

EXCLUSION FORM

Doskocz v. ALS Lien Services., Contra Costa County Superior Court Case
No. C17-01486.

DO NOT COMPLETE THIS FORM
IF YOU WISH TO BE A MEMBER OF THE CLASS AND MAINTAIN
A CHANCE OF GETTING MONEY OR BENEFITS THAT MAY
COME FROM A TRIAL OR SETTLEMENT

THE POSTMARK DEADLINE FOR THIS FORM IS _____, 2020.

RETURN THIS FORM BY MAIL TO:

Justin T. Berger
Cotchett, Pitre & McCarthy, LLP
840 Malcolm Road
Burlingame, California

REQUEST FOR EXCLUSION:

My name is _____ and my address is
_____. By signing this Exclusion Form, I
hereby opt out of the Class. Furthermore, by signing this Exclusion Form, I understand
that I will not be included in the Class and will get no money or benefits from the case. I
understand that I will keep any rights to sue ALS separately about the same legal claims in
this case. I understand that I will not be represented by Class Counsel and must retain my
own lawyer at my own expense in order to be represented in suing ALS.

Dated: _____

Signature

Print Name

Telephone # (so the Claims Administrator can contact you if necessary): (____) _____