

Ortega, et al. v. The Spearmint
Rhino Companies Worldwide, Inc., et al.
Settlement Administrator
P.O. Box 43502
Providence, RI 02940-3502



SWO

*Ortega, et al. v. The Spearmint Rhino
Companies Worldwide, Inc., et al.*

UNITED STATES DISTRICT COURT
FOR THE CENTRAL DISTRICT
OF CALIFORNIA

Case No. 5:17-CV-00206 JGB (KKx) (C.D. Cal.)

Must Be Postmarked No Later Than June 3, 2020

Claim Form

CLAIMANT INFORMATION

First Name		M.I.	Last Name	
Primary Address				
Primary Address Continued				
City			State	Zip Code
Foreign Province		Foreign Postal Code		Foreign Country Name/Abbreviation

YOU MUST COMPLETE, SIGN AND MAIL OR EMAIL THIS CLAIM FORM ON OR BEFORE JUNE 3, 2020 TO THE SETTLEMENT ADMINISTRATOR NAMED BELOW, ALONG WITH THE ENCLOSED IRS FORM W-9, IN ORDER TO RECEIVE YOUR SHARE FROM THE SETTLEMENT OF ORTEGA V. THE SPEARMINT RHINO COMPANIES WORLDWIDE, INC., ET AL., CASE NO. 5:17-CV-00206 JGB (KKX) (C.D. CAL.).

MAIL TO:

Ortega, et al. v. The Spearmint
Rhino Companies Worldwide, Inc., et al.
Settlement Administrator
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Providence, RI 02940-3502

Failure to complete all sections or failure to submit this Claim Form and accompanying IRS Form W-9 before June 3, 2020 will result in denial of your claim. Please Print Clearly. Note: You will be taxed on any Settlement payment monies you are paid and will receive a Form 1099.



FOR CLAIMS PROCESSING ONLY	OB <input type="checkbox"/>	CB <input type="checkbox"/>	<input type="radio"/> DOC <input type="radio"/> LC <input type="radio"/> REV	<input type="radio"/> RED <input type="radio"/> A <input type="radio"/> B
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SECTION A: CLAIMANT INFORMATION

Email Address																							
Area code						Telephone number (home)						Area code						Telephone number (work)					

NOTE: The Settlement payments will be distributed over several years. If you move or relocate prior to receiving all payments under the Settlement, please ensure the Settlement Administrator has your current and correct address.

SECTION B: DANCE HISTORY

PLEASE LIST BELOW THE NAMES OF THE CLUB(S) WHERE YOU PERFORMED, THE DATE(S) YOU PERFORMED AS AN ENTERTAINER AT THE CLUB(S) AND THE NUMBER OF DANCE DAYS YOU PERFORMED. IF YOU NEED TO SUBMIT MORE THAN FOUR (4) CLUB LOCATIONS, PLEASE PRINT ADDITIONAL COPIES OF PAGE THREE (3).

1.																							
Name/Location of Club																							
Address																							
City																		State			Zip Code		
MM / DD / YYYY						to	MM / DD / YYYY																
Date(s) Performed Start							Date(s) Performed End						Days Danced										
Stage Name																							
Your Address and Telephone Number at the Time You Performed:																							
Address																							
City																		State			Zip Code		
Area code						Telephone Number																	



2.

Name/Location of Club

Address

City State Zip Code

/ / to / /

Date(s) Performed Start Date(s) Performed End Days Danced

Stage Name

Your Address and Telephone Number at the Time You Performed:

Address

City State Zip Code

— —

Area code Telephone Number

3.

Name/Location of Club

Address

City State Zip Code

/ / to / /

Date(s) Performed Start Date(s) Performed End Days Danced

Stage Name

Your Address and Telephone Number at the Time You Performed:

Address

City State Zip Code

— —

Area code Telephone Number



4.

Name/Location of Club

Address

City State Zip Code

/ / to / / Days Danced

Date(s) Performed Start Date(s) Performed End

Stage Name

Your Address and Telephone Number at the Time You Performed:

Address

City State Zip Code

— —

Area code Telephone Number

SECTION C: CERTIFICATION AND SIGNATURE OF CLAIMANT

I have read and understood the accompanying Notice of Class Action Settlement (“Notice”) and am choosing to participate in this action and make a claim under the terms of the Settlement Agreement. I agree to release the claims as described in the Notice to the fullest extent of the law, including all claims arising under the Federal Fair Labor Standards Act relating to the claims made in the Second Amended Complaint. **I understand that I will be responsible for the payment of all taxes owed as a result of receiving any Settlement payment and that I will receive an IRS Form 1099 tax reporting form reflecting all payment that I receive pursuant to the Settlement.**

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

Signature: _____

Dated (mm/dd/yyyy): _____

Print Name: _____

