ABC Legal Services Settlement Administrator
P.O. Box 668
Baton Rouge, LA 70821

Your Claim Form must be postmarked or submitted online no later than 09/28/2026

***In re: ABC Legal Services Data Security Incident,* Case. No. 2:24-cv-02092**

CLAIM FORM

You are a member of the Settlement Class and eligible to submit a Claim Form if:

You are a U.S. resident whose Personal Information was potentially compromised in the Data Incident, including if were sent a notice of the Data Incident.

The easiest way to submit a Claim Form is online at: www.ABCDataSettlement.com, or you can complete and mail this Claim Form to the mailing address above.

SETTLEMENT BENEFITS – WHAT YOU MAY GET

You may submit a Claim for one or more of these benefits:

(1) Pro Rata Cash Payment. You may elect to receive Pro Rata Cash Payment. No documentation is required to make this Claim. Pro Rata Cash Payment will be paid from the Net Settlement Fund after Approved Claims for Out-of-Pocket Losses, followed by Approved Claims for Credit Monitoring Services. Cash Payments are estimated at $50, and may be increased or decreased based on the number of Approved Claims, up to a maximum of $450.

AND

(2) Out-of-Pocket Losses. All Settlement Class Members may submit a Claim Form for a Settlement Payment up to $5,000.00 per Settlement Cass Member by submitting reasonable documentation of out-of-pocket costs or expenditures incurred that are fairly traceable to the Data Incident and that have not already been reimbursed by a third party.

You must provide the Settlement Administrator with the information required to evaluate the claim, including:

(1) the Settlement Class Member's name and current address;
(2) documentation supporting their claim;
(3) a brief description of the documentation describing the nature of the loss, if the nature of the loss is not apparent from the documentation alone; and
(4) whether the Settlement Class Member has been reimbursed for the loss by another source.

Losses can include receipts or other documentation not "self-prepared" by the Settlement Class Member that documents the costs incurred. "Self-prepared" documents such as handwritten receipts are, by themselves, insufficient to receive reimbursement, but can be considered to add clarity to or support other submitted documentation.

AND

(3) Credit Monitoring. Each Settlement Class Member who submits a valid and timely Claim Form may elect to receive two (2) years of Credit Monitoring regardless of whether they also make a Claim for a Settlement Payment.

Claims must be submitted online or mailed by September 28, 2026.
Use the address at the top of this form to mail your Claim Form.

YOUR INFORMATION

Provide your name and contact information below. You must notify the Settlement Administrator if your contact information changes after you submit this Claim Form.

First Name | **Last Name**

Street Address

City | **State** | **Zip Code**

Email Address | **Telephone Number** | **Notice ID, if known**

PRO RATA CASH PAYMENT

All Settlement Class Members may submit a Claim to receive a **Pro Rata Cash Payment**. Pro Rata Cash Payment will be paid from the Net Settlement Fund after Approved Claims for Out-of-Pocket Losses, followed by Approved Claims for Credit Monitoring Services. Cash Payments are estimated at $50, and may be increased or decreased based on the number of Approved Claims.

☐ Check this box if you wish to receive a Pro Rata Cash Payment.

OUT-OF-POCKET LOSSES

☐ Check this box if you are requesting compensation for **Out-of-Pocket Losses** up to a total of $5,000.00.

You must submit supporting documentation demonstrating actual, unreimbursed monetary loss fairly traceable to the Data Incident.

Complete the chart below describing the supporting documentation you are submitting.

Description of Documentation Provided	*Amount*	*Date*
Example: Receipt for credit repair services	*$100*	*MM/DD/YYYY*

TOTAL AMOUNT CLAIMED:		

CREDIT MONITORING SERVICES

Each Settlement Class Member may elect to receive two (2) years of single-bureau Credit Monitoring provided by IDX regardless of whether they also make a Claim for a Settlement Payment.

If elect to receive Credit Monitoring Services and your Claim is approved, the Settlement Administrator will e-mail your enrollment code after Final Approval to the email address provided on page two. You will have a period of 180 days to enroll in the Credit Monitoring service from the time their enrollment code is sent.

☐ Check this box if you wish to receive Credit Monitoring.

PAYMENT SELECTION

Please select **one** of the following payment options:

☐ **PayPal** - Enter your PayPal email address: _____

☐ **Venmo -** Enter the mobile number associated with your Venmo account: _____-_____-_____

☐ **Zelle -** Enter the mobile number or email address associated with your Zelle account:

Mobile Number: _____-_____-_____ or Email Address: _____

☐ **Physical Check -** Payment will be mailed to the address provided on this form.

ATTESTATION & SIGNATURE

I swear and affirm under penalty of perjury that the information provided in this Claim Form, and any supporting documentation provided is true and correct to the best of my knowledge. I understand that my claim is subject to verification and that I may be asked to provide supplemental information by the Settlement Administrator before my claim is considered complete and valid.

_____	_____	_____
Signature	Printed Name	Date