

# CLAIM FORM

In re: **SHERYL HOLLY-TAYLOR, et al. v. ACADIA HEALTHCARE COMPANY, INC., et al.** (Case No. 2020-CA-000327CAAXES)

CIRCUIT COURT OF THE SIXTH JUDICIAL CIRCUIT  
IN AND FOR PASCO COUNTY, FLORIDA

**IF YOU WANT TO SHARE IN THE SETTLEMENT, THEN YOU MUST EITHER:**

- 1) **Submit your claim online** at [www.holly-taylorcrasettlement.com](http://www.holly-taylorcrasettlement.com), no later than 11:59 pm (Eastern), **September 29, 2020**, using your personal Notice ID and PIN found in the notice you received in the mail; or,
- 2) **Mail this signed and completed form**, postage-prepaid via USPS First-Class mail, postmarked no later than September 29, 2020, to: **HOLLY-TAYLOR v ACADIA SETTLEMENT, PO BOX 23459, JACKSONVILLE, FL 32241.**

Please print clearly using capital block letter in blue or black ink, one letter per block.

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| FIRST NAME      |  |  |  |   |  |   |         |   |  |  |       |  |  |  |  |  |  |
| LAST NAME       |  |  |  |   |  |   |         |   |  |  |       |  |  |  |  |  |  |
| ADDRESS         |  |  |  |   |  |   |         |   |  |  |       |  |  |  |  |  |  |
| CITY            |  |  |  |   |  |   |         |   |  |  | STATE |  |  |  |  |  |  |
| ZIP/POSTAL CODE |  |  |  |   |  | - | COUNTRY |   |  |  |       |  |  |  |  |  |  |
| EMAIL           |  |  |  |   |  |   |         |   |  |  |       |  |  |  |  |  |  |
| PHONE           |  |  |  | - |  |   |         | - |  |  |       |  |  |  |  |  |  |

I affirm under penalty of perjury that I believe I was actually harmed in connection with a criminal background check procured by an Acadia-affiliated facility. The paperwork I received was confusing to me, and I was not aware that a criminal background check would be obtained about me. I want to receive a portion of the settlement fund, up to a maximum of \$100.00. I understand that the payment may be subject to reduction based upon the number of class members that timely return the claim form and the attorneys' fees, litigation expenses, and the service award approved by the Court.

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DATE SIGNED (MM-DD-YYYY)

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SIGNATURE

It is your responsibility to notify the Settlement Administrator of any change in your address. Contact the Settlement Administrator by email at [info@holly-taylorcrasettlement.com](mailto:info@holly-taylorcrasettlement.com) or by mail at:

**Holly-Taylor v Acadia Settlement**  
**PO Box 23459**  
**Jacksonville, FL 32241-3459**

*Administrator Use Only - Do not write below this line*