

CLAIM FORM

HERNANDEZ, ET AL. V. EXPERIAN INFORMATION SOLUTIONS, INC., ET AL.

CONTENTS

- 01** General Instructions
- 02** Claimant Information
- 03** Claim Details
- 04** Actual Damage Details
- 05** Reminder Checklist

I. GENERAL INSTRUCTIONS

In order for your claim to be considered, you must fully complete this Claim Form. Type or legibly print all information in blue or black ink, answering all questions below. If you are submitting an Actual Damages Claim, please sign and date the certification. Please submit the completed Claim Form, including any documentation that may be required, to the Settlement Administrator by First-Class mail, **postmarked on or before November 13, 2017**, at the following address:

Hernandez Settlement Administrator
c/o JND Legal Administration
P.O. Box 91306
Seattle, WA 98111

II. CLAIMANT INFORMATION

The Settlement Administrator will use this information for all communications regarding this Claim Form and the settlement. If this information changes, you **MUST** notify the Settlement Administrator in writing at the address above.

Claimant Last Name, First Name, Middle Initial

Alternative name(s) (any additional name that might also appear on your credit report)

Name of Representative (if submitting claim on behalf of the above-named Claimant)

Mailing Address – Line 1: Street Address/P.O. Box

Mailing Address – Line 2 (If Applicable): Apartment/Suite/Floor Number

City

State

Zip Code

Home Phone Number

Work Phone Number

Cell Phone Number

Email Address

Date of Birth (mm/dd/yyyy)

SSN

III. CLAIM DETAILS

If you submitted a claim in the 2009 Proposed Settlement, check here:

If known, provide your Claim Number from that settlement:

Note: If you submitted a claim in the 2009 Proposed Settlement and do not wish to change your contact information or claim a different benefit, you do not need to submit this Claim Form. All claims submitted in the 2009 Proposed Settlement and not amended will be deemed submitted in this settlement. If you are unsure whether you submitted a claim in the 2009 Proposed Settlement or unsure whether your claim was accepted, please complete this form.

Indicate below whether you wish to receive a Non-Monetary Award, consisting of a free file disclosure and two free VantageScore credit scores or a Monetary Award – either a Convenience Award or an Actual Damages Award.

Non-Monetary Award (Free File Disclosure and two Free VantageScore Credit Scores)

Monetary Award (Convenience Award or Actual Damages Award)

If you elected to receive a Monetary Award, select ONE AND ONLY ONE of the options below:

- Option 1 (Convenience Award):** I cannot make the certification required for Option 2, but I wish to receive a Convenience Award which is estimated to be, but may be more or less than, \$15–20, depending on how many people choose this Option.
- Option 2 (Actual Damages Award):** I hereby CERTIFY that I believe I have been damaged by an error in my credit report regarding debts discharged in bankruptcy with respect to one or more of the transactions listed in the next section and wish to receive an Actual Damage Award, which will be \$150, \$500, or \$750, depending on the transaction involved.

NOTE: If you request a Monetary Award but do not choose one of the Options above, your claim will only be considered for a Convenience Award. If you do not return this Claim Form and supporting documentation, as required, postmarked by **November 13, 2017**, and you did not submit an approved claim in the 2009 Proposed Settlement, you will get nothing from the settlement and—unless you exercise your right to opt out of the settlement as detailed in the Class Notice—you will lose your right to damages based on the alleged practices that are the subject of the settlement.

IV. ACTUAL DAMAGE DETAILS

If you selected Option 2 above, you must also complete this section and provide supporting documentation. If you selected a Non-Monetary Award or a Convenience Award, you do not need to complete this section.

A. Documentation of Harm

Indicate the type(s) of harm you believe you have suffered and provide the requested information in each case. Note that this settlement covers credit reports issued from March 15, 2002 to May 11, 2009 (or, for California residents in the case of TransUnion, from May 12, 2001 to May 11, 2009.) In order to qualify for an Actual Damage Award, the information you provide must relate to this time period. You must provide this information about the transaction so that your claim can be verified. If you do not do so, your Actual Damages Claim will be rejected, and your claim will be converted into a Convenience Claim.

