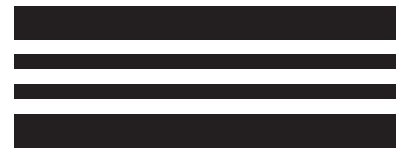


Orrick Data Breach Litigation
Settlement Administrator
P.O. Box 301132
Los Angeles, CA 90030-1132



ORR

VISIT THE SETTLEMENT WEBSITE BY
SCANNING THE PROVIDED QR CODE

*In re: Orrick, Herrington &
Sutcliffe LLP Data Breach Litigation*

UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF CALIFORNIA

Case No. 3:23-cv-04089-SI

**Must Be Postmarked
No Later Than
October 28, 2024**

CLAIM FORM FOR ORRICK, HERRINGTON & SUTCLIFFE LLP DATA BREACH BENEFITS

COMPLETE AND SIGN THIS FORM AND FILE ONLINE NO LATER THAN **October 28, 2024** AT
www.OHSClassActionSettlement.com, OR FILE BY MAIL POSTMARKED BY **October 28, 2024**.

*You **must** use this form to make a claim for lost time payments, out-of-pocket loss payments, alternative cash payment,
CCPA payment, and free credit monitoring.*

Questions? Call 1-866-372-0017 or visit the website, **www.OHSClassActionSettlement.com**

CLASS MEMBER INFORMATION

<input type="text"/>			<input type="text"/>	<input type="text"/>		
First Name			M.I.	Last Name		
<input type="text"/>						
Primary Address						
<input type="text"/>						
Primary Address Continued						
<input type="text"/>			<input type="text"/>	<input type="text"/>		
City			State	ZIP Code		
<input type="text"/>	—	<input type="text"/>	—	<input type="text"/>		
Area Code	Telephone Number					
<input type="text"/>						
Email Address (This field is required to receive free credit monitoring. If provided, we will also communicate with you about your claim primarily by email.)						
<input type="text"/>						
Class Member ID						

Failure to add your unique Class Member ID will result in denial of your claim. If you received a notice of this Settlement by U.S. mail, your unique Class Member ID is on the envelope or postcard. If you misplaced your notice, please contact the Settlement Administrator at 1-866-372-0017 or admin@OHSClassActionSettlement.com.

FOR CLAIMS PROCESSING ONLY	OB <input type="text"/>	CB <input type="text"/>	<input type="radio"/> DOC <input type="radio"/> LC <input type="radio"/> REV	<input type="radio"/> RED <input type="radio"/> A <input type="radio"/> B
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SETTLEMENT OVERVIEW

Compensation for Lost Time: If you spent time addressing issues relating to the Data Breach, you can make a claim for reimbursement for up to 5 hours of time at a rate of \$25.00/hour. To submit a valid claim, you must represent that the time and/or effort spent was incurred as a result of the Data Breach.

Credit Monitoring: You can submit a claim for three years of three-bureau credit monitoring services, including at least \$1 million in identity theft insurance.

Compensation for Out-of-Pocket Expenses: If you have incurred actual, unreimbursed expenses as a result of the Data Breach, you can make a claim for reimbursement for up to \$2,500.00. Examples of actual, unreimbursed expenses include: (i) costs and expenses spent addressing identity theft or fraud; (ii) preventative costs including purchasing credit monitoring, placing security freezes on credit reports, or requesting copies of credit reports for review; and (iii) other documented losses that were not reimbursed. You must include documentation to support that the out-of-pocket expenses were the result of the Data Breach.

Compensation for Documented Extraordinary Losses: If you experienced out-of-pocket losses for actual identity theft or fraud and submit documentation to support that such losses are the result of the Data Breach, you can make a claim for up to \$7,500.00.

Alternative Cash Payment: In lieu of submitting a claim for attested time, out-of-pocket expenses, or extraordinary losses, you may make a claim for an Alternative Cash Payment of \$75.00.

