Arrival Date: _____

Last Day of Work: _____

I swear and attest under penalty of perjury that the above information is true and accurate, to the best of my knowledge.

Name: _____

Signature: _____

Date: _____