

*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**

First Name	MI	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Street Address		
<input type="text"/>		
City	State	ZIP Code
<input type="text"/>	<input type="text"/>	<input type="text"/>
Email Address		
<input type="text"/>		

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

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

Unique Claim ID:

- (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:

City	State
<input type="text"/>	<input type="text"/>

Date

<input type="text"/>	<input type="text"/>
MM	YYYY

Law Enforcement Agency

***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](http://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.

Signature

Date:   -   -    
MM DD YY

Printed Name

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

For more information, visit [www.simmonsBIPAsettlement.com](http://www.simmonsBIPAsettlement.com).