

CLAIM FORM
ALLEN v. ILLINOIS SCHOOL OF HEALTH CAREERS SETTLEMENT
Court No. 10 CH 25098

Please fill out the information below completely and legibly. If the information you provide is incomplete, illegible, or inaccurate, your claim may be rejected in whole or in part.

Name		
Address		
City	State	ZIP
Telephone Number		

Please answer **BOTH** of the following questions regarding Illinois School of Health Career's ("ISHC") Patient Care Technician ("PCT") Program. **YOU MAY BE ABLE TO ANSWER YES TO BOTH QUESTIONS, AND RECEIVE THE SETTLEMENT BENEFITS LISTED UNDER EACH.**

1. I enrolled in the ISHC PCT Program prior to February 1, 2010.

- Yes
 No

If your answer to the above question is "yes," please select whether you would like to be eligible to receive a one-time cash payment of up to \$750, or, alternatively, whether you would like to be eligible to re-enroll in ISHC's CNA course at no cost and receive a stipend of up to \$1,500 if you successfully complete the course. **Select either Option A or Option B. You cannot choose both.**

- Option A: I would like a cash payment of up to \$750.

- or -

- Option B: I would like to re-enroll in ISHC's CNA course at no cost, and if I complete the course I will receive a stipend of up to \$1,500.

2. I enrolled in the ISHC PCT Program prior to June 1, 2010. **IF YOUR ANSWER TO QUESTION #1 WAS YES, YOU SHOULD ALSO ANSWER YES TO THIS QUESTION.**

- Yes
 No

If your answer to the above question is "yes," you will receive a cash payment of up to \$100.

I DECLARE UNDER PENALTY OF PERJURY THAT ALL OF THE INFORMATION I HAVE PROVIDED IN THIS DOCUMENT IS TRUE AND CORRECT.

Signature: _____

Executed on: _____

[INSERT DATE]

Mail or otherwise deliver this Claim Form to the following address:

**Zimmerman Law Offices, P.C.
77 West Washington Street, Suite 1220
Chicago, Illinois 60602**

**YOUR CLAIM FORM MUST BE POSTMARKED OR OTHERWISE DELIVERED ON OR BEFORE
APRIL 22, 2013.**