- Employment I actually applied for _____
Name of prospective employer: _____
- A mortgage or a housing rental I actually applied for _____
Name of prospective creditor: _____
(e.g., mortgage broker, lender, bank, housing or other mortgage creditor, landlord)
- A credit card, auto loan, or other credit I actually applied for, or payment of a discharged debt to obtain credit _____
Name of prospective creditor: _____
(e.g., credit card company, bank, credit union, department/retail store, auto dealership/lender, other)

B. SUPPORTING DOCUMENTATION

Indicate below what supporting documentation you have included with your claim. Attach only **copies** of supporting documentation as these documents will not be returned to you.

All Types of Claims

- Notice or letter of an Adverse Action from a prospective creditor, employer, landlord, etc.

Employment Claims

- Letter/other correspondence from prospective employer or employment agency
- Affidavit from prospective employer or employment agency that an employment inquiry occurred
- Other: (explain) _____

Mortgage/Other Housing Claims

- Letter/other correspondence from a bank, mortgage broker or potential housing lender
- Letter/other correspondence from a landlord, apartment complex or rental agency
- Affidavit from any of the above that a credit inquiry occurred
- Other: (explain) _____

Creditor Claims

- Letter/other correspondence from any prospective lender, such as a bank, credit union, department store, or auto dealership/lender
- Affidavit from any of the above that an employment inquiry occurred
- Other: (explain) _____

C. CERTIFICATION

I hereby certify under penalty of perjury that I have personal knowledge of all of the information I provided in this Claim Form and that such information is true and correct to the best of my knowledge, and, additionally, that I believe I have suffered an adverse action or other harm on or around the approximate dates I have provided, and I believe such harm or adverse action to be a result of error(s) in my credit report(s) regarding debts discharged in bankruptcy.

Signature of Claimant

Date

If the Claimant is not the person completing this form, the following also must be provided:

Signature of Representative

Date

Capacity of person signing on behalf of Claimant, if other than an individual, e.g., executor, president, trustee, guardian, custodian, etc. (must provide evidence of authority to act on behalf of Claimant).

REMINDER CHECKLIST



If you are submitting an Actual Damages Claim, please sign the above certification.

Remember to attach only **copies** of acceptable supporting documentation as these documents will not be returned to you.



Please do not highlight any portion of the Claim Form or any supporting documents.

Keep copies of the completed Claim Form and documentation for your own records.



The Settlement Administrator will acknowledge receipt of your Claim Form by email, within 60 days. Your claim is not deemed filed until you receive an acknowledgement email. **IF YOU DO NOT RECEIVE AN ACKNOWLEDGEMENT EMAIL WITHIN 60 DAYS, PLEASE CALL THE SETTLEMENT ADMINISTRATOR TOLL-FREE AT (866) 237-3432.**

If your address changes in the future, or if this Claim Form was sent to an old or incorrect address, please send the Settlement Administrator written notification of your new address. If you change your name, please inform the Settlement Administrator.



If you have any questions or concerns regarding your claim, please contact the Settlement Administrator at the address below, by toll-free phone at (866) 237-3432, by email at info@bankruptcydischargesettlement.com, or you may visit www.BankruptcyDischargeSettlement.com. **Please DO NOT call the Defendants or their Counsel with questions regarding your claim.**

THIS CLAIM FORM AND SUPPORTING DOCUMENTATION, AS REQUIRED, MUST BE MAILED TO THE SETTLEMENT ADMINISTRATOR BY FIRST-CLASS MAIL, **POSTMARKED NO LATER THAN NOVEMBER 13, 2017**, ADDRESSED AS FOLLOWS:

***Hernandez Settlement Administrator
c/o JND Legal Administration
P.O. Box 91306
Seattle, WA 98111***

A Claim Form received by the Settlement Administrator shall be deemed to have been submitted when posted, if a postmark date on or before **November 13, 2017** is indicated on the envelope and it is mailed First Class, and addressed in accordance with the above instructions. In all other cases, a Claim Form shall be deemed to have been submitted when actually received by the Settlement Administrator.

You should be aware that it will take a significant amount of time to fully process all of the Claim Forms. Please be patient and notify the Settlement Administrator of any change of address.