



DFE

IN THE UNITED STATES
DISTRICT COURT FOR THE
EASTERN DISTRICT OF CALIFORNIA

**Must Be Postmarked
No Later Than
August 4, 2017**

Claim Form

Official
Office
Use
Only



CLAIMANT INFORMATION

<input type="text"/>	<input type="text"/>	<input type="text"/>
First Name	M.I.	Last Name
<input type="text"/>		
Primary Address		
<input type="text"/>		
Primary Address Continued		
<input type="text"/>	<input type="text"/>	<input type="text"/>
City	State	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>
Foreign Province	Foreign Postal Code	Foreign Country Name/Abbreviation

Important information about making a claim for a settlement payment in

Arredondo et al. v. Delano Farms Company et al., Case Number 1:09-cv-01247-MJS.

Kung nais ninyong makatanggap ng kopya ng mga Paunawang ito sa Tagalog, mangyaring tawagan po lamang ang Tagapangasiwa ng Settlement (ang "Settlement Administrator") sa 1-844-540-6006. Mayroon silang mga tauhan na nagsasalita ng Tagalog na maaaring makatulong at magpadala ng mga paunawa sa Tagalog sa inyo. Pagmasdan po lamang na ang inyong mga legal na karapatan ay maapektohan kung kayo man ay kumilos o hindi, at kung ninanais ninyong makatanggap ng pera mula sa settlement na ito, ay kinakailangang may marka ng tatak-koreo ang inyong claim bago dumating o sa pagsapit ng ika-4 ng Agosto, 2017.

GENERAL INSTRUCTIONS

1. You are urged to read carefully the accompanying Notice of Certification of Settlement Class and Class Action Settlement ("Notice"), Opt-Out Form, and this Claim Form in their entirety.
2. To recover money as a Settlement Class Member in the action entitled *Arredondo et al. v. Delano Farms Company et al.*, Case Number 1:09-cv-01247-MJS (the "Action"), you must complete and sign **this Claim Form**.
3. **You must deliver this completed and signed Claim Form, postmarked on or before August 4, 2017:**

By mail, to:

Arredondo, et al. v. Delano Farms Company, et al. Administrator
PO Box 43487
Providence, RI 02940-3487

4. If you are NOT a Settlement Class Member (as defined in the enclosed Notice), do not submit this Claim Form. If you have questions about whether you are a Settlement Class Member, contact the Settlement Administrator at 1-844-540-6006 or by email at info@DelanoFarmsAcuerdo.com.
5. If you are a Settlement Class Member, you will be bound by the terms of the Settlement and any judgment entered in the Action even if you do not submit this Claim Form. If you do not wish to participate in the Settlement and you do not wish to be bound by this Settlement or the judgment entered in the Action, then you may submit the enclosed Opt-Out Form. If you submit the Opt-Out Form, you will not be eligible to receive any money from the Settlement.



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
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6. Your receipt of any money could have tax consequences for you. Consult with your own tax advisor or attorney to determine any possible tax consequences.
7. If you need assistance filling out this Claim Form, please contact the Settlement Administrator. Please do not contact the Court.

CLAIM FORMS MUST BE POSTMARKED BY AUGUST 4, 2017

PLEASE RETURN PAGES [2]–[5] OF THIS CLAIM FORM. PLEASE TYPE OR PRINT LEGIBLY, USE BLUE OR BLACK INK ONLY, AND WRITE IN ENGLISH, SPANISH, OR TAGALOG. IF YOU DO NOT KNOW HOW TO WRITE IN ONE OF THESE LANGUAGES, PLEASE HAVE A FAMILY MEMBER HELP YOU OR CONTACT THE ADMINISTRATOR FOR ASSISTANCE. ONLY MAIL THIS FORM IF YOU ARE A SETTLEMENT CLASS MEMBER AND YOU HAVE SIGNED PART III BELOW.

PART I. CLAIMANT IDENTIFICATION AND SUBSTITUTE W-9

1. Your Contact Information

Social Security Number or Taxpayer Identification Number. (This information is being collected for tax purposes. **If you are not a resident of the United States and do not have a Social Security Number or Taxpayer Identification Number, leave this section blank**, and please enclose a completed IRS Form W-8BEN (available at <https://www.irs.gov/pub/irs-pdf/fw8ben.pdf>). **If you do not have any of this information, it does not affect your eligibility to receive money.**

SSN or Taxpayer ID: – –

If you wish, please add further contact information here. This will help the Settlement Administrator and/or Class Counsel to reach you in the event there are questions or difficulties in processing your claim.