CCPA Payment: If you are a California resident, you may make a claim for a CCPA payment of \$150.00 in recognition of your statutory claims under the California Consumer Privacy Act.

ALL BENEFITS (AND THE AMOUNT PAID TO SETTLEMENT CLASS MEMBERS UNDER THIS SETTLEMENT) MAY BE HIGHER OR LOWER DEPENDING ON THE TOTAL AMOUNT OF APPROVED CLAIMS.

Failure to provide all required information will result in your claim being rejected by the Settlement Administrator.

- 1. Were you sent a notice that your information may have been impacted in the Orrick Data Breach?
 Yes (*Proceed to Question 2*) No (*You are not eligible to submit a claim*)

CLAIM FOR CREDIT MONITORING

- 2. Do you wish to receive three years of three-bureau credit monitoring? [Note you must provide a valid email address above to receive this benefit.]
 Yes (*Please include your email on the first page and proceed to Question 3*) No (*Proceed to Question 3*)

CLAIM FOR CCPA PAYMENT

- 3. Were you a Resident of California any time between November 19, 2022 and March 13, 2023?
 Yes (*Proceed to Question 4*) No (*Proceed to Question 4*)

CLAIM FOR ALTERNATIVE CASH PAYMENT

- 4. Would you like to make a claim for an Alternative Cash Payment? The amount of your Alternative Cash Payment may be increased or decreased on a pro rata basis depending on the total amount of Approved Claims.
 Yes (*Proceed to Certification and Signature*) No (*Proceed to Question 5*)

IMPORTANT: You CANNOT select both. You must choose between the Alternative Cash Payment OR submitting a claim for lost time, out-of-pocket expenses, or extraordinary losses. If you submit a claim for both, your claim for Alternative Cash Payment will be rejected and the Settlement Administrator will instead review the claim for lost time, out-of-pocket expenses, or extraordinary losses.

CLAIM FOR LOST TIME PAYMENT

- 5. Did you spend time addressing issues related to the Orrick Data Breach?
 Yes (*proceed to Question 6*) No (*Proceed to Question 7*)
- 6. If you selected “Yes” for Question 5, please fill out the below statement indicating how many hours you spent addressing issues related to the Orrick Data Breach.

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Total hours (up to 5) addressing issues related to the Orrick Data Breach to be reimbursed at a rate of \$25.00/hour.
Please proceed to Question 7.

CLAIM FOR REIMBURSEMENT FOR OUT-OF-POCKET EXPENSES AND EXTRAORDINARY LOSSES

7. Do you have documentation supporting that you experienced (i) costs and expenses spent addressing identity theft or fraud; (ii) preventative costs including purchasing credit monitoring, placing security freezes on credit reports, or requesting copies of credit reports for review; and (iii) other documented losses that were not reimbursed? You may submit a claim, with supporting documentation, for up to \$2,500.00 in out-of-pocket expenses.

- Yes (Complete the chart below) No (Proceed to Question 8)

8. Do you have documentation showing you experienced actual identity theft losses or other unreimbursed fraudulent charges that are the result of the Data Breach? You may submit a claim, with supporting documentation, for up to \$7,500.00 in out-of-pocket losses.

- Yes (Complete the chart below) No (Please proceed to Certification and Signature).

