Levi's Stadium Access Settlement Administrator P.O. Box 43501 Providence, RI 02940-3501



Nevarez, et al. v. Forty Niners, et al.

UNITED STATES DISTRICT COURT NORTHERN DISTRICT OF CALIFORNIA

Case No. 5:16-cv-07013-LHK (SVK)

Your Claim Form Must be Postmarked on or Before June 28, 2020

Claim Form

It Is Important That You Read the Attached Instructions Before You Begin Filling Out This Claim Form

CLAIMANT INFORMATION																						
First N	ame							M.I.		Last	Nan	пе										
Primary Address																						
Primar	y Address C	ontinue	ed																			
City																State		Z	IP C	ode		
Foreig	n Province						Foreig	n Po	stal C	Code					Forei	gn C	ountr	y Na	me/ <i>P</i>	Abbre	viatior	
Your I	Experienc	es at	Levi	's Stad	lium																	
1.	Have you					evi's	Stadiu	ım b	etwe	een A	Apri	113	. 20	15 a	and l	Mar	ch 9.	200	20?			
		Yes		O No							-19		, _ 0				,	, _ 0.				
	If your answer is No, you are not eligible for a damages award. If your answer is Yes, please answer the next question.																					
2.																						
		Yes		O No)																	
If your answer is No, you are not eligible for a damages award. If your answer is Yes, please answer the next question.																						
3. At the time that you visited Levi's Stadium, did you have a mobility disability that required you to use a wheelchair, scooter or other mobility aid?																						
		Yes		O No)																	



FOR CLAIMS		DOC	RED
PROCESSING	СВ	LC	A
ONLY		REV	В

	If your answer is No, you are not eligible for next question.	or a damages award. If your an	swer is Yes, please answer the								
4.	What type of mobility aid did you use when visiting Levi's Stadium?										
	Wheelchair Scooter Cane Walker Other (please use the text box below)										
5.	When you visited Levi's Stadium, did you experience a physical access barrier that denied you equa access to the Stadium or the Stadium's parking lots?										
	(Examples of physical access barriers inclin the parking lots and the Stadium; height hardware on restroom doors; number and sl wheelchair accessible seating in restaurant the physical condition of the Stadium.) Yes No	of counters at concession stands opes of wheelchair accessible se	s and in restaurants and shops ating locations in the Stadium								
	If your answer is No, please answer quest question.	ion number 8. If your answer	is Yes, please answer the nex								
6.	For EACH visit in which you experienced one or more physical access barriers that hindered your access to the Stadium or its parking lots, please describe each type of physical access barrier you experienced and the approximate date(s) upon which you experienced it. Use a separate page if necessary.										
	Type of Physical Barrier	<u>Event</u>	Approximate Date								
а.											
b.											
C.											
d.											
e.											
ш											



7.	Did the physical access barriers at Levi's Stadium or its parking lots cause you to experience difficulty, discomfort, or embarrassment? Yes No						
	If your answer is No, you are not eligible for Levi's Stadium. If your answer is either Your			l access barriers at			
8. When you visited Levi's Stadium, was it difficult to get a ticket for wheelchair accessible seating. • Yes • No							
	If your answer is No, you are not eligible answer is Yes, please answer the next ques		ticketing at Levi's	Stadium. If your			
9.	For EACH visit to Levi's Stadium in which you had difficulty getting a ticket for wheelchair accessible seating, please do your best to describe your experience and the difficulty you had, and the approximate date(s) upon which you experienced it. Use a separate page if necessary.						
	<u>Experience</u>	<u>Even</u>	<u>t A</u>	Approximate Date			
a.							
b.							
C.							
d.							
e.							
10.	Did your experience trying to get a ticket for experience difficulty, discomfort, or embar		eating at Levi's Sta	dium cause you to			
	Yes No						
	If your answer is No, you are not eligible f	or a damages award for tie	eketing at Levi's S	tadium.			
11.	To your knowledge, have you already sett Niners Defendants, including by "opting or	· · · · · · · · · · · · · · · · · · ·		s against the Forty			
	O Yes No						
10	If your answer is Yes, you are not eligible	· ·	e e				
12.	Please provide your social security number provide a valid SSN may result in you not	· · · · · · · · · · · · · · · · · · ·	order to receive pa	ayment. Failure to			
	Social Security Number						



Oath of Truthfuln

I,	, declare under penalty of perjury that all of the
information on this form is true and correct.	
Claimant	Date (mm/dd/yyyy)

You or Your Authorized Designee \underline{MUST} Complete and \underline{SIGN} Your Claim Form in Order for It to Be Considered.

Your Claim Form Must Be Postmarked On or Before June 28, 2020 (Late Claim Forms Will Not Be Considered).

Your Completed and Signed Claim Form Must Be Mailed To:

Levi's Stadium Access Settlement Administrator P.O. Box 43501 Providence, RI 02940-3501