Email Address (optional)

–

Area code Telephone number (home or cell)

–

Area code Telephone number (work)

PART II. NOTICE OF ANTICIPATED SETTLEMENT SHARE

Weeks worked by Settlement Class Members after April 8, 2012 through February 15, 2017, will be valued at 50% of the Weeks performed from July 17, 2005 through April 8, 2012.

Payroll records show that you performed _____ Weeks of Class Work between July 17, 2005 and April 8, 2012. Payroll records show that you performed _____ Weeks of Class Work from April 9, 2012 through February 15, 2017.

“Class Work” means non-exempt agricultural work performed by Settlement Class Members while employed by Contractors at Delano Farms during the Class Period, excluding those who worked only as irrigators, tractor drivers, or swampers or only in cold storage. “Contractors” means Cal-Pacific Farm Management, L.P., T&R Bangi’s Agricultural Services, Inc., Kern Ag Labor Management Inc., La Vina Contracting, Inc., or Elite Ag Labor Services, Inc. The “Class Period” runs from July 17, 2005 through February 15, 2017. “Week” is defined as seven consecutive days beginning on Monday and ending on Sunday. If you performed any amount of Class Work during a Week, that Week has been counted as a Week during which you performed Class Work.

Based on this information, your anticipated settlement share is \$ _____ or _____% of the Net Settlement Fund. Your anticipated settlement share is calculated under the assumption that (i) the Court finally approves the Settlement and (ii) all Settlement Class members submit timely and complete Claim Forms, do not opt-out, and cash their Settlement checks. (If some Settlement Class Members do not submit timely and complete Claim forms, or opt-out of the Class, then your share could be higher.)

Your anticipated settlement share is based on an estimate that approximately \$3,449,823.72 will be available for the Net Settlement Fund. This approximation is based on the following estimates, which have been deducted from the \$6,000,000.00 Settlement Amount to calculate the Net Settlement Fund estimate:



- a. Employer taxes and withholdings to be paid on behalf of Settlement Class Members: \$320,000.00;
- b. Settlement administration costs (including work of the community-outreach administrator): \$185,000.00;
- c. Attorneys' fees to Class Counsel: \$1,500,000.00;
- d. Costs incurred by Class Counsel: \$508,176.28;
- e. Payments to the Representative Plaintiffs: \$37,000.00.

If you wish to dispute your anticipated settlement share or the number of Weeks you performed Class Work, you must send written notice to the Administrator postmarked **on or before** June 30, 2017:

By mail, to:

Arredondo, et al. v. Delano Farms Company, et al. Administrator
 PO Box 43487
 Providence, RI 02940-3487

Please make sure to include your name, your address, your phone number, the Claim ID found on the upper left-hand corner of this Claim Form, and a written explanation of the basis for your challenge and submit any documents that support your position. Documents that support your position could include pay stubs showing you worked certain weeks.

Any such challenges will be resolved by the Settlement Administrator, who will examine the records available. The Settlement Administrator's determination will be mailed to you no later than July 25, 2017. Depending on the result of your challenge, you may receive a new Claim Form from the Settlement Administrator, which will need to be postmarked on or before **August 4, 2017** if you wish to participate in the Settlement.

Alternatively, the Settlement Administrator may inform you that it is not making any changes to the Notice of Anticipated Settlement Share on your Claim Form. You will need to decide if you want to submit this Claim Form and participate in the Settlement and/or file an objection, or opt-out. You must deliver your Claim Form or Opt-Out Form postmarked on or before **August 4, 2017**. Objections must be filed with the Court no later than **August 4, 2017**.

PART III. CLAIMANT CERTIFICATION AND RELEASE

(You must complete the signature block below if you want to be eligible to receive money in this Action.)

By submitting this Claim Form and signing below, I allege that:

I am owed money as a result of the Class Work that I performed, arising from claims concerning unpaid wages, unreimbursed tool expenses, or as a result of missed rest or recovery periods.

Executed this _____ day of _____, 20____ in _____ (city), _____ (State/Country).

Signature of Claimant: _____

Print name of Claimant: _____

If Claimant is unable to sign, please contact the Settlement Administrator.

REMINDER CHECKLIST

1. Please review and, if necessary, correct your contact information.
2. Please sign the above certification in Part III.
3. Keep a copy of your signed Claim Form for your records.
4. If you move, please send us your new address.

**ACCURATE CLAIMS PROCESSING TAKES A SIGNIFICANT AMOUNT OF TIME.
 THANK YOU FOR YOUR PATIENCE.**



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