

CLAIM FORM

To receive a settlement payment, your completed Claim Form must be submitted by **OCTOBER 27, 2025** via U.S. mail or electronically through the Settlement Administrator's website: www.MNDVSRecordExpungementClassAction.com. If you scan the QR Code on this Claim Form with your camera phone, it will take you to the Settlement Administrator's website where you can submit a claim form.

You will only receive a settlement payment if the Court grants approval of the settlement.

PART 1: CLAIMANT INFORMATION

First Name

Middle

Last Name

Mailing Address

City

State

Zip Code

Home Phone

Work Phone or Cell Phone

Social Security Number

Email Address

PART 2: QUESTIONNAIRE

1. Did you experience financial harm as a result of DVS's failure to timely expunge violations from your driving record?
☐ YES ☐ NO
2. What was the nature of the harm you experienced? For example, did you lose a job opportunity for a higher-paying job?

3. How did you know the harm you experienced was because of your driving record?

PART 2: QUESTIONNAIRE, CONTINUED

4. When did you experience this harm?

5. What was the total amount of financial loss?

\$ _____

6. Provide any documentation (for example: job applications, rejection letters, or emails from potential employers) that supports your answers to the above questions in this form.

PART 3: SIGNATURE, CONSENT, AND SUBSTITUTE IRS FORM W-9

UNDER PENALTIES OF PERJURY UNDER THE LAWS OF THE UNITED STATES OF AMERICA, I CERTIFY THAT ALL OF THE INFORMATION PROVIDED ON THIS CLAIM FORM IS TRUE, CORRECT, AND COMPLETE AND THAT I SIGNED THIS CLAIM FORM.

1. The Social Security number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. Person (including a U.S. resident alien).

M	M		D	D		Y	Y	Y	Y

Claimant Signature

Date Signed (Required)

Note: If you have been notified by the IRS that you are subject to backup withholding, you must cross out item 2 above. The IRS does not require your consent to any provision of this document other than this Form W-9 certification to avoid backup withholding.

Submit your Claim online at www.MNDVSRecordExpungementClassAction.com

OR scan below with phone camera:



Or return Claim Form by mail to:

S.A. v. Minnesota Department of Public Safety
c/o Analytics Consulting LLC
P.O. Box 2003
Chanhassen, MN 55317-2003
info@MNDVSRecordExpungementClassAction.com