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### SETTLEMENT CLAIM FORM

“K.V.” v. Ackercamps.com LLC; Case No.: 2023-LA-68  
In the Circuit Court of the First Judicial Circuit  
County of Williamson, State of Illinois

**IMPORTANT:** YOUR CLAIM FORM *MUST BE POSTMARKED BY AND MAILED TO* THE CLAIMS ADMINISTRATOR BY **DECEMBER 22, 2023**, TO BE CONSIDERED TIMELY AND VALID. YOUR FAILURE TO SUBMIT A TIMELY CLAIM FORM WILL RESULT IN YOU FORFEITING ANY PAYMENT AND BENEFITS FOR WHICH YOU MAY BE ELIGIBLE UNDER THE SETTLEMENT.

Mail your completed Claim Form to: “K.V.” v. Ackercamps.com LLC  
c/o Kroll Settlement Administration  
PO Box 5324  
New York, NY 10150-5324

Your Name: \_\_\_\_\_  
First Middle Last

Your Address: \_\_\_\_\_  
Street Apt. City State Zip Code

Your Telephone Number: ( \_\_\_\_\_ ) - \_\_\_\_\_ - \_\_\_\_\_

Your Email Address: \_\_\_\_\_@\_\_\_\_\_

I understand that this lawsuit, entitled “K.V.” v. Ackercamps.com LLC; Case No.: 2023-LA-68, (“Litigation”) was brought in the Circuit Court of Williamson County, Illinois, alleging that Defendant collected, captured, possessed, used, or otherwise obtained individuals’ facial geometry and/or biometric information through online photo galleries with facial recognition without first providing them with legally-required written disclosures and obtaining written consent as required under the Illinois Biometric Information Privacy Act (“BIPA”), 740 ILCS 14/1 *et seq.* Defendant denies all of Plaintiffs’ allegations.

I hereby affirm that I am a member of the settlement class as defined in the Settlement Agreement and agree to participate in the settlement entered in the Litigation and approved by the Court. I also consent and agree to be bound by any adjudication of this action by the Court. I hereby designate Diana E. Wise of Wise Law LLC to represent me in this action. By signing below, I fully and finally discharge and release any and all of the Released Claims against Defendant and Releasees. I agree to be bound by this settlement and not to sue or otherwise make a claim against any of the Releasees as to any of the Released Claims.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_



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