

Your claim must be submitted online or postmarked by: September 24, 2026

In re: Clark County Data Security Litigation
Case No. 25-2-02214-06
Clark County Superior Court, State of Washington
CLAIM FORM

CLA
CLAIM

GENERAL INSTRUCTIONS

SETTLEMENT CLASS MEMBERS ARE ELIGIBLE TO SUBMIT THIS CLAIM FORM

The Settlement Class includes all individuals residing in the United States whose private information was potentially impacted when unauthorized third parties allegedly gained access to certain files containing the personal information of Clark County Washington's ("Defendant") current and former residents in October 2023 ("Data Security Incident"), including all those who were sent notice of the Data Security Incident.

Class Members are defined to specifically exclude: (a) all individuals who are directors or officers of Defendant, (b) the Judge assigned to the Litigation, and (d) that Judge's immediate family and Court staff.

SETTLEMENT BENEFITS

Compensation for Out-of-Pocket Losses: All Settlement Class members may submit a claim for documented out-of-pocket losses including, for example, unreimbursed losses relating to fraud or identity theft, unreimbursed costs of credit monitoring incurred between the time of the Data Security Incident and the time the claim is submitted, and unreimbursed bank fees, postage, or gasoline for travel ("Out-of-Pocket Losses"), up to \$5,000 per individual, all of which must be fairly traceable to the Data Security Incident and must not have been previously reimbursed by a third party.

Expenses must be attested to and supported by documentation substantiating the full extent of the amount claimed. Documentation supporting the claim can include receipts or other documentation not "self-prepared" by the claimant that document the costs incurred. "Self-prepared" documents such as handwritten receipts are, by themselves, insufficient to receive reimbursement, but can be considered to add clarity or support other submitted documentation. Settlement Class Members shall not be reimbursed for Out-of-Pocket Losses if they have already been reimbursed for the same Out-of-Pocket Losses by another source.

If compensation for Out-of-Pocket Losses, costs of Claims Administration, service awards to Class Representatives, and attorney's fees and litigation expenses exceed the Settlement Fund, all Class Member payments will be reduced on a *pro rata* basis such that Defendant's maximum amount to be paid does not exceed the non-reversionary Settlement Fund. If compensation for Out-of-Pocket Losses, costs of Claims Administration, service awards to Representative Plaintiffs, and attorney's fees and litigation expenses do not exceed the Settlement Fund, all remaining funds will be distributed on a per class member basis, to all Settlement Class Members who submitted a Valid Claim for such benefit.

SUBMITTING YOUR CLAIM FORM

Mail your completed Claim Form along with supporting documentation to: Clark County Data Security Litigation, Attn: Claim Forms, 1650 Arch Street, Suite 2210, Philadelphia, PA 19103. Do not include original copies of your supporting documentation, as the documentation will not be returned to you. Alternatively, you may submit your Claim Form online at www.ClarkCountyDataSettlement.com.

**THE DEADLINE TO SUBMIT YOUR CLAIM FORM ONLINE IS SEPTEMBER 24, 2026.
CLAIM FORMS SUBMITTED BY MAIL MUST BE POSTMARKED NO LATER THAN
SEPTEMBER 24, 2026.**

QUESTIONS? VISIT WWW.CLARKCOUNTYDATASETTLEMENT.COM OR CALL TOLL-FREE 1-866-450-4275

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- You must check this box to attest that the out-of-pocket losses you are claiming were incurred between October 2023 and the date you are submitting this Claim Form; are fairly traceable to the Data Security Incident; and that you have not been previously reimbursed for these losses.

III. PAYMENT SELECTION

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

PayPal Venmo Zelle Virtual Prepaid Card Check*

Please provide the email address or phone number associated with your PayPal, Venmo or Zelle account, or email address for the Virtual Prepaid card:

*If you select Check, your payment will be mailed to the address you provide in Section I.

IV. AFFIRMATION & SIGNATURE

I swear and affirm under penalty of perjury pursuant to laws of the United States of America 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 Claims Administrator before my claim is considered complete and valid.

Signature

Printed Name

Date