Loss Type (Fill in all that apply)	Date of Loss	Amount of Loss	Description of Supporting Documentation (Identify what you are attaching and why)
<input type="radio"/> Bank fees incurred as a result of the Data Breach	_____	_____	<i>Example: Account statement with fees incurred as a result of the Data Breach highlighted.</i> <i>The description of the fees in the documentation must be specific enough to enable the Settlement Administrator to determine why the fees were incurred, and you must explain why the fees were incurred as a result of the Data Breach.</i>
<input type="radio"/> Long distance phone charges incurred as a result of the Data Breach	_____	_____	<i>Example: Phone bills with long distance telephone calls made as a result of the Data Breach, and corresponding charges highlighted, along with an explanation of what the calls were for and why they were incurred as a result of the Data Breach.</i> <i>You must explain who the calls were made to and why they were made as a result of the Data Breach. You must also provide sufficient documentation to demonstrate the amount you were charged for the specific calls that you made as a result of the Data Breach.</i>
<input type="radio"/> Cell phone charges (only if charged by the minute) incurred as a result of the Data Breach	_____	_____	<i>Example: Cell phone bill with calls made as a result of the Data Breach, and corresponding charges highlighted, along with an explanation of what the calls were for and why they were incurred as a result of the Data Breach. You must explain whom the calls were made to and why they were made as a result of the Data Breach. You must also provide sufficient documentation to demonstrate the amount you were charged for the specific calls that you made as a result of the Data Breach.</i>
<input type="radio"/> Data charges (only if charged based on the amount of data used) incurred as a result of the Data Breach	_____	_____	<i>Example: Cell phone bill with data charges incurred as a result of the Data Breach, and corresponding charges highlighted, along with an explanation of what the data charges are for and why they were incurred as a result of the Data Breach.</i> <i>You must explain what activities the data charges correspond to and why they were incurred as a result of the Data Breach. You must also provide sufficient documentation to demonstrate the amount you were charged for the specific activities that incurred data charges that you undertook as a result of the Data Breach.</i>

Loss Type (Fill in all that apply)	Date of Loss	Amount of Loss	Description of Supporting Documentation (Identify what you are attaching and why)
<input type="radio"/> Postage charges incurred as a result of the Data Breach	<hr/>	<hr/>	<p><i>Example: Receipts from the United States postal service or other shipping companies, along with an explanation of what you sent and why you sent it.</i></p> <p><i>You must explain what you sent to incur the charges, to whom you sent it, and why you sent it as a result of the Data Breach.</i></p>
<input type="radio"/> Gasoline charges for local travel incurred as a result of the Data Breach	<hr/>	<hr/>	<p><i>Example: Gasoline receipt for gasoline used driving to the police station to file a police report regarding the Data Breach.</i></p> <p><i>You are entitled to claim reimbursement only for the gasoline you used as a result of the Data Breach, which may be less than a full tank. You must describe where you drove, the distance you traveled, why the travel was connected to the Data Breach, and the portion of any gasoline receipt that you attribute to the trips that you made as a result of the Data Breach.</i></p>
<input type="radio"/> Credit reports, credit monitoring, or other identity theft insurance products purchased between August 2019 and the Claims Deadline	<hr/>	<hr/>	<p><i>Example: Receipts or account statements reflecting charges incurred to view a credit report.</i></p>
<input type="radio"/> Other unreimbursed out-of-pocket losses caused by the Data Breach	<hr/>	<hr/>	<p><i>Example: Receipts documenting out-of-pocket losses not set forth above, and an explanation of why the loss was more likely than not caused by the Data Breach and a statement that you made reasonable efforts to avoid or seek reimbursement for the loss, including exhaustion of all available credit monitoring insurance and identity theft insurance. Other losses could include, solely by way of example, the costs associated with addressing a fraudulent tax return or unemployment claim made in your name.</i></p>

CERTIFICATION AND SIGNATURE

By submitting this Claim Form, I certify that I am a Settlement Class Member and am eligible to make a claim in this Settlement and that the information provided in this Claim Form and any attachments is true and correct. I do hereby swear (or affirm), under penalty of perjury, that the information provided above is true and accurate to the best of my knowledge and that any cash compensation or benefits I am claiming are based on losses or expenses I reasonably believe, to the best of my knowledge, were incurred as a result of the Data Breach.

I understand that this claim may be subject to audit, verification, and Court review and that the Settlement Administrator may require supplementation of this Claim or additional information from me. I also understand that all claim payments are subject to the availability of settlement funds and may be reduced, depending on the type of claim and the determinations of the Settlement Administrator.

Signature: _____

Dated (mm/dd/yyyy): _____

Print Name: _____