

Trucking TCPA Settlement Administrator
P.O. Box 43501
Providence, RI 02940-3501



C2V

Derrick Virgne v. C.R. England, Inc.
U.S. DISTRICT COURT FOR THE
SOUTHERN DISTRICT OF INDIANA

Case No. 1:2019-cv-2011

**Must Be Postmarked
No Later Than
December 7, 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		

If you wish to participate in the Settlement, please complete and submit this **Settlement Claim Form**.

You must complete and submit a Claim Form by December 7, 2020. The final amount per Class Member will depend on the total number of valid Claim Forms received. To complete this form, provide the information below and execute the certification.

REQUIRED: Claim Identification Number from your class Notice postcard **OR** cellular telephone number at which C.R. England recruitment text messages were received:

Claim Identification Number				or	Cellular Telephone Number			
Current Phone Number (optional)								
Email (optional)								

Certification

By submitting this Claim Form, I certify and affirm that the information I am providing is true and correct to the best of my knowledge and belief, I am over the age of 18 and I wish to claim my share of the Settlement Fund.

Signature: _____

Dated (mm/dd/yyyy): _____

Print Name: _____



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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