

Rafael Mayo. v. Double B Dairy, G.P., et al.
Superior Court of The State of California, County of Merced
Case No. 23CV-00705

FORM FOR DISPUTING ESTIMATED SETTLEMENT PAYMENT

RETURN THIS FORM ONLY IF (1) YOU WISH TO DISPUTE YOUR ESTIMATED SETTLEMENT PAYMENT PORTION FOR YOUR CLASS CLAIMS, OR (2) YOU HAVE A NEW ADDRESS. YOU MUST COMPLETE, SIGN, AND MAIL THIS FORM BY FIRST CLASS U.S. MAIL, POSTMARKED ON OR BEFORE APRIL 1, 2024, TO:

Rafael Mayo v. Double B Dairy, G.P., et al.
c/o CPT Group, Inc.
50 Corporate Park,
Irvine, CA 92606
Toll Free Number: 1-888-919-4074

PART I: CLASS MEMBER INFORMATION

The name and mailing address that we have for you is:

Make any address corrections here:

<<EmployeeName>>
<<Address1>> <<Address2>>
<<City>>, << State>> <<Zip>>

ITIN Number or last 4 digits of Social Security Number: _____

Telephone Number: _____

Email: _____

PART II: EMPLOYMENT INFORMATION

Section A: Employer’s Records

According to records maintained by Defendants, you worked for them for a total of <<Payperiods>> between February 28, 2019 to October 20, 2023. **Based on this information, your Settlement Award is approximately <<estAmount>>.**

Section B: If You Dispute the Above Information

Complete the following section ONLY if you believe the above information regarding your pay periods is not accurate.

PAY PERIODS WORKED (between February 28, 2019 to October 20, 2023 ONLY):

You must include all documents and other information that support your claim that the pay periods according to the employer’s records are not accurate. If you do not provide satisfactory supporting documentation, your total number of qualifying shifts will be calculated based on the records provided by Defendants, as listed in Section A, above.

Date

Signature

Print Name