*Guaranteed Subpoena* Claims Administrator
P.O. Box 43501
Providence, RI 02940-3501

**GVR**

*Vetter v. Guaranteed Subpoena Service, Inc., et al.*
SUPERIOR COURT OF NEW JERSEY,
LAW DIVISION, FOR MIDDLESEX COUNTY
No. MID-L-3650-16

**Must Be Postmarked**
**By June 25, 2020**

# Claim Form

As set forth in the Notice, in order for you or your client(s) to receive payment under the proposed settlement, a completed Claim Form must be submitted by June 25, 2020. The Claim Form must be signed under penalty of perjury and mailed to the Claims Administrator, postmarked by June 25, 2020, P.O. Box 43501, Providence, RI 02940-3501, or submitted electronically by June 25, 2020 on the Settlement Website, www.GuaranteedSubpoenaSettlement.com.

If you received the summary notice either by mail or email, you may have also received a list of cases in which you requested Guaranteed Subpoena to serve a subpoena and for which you paid the attendance fee costs during the Class Period. You may submit a Claim Form on behalf of the client(s) on whose behalf you requested the subpoena and paid the attendance fee cost. If you did so on behalf of multiple clients, you must submit a separate Claim Form for each client. Each Claim Form must indicate the proper party to receive the payment. If your client did not reimburse your firm for the payment of the attendance fee cost, then the law firm is entitled to recover the payment from the settlement. If your client reimbursed your firm, then the client is entitled to the settlement payment.

## ATTORNEY/LAW FIRM INFORMATION

Attorney First Name | M.I. | Last Name

Law Firm Name

Address

Address (continued)

City | State | Zip Code

Telephone Number

Email Address

| FOR CLAIMS PROCESSING ONLY | OB | CB | ○ DOC ○ LC ○ REV | ○ RED ○ A ○ B |
|---|---|---|---|---|

Identify the docket and the name of the matter (Plaintiff v. Defendant) from the Class List in which you or your firm requested and paid for the service of a subpoena, including the attendance fee costs, from Guaranteed Subpoena:

Docket: _____

Name of Case: _____

_____

Case Claim ID (if you have it)

○ Fill in here: If the attorney/law firm is entitled to recover the settlement amount for the attendance fee costs listed above because the above-listed client(s) has/have not reimbursed the law firm for payment of the attendance fee costs as of this date.

○ Fill in here: If the client is entitled to recover the settlement amount for the attendance fee costs listed above because he/she/they reimbursed the law firm for payment of those costs.

**CLAIMANT INFORMATION -** Claimant information refers to the proper party to receive payment from the Settlement.

First Name | M.I. | Last Name

Primary Address

Primary Address Continued

City | State | Zip Code

Email address

— —

Area code | Telephone number

I certify to that all of the information on this Claim Form is true and correct to the best of my knowledge.

Signature: _____ Date (mm/dd/yyyy): _____

Print Name: _____