

Hernandez v. 2523 E. Anaheim, Inc.
d/b/a XS Afterhours Gentlemen's Club
Settlement Administrator
P.O. Box 43208
Providence, RI 02940-3208



TEH

Hernandez, et al. v. 2523 E. Anaheim, Inc. d/b/a XS Afterhours Gentlemen's Club

LOS ANGELES SUPERIOR COURT

Case No. 19STCV16831

AND

Hernandez, et al. v. The Palms Gentlemen's Club

LOS ANGELES SUPERIOR COURT

Case No. 19STCV15211

Must Be Postmarked No Later Than August 23, 2021

Claim Form

CHANGE OF ADDRESS (ONLY IF DIFFERENT FROM ABOVE)

Primary Address

Primary Address Continued

City

State

ZIP Code

Foreign Province

Foreign Postal Code

Foreign Country Name/Abbreviation

Your estimated Settlement Amount will be based on your shifts worked during the Class Period. Your estimated Settlement Amount will be a proportion of the total number of shifts worked by all Class Members. If you have documentation proving your shifts worked, please include it.

Class Period:	May 2, 2015 - February 24, 2021
Shifts at The Palms:	<input type="text"/>
Shifts at XS:	<input type="text"/>

Your actual total Settlement Amount may be higher or lower based on the number of Class Members who opt out, the Court's rulings related to fees, costs, incentive payments, and other factors.

IF YOU WANT TO RECEIVE A CASH SETTLEMENT PAYMENT, DO ONE OF THE FOLLOWING:

1. GO TO WWW.PALMSXSSETTLEMENT.COM AND COMPLETE AND SUBMIT AN ELECTRONIC CLAIM FORM USING YOUR CLAIM ID AND PIN CODE AT THE TOP OF THIS PAGE.

OR

2. COMPLETE STEPS 1 – 4 BELOW ACCURATELY AND COMPLETELY, THEN MAIL 1) YOUR COMPLETED CLASS ACTION CLAIM FORM AND 2) COMPLETED SUBSTITUTE IRS FORM W-9, BY FIRST CLASS U.S. MAIL TO THE ADDRESS BELOW SO THAT IT IS POSTMARKED ON OR BEFORE AUGUST 23, 2021 ("VALID CLAIM").



FOR CLAIMS PROCESSING ONLY	OB <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
----------------------------------	-------------------------	-------------------------	--	---

SETTLEMENT ADMINISTRATOR
Hernandez v. 2523 E. Anaheim, Inc. d/b/a XS Afterhours Gentlemen's Club
Settlement Administrator
P.O. Box 43208
Providence, RI 02940-3208

STEP 1: NAME/ADDRESS CONFIRMATION

If the pre-printed address above is incorrect or your address is not printed, provide your current address on page 1, and provide your current name below:

<input type="text"/>	<input type="text"/>	<input type="text"/>
First Name	M.I.	Last Name

Note: If your address changes prior to receiving your payment, notify the Settlement Administrator by calling 1-866-795-5072.

STEP 2: CONTACT INFORMATION (optional)

Provide the following information:

<input type="text"/>	—	<input type="text"/>	—	<input type="text"/>
Area code		Telephone number		
<input type="text"/>				
Email address				

Note: This information would be useful if you need to be contacted regarding the Settlement Payment

STEP 3: COMPLETE THE ENCLOSED IRS FORM -W-9

To receive your cash payment, you must properly complete, sign, date and return the enclosed Form W-9 and return it to the Settlement Administrator with this Class Action Claim Form.

IN ORDER TO BE ELIGIBLE TO RECEIVE A CASH SETTLEMENT PAYMENT YOU MUST COMPLETE, SIGN AND MAIL THIS CLAIM FORM WITH IRS FORM W-9 BY FIRST-CLASS MAIL OR EQUIVALENT, POSTAGE PAID, POSTMARKED ON OR BEFORE AUGUST 23, 2021, TO THE SETTLEMENT ADMINISTRATOR AT THE ADDRESS LISTED ABOVE. YOU MAY VIEW THE SETTLEMENT DOCUMENTS IN THIS MATTER AT WWW.PALMSXSSETTLEMENT.COM. Thirty percent (30%) of the Settlement Payment shall be attributed to alleged unpaid wages which will be reported to the IRS on Form W-2; and seventy percent (70%) will be attributed to alleged interest and penalties which will be reported to the IRS on Form 1099.

Failure to Complete All Sections Of This Claim Form and the IRS Form W-9 included Before the Deadline Will Result in Denial of Your Claim. If you fail to return a valid and timely Claim Form and IRS Form W-9, and fail to exclude yourself from the Settlement, you will receive nothing under the Settlement, and will be bound by the release of all claims as set forth in the Notice. If you file a valid and timely Claim Form and IRS Form W-9 you will also be bound by the release of all claims as set forth in the Notice.

STEP 4: SIGNATURE OF CLAIMANT RELEASING CLAIMS

By signing below you acknowledge and agree that you have read and understood the accompanying Class Notice (“Notice”) and are choosing to participate in this action and make a claim under the terms of the Settlement Agreement. You agree to release the claims as described in the Notice relating to the claims made in the First Amended Complaint to the fullest extent of the law, including but not limited to all claims arising under the Federal Fair Labor Standards Act. You understand that you will be responsible for the payment of the employee share of all taxes owed as a result of receiving any Settlement Payment and that you will receive I.R.S. Forms 1099 and W-2 tax reporting form (or other applicable tax form(s)) reflecting any cash payment you receive pursuant to the Settlement Agreement, and that you are not receiving any tax advice related to this payment from Class Counsel, Defendants’ Counsel or Defendants.

The undersigned hereby certifies under penalty of perjury under the laws of the United States of America and the State of California that all of the information provided in this Claim Form is true and correct.

Signature: _____

Dated (mm/dd/yyyy): _____

Print Name: _____

