

Contra Costa Data Incident Claims Administrator
PO Box 3353
Baton Rouge, LA, 70821

**Your Claim Form Must Be Submitted on
or Before January 20, 2026**

In Re: Star Joshua v. The County of Contra Costa, et al.

In the Superior Court of Contra Costa County, California
(Case No. C23-01684)

Claim Form

This claim form should be filled out online or submitted by mail if you received a notice entitled "NOTICE OF DATA BREACH" on or about May 10, 2023 concerning the September 20, 2022 identification of an email phishing incident that potentially resulted in unauthorized access to emails and attachments in two County of Contra Costa employee email accounts (the "Data Incident"). The potential benefits include (a) up to \$500 in documented, ordinary expenses and up to four (4) hours of time at \$25 per hour (\$100 total) reasonably spent responding to the Data Incident; (b) up to \$5,000 in reimbursement for documented extraordinary expenses related to the Data Incident; and (c) two years of additional Credit Monitoring Services. You may get a payment or other benefit if you timely fill out and submit this claim form, if the settlement is approved, and if you are found to be eligible for a payment or other benefit.

The settlement notice describes your legal rights and options. Please visit the official settlement administration website, www.ContraCostaSettlement.com, or call 1-888-306-4738 for more information.

If you wish to submit a claim for a settlement payment or Credit Monitoring Services, you need to provide the information requested below. Please print clearly in blue or black ink. This claim form must be mailed and postmarked by **January 20, 2026**.

TO RECEIVE BENEFITS FROM THIS SETTLEMENT, YOU MUST PROVIDE ALL OF THE REQUIRED (*) INFORMATION BELOW AND YOU MUST SIGN THIS CLAIM FORM. THIS CLAIM FORM SHOULD ONLY BE USED IF A CLAIM IS BEING MAILED IN AND IS NOT BEING FILED ONLINE. YOU MAY ALSO FILE YOUR CLAIM ONLINE AT www.ContraCostaSettlement.com.

1. CLASS MEMBER INFORMATION.

☐																				☐					
First Name*																				Middle