

TRINITY TEEN SOLUTIONS CLASS ACTION CLAIM FORM

I hereby certify that I was a resident of Trinity Teen Solutions, Inc. between November 27, 2010, to present who received treatment and was subjected to agricultural or other manual labor without payment for said labor and am the individual entitled to reimbursement under the Settlement Agreement dated May 19, 2025. I wish to participate in the settlement and receive appropriate compensation.

Name: _____

Start date at the Trinity Teen Solution Ranch: _____

End date at the Trinity Teen Solution Ranch: _____

Current Address: _____

I declare under penalty of perjury that the foregoing is true and correct.

Executed on _____

SIGNATURE

This Claim Form must be submitted to claims administrator, CMM Settlement Solutions, before August 4, 2025 as follows:

1. By email transmission to CMM Settlement Solutions at: cmmlegalsettlements@gmail.com
2. By mail to CMM at: P.O. Box 17233, Memphis TN 38187.

Further information regarding the case and settlement can be found at www.trinityranchclassaction.com.