

Intoxalock Claims Administrator  
PO Box 4325  
Baton Rouge, LA 70821

**Your Claim Form Must Be Submitted On Or  
Before March 12, 2025**

**Lisa Haggerty, et al. v. Consumer Safety Technology, LLC**

Case No. 22CV-01414

(Superior Court of the State of California for the County of Merced)

**IMPORTANT:** Your claim *must be postmarked by and mailed to the Claims Administrator at the address listed above* by **March 12, 2025** to be considered timely and valid. You may also submit a claim online at [www.CallRecordingLawsuit.com](http://www.CallRecordingLawsuit.com).

**SETTLEMENT CLAIM FORM**

By filling out and submitting this form, you are making a claim under the terms of the Settlement Agreement to receive a *pro rata* portion of the settlement.

CLAIMANT INFORMATION (PLEASE PRINT)	
<input type="text"/>	
*First Name	
<input type="text"/>	
*Last Name	
<input type="text"/>	
*Street Address	
<input type="text"/>	<input type="text"/>
*City	*State
<input type="text"/>	
*Zip Code	
<input type="text"/>	
Current Email Address (Required if you have selected digital payment)	
*Select Preferred Payment Option:	
<input type="checkbox"/> Physical Paper Check	<input type="checkbox"/> Digital Payment (Email Address Required)
Prior to disbursement, the email address provided above will be sent an email where you will be able to select from multiple digital payment options.	
<input type="text"/>	- <input type="text"/>
*Settlement Claim ID (provided on class notice)	
<input type="text"/>	- <input type="text"/>
<input type="text"/>	- <input type="text"/>
*Affected Phone Number used to communicate with Intoxalock	

**Certification**

By signing this claim, I certify that I used the affected telephone number listed above to communicate with Intoxalock during the period May 18, 2021 through February 8, 2022.

\*Signature: \_\_\_\_\_

\*Date:  /  /

**\*Denotes Information You Must Provide To Have A Valid Claim**

**For more information, visit [www.CallRecordingLawsuit.com](http://www.CallRecordingLawsuit.com).**

**Toll Free Number: 1-888-896-7617**

**Claim Forms should be mailed to Intoxalock Claims Administrator, PO Box 4325, Baton Rouge, LA 70821.**