

KISSEL V. CODE42 CLAIM FORM

This claim form is provided for persons who believe that they are or may be Settlement Class Members in the Kissel v. Code42 lawsuit. Please provide all information requested below and submit this form to Kissel Settlement Administrator, c/o JND Legal Administration, PO Box 6878, Broomfield, CO 80021, postmarked by December 18, 2017.

Full Legal Name		
Current Mailing Address		
City	State	Zip
Current email address	Current Telephone Number	
Email address(es) used with your Code42 account	Code 42 account number (if known)	

1. What was the approximate date that you initially purchased an automatically renewing product or service from Code42? _____
(MM/DD/YYYY)
2. In what state were you living when you initially purchased an automatically renewing product or service from Code42? _____
3. Did you use the automatically renewing Code42 product or service for personal, family, or household purposes (please circle one)? Yes / No
4. Did you pay at least one time for an automatic renewal of your Code42 product or service (please circle one)? Yes / No
5. What was the approximate date that you first paid for an automatic renewal of your Code 42 product or service? _____
(MM/DD/YYYY)

I hereby state that the information provided above is true and accurate to the best of my knowledge.

Signature

Date