

**Claim Form**

*Pineda, et. al. v. Hacienda Amigos, LLC*, Case No. 2024CA000296

**INSTRUCTIONS:** Fill out each section of this form and sign where indicated. Submit the completed Claim Form online by logging in with your SIMID and Last Name located on the mailed and/or emailed Notice.

Pineda v. Hacienda Amigos Mexican Kitchen, LLC Settlement Administrator  
c/o Simpluris, Inc.  
P.O. Box 26170  
Santa Ana, CA 92799  
Tel: (888) 369-3780  
E-mail: info@HaciendaAmigosPSLSettlement.com

Alternatively, you may submit the completed Claim Form by mail or email. See above for contact information.

**THIS CLAIM FORM MUST BE COMPLETED AND SUBMITTED BY: JUNE 12, 2024.**

<b><u>First Name</u></b>	<b><u>Last Name</u></b>
<b><u>Street Address</u></b>	<b><u>City</u></b>
<b><u>State</u></b>	<b><u>Zip Code</u></b>
<b><u>E-mail Address</u></b>	<b><u>Contact Phone Number</u></b>

**Class Member Affirmation:** By submitting this Claim Form, I declare that I am a member of the Settlement Class, and that the following information is true and correct:

I am an individual who worked as a Server at Hacienda Amigos Mexican Kitchen in Port St. Lucie, Florida, between June 20, 2018, and October 2, 2023.

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

Date: \_\_\_\_\_  
(MM-DD-YY)

Printed Name: \_\_\_\_\_

Former (Maiden) Names worked under, if any: \_\_\_\_\_

Note: If you change your address, please inform the above Settlement Administrator of your new address to ensure processing of your claim and mailing of your settlement check to the correct address. It is your responsibility to keep a current address on file with the Settlement Administrator.