Simmons v. Motorola Solutions, Inc., No. 2024-L-010142 (Circuit Court of Cook County, Illinois)

CLAIM FORM

Instructions. Fill out each section of this form and sign where indicated.

THIS CLAIM FORM MUST BE COMPLETED AND MAILED TO THE SETTLEMENT ADMINISTRATOR OR FILLED OUT AND SUBMITTED ON THE SETTLEMENT WEBSITE BY JULY 29, 2025.

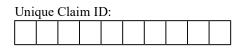
Please note that this Claim Form will be examined and verified by the Settlement Administrator.

CONTACT INFORMATION

Firs	First Name N														ΜI		Last	t Na	me											
Stre	Street Address																													
City	ity																						State				ZIP Code			
Em	Email Address																													

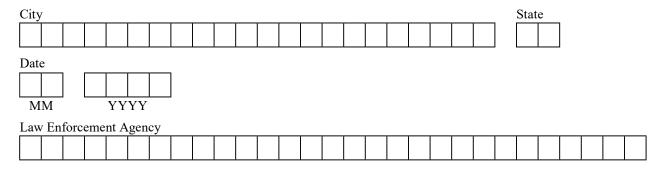
You must complete either (1) or (2) below:

(1) If you received a postcard notice with an assigned Unique Claim ID, write it here:



(2) If you do not have a Unique Claim ID, but believe you are a Settlement Class Member, please provide the following information and attach supporting documentation:

The location and date (month and year) you are contending a photo was taken in which your face was processed using the FaceSearch technology, and the law enforcement agency that took or uploaded the photo:



Please provide supporting documentation to prove your contentions.

PAYMENT ELECTION

Please select from the options below how you would like to receive your Settlement Payment:

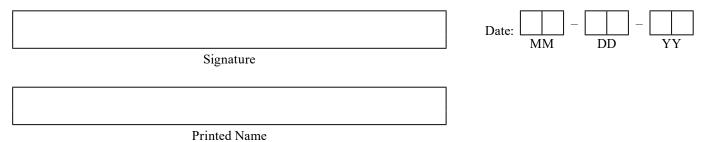
Digital Payment*

Paper Check

* You must provide a valid email address on page 1 to receive a digital payment.

For more information, visit www.simmonsBIPAsettlement.com.

By signing below and submitting this Claim Form, I attest that the information in this Claim Form is true and correct to the best of my knowledge. I understand that my Claim Form may be subject to audit, verification, and Court review.



Simmons v. Motorola Solutions, Inc. Settlement Administrator P.O. Box 2920 Portland, OR 97208-2920