

**Opt-In / Consent Form**

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

**INSTRUCTIONS:** Fill out each section of this form and sign where indicated by: Logging in with your SIMID and last name located at the top of the Notice mailed and/or emailed to you. Alternatively, print, fill out and return this form by mail or email to:

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

**THIS OPT-IN / CONSET FORM MUST BE COMPLETED AND SUBMITTED BY:  
JUNE 12, 2024.**

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

**Collective Member Affirmation:** By submitting this Opt-In / Consent Form, I declare that I am a member of the Section 216(b) Settlement Collective and that the following information is true and correct:

I am an individual who worked more than 40 hours a week in one or more workweeks as a Server at Casa Amigos Authentic Mexican Kitchen in Port St. Lucie, Florida, between June 20, 2020, 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.

**Claim Form**

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**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 Casa Amigos Authentic 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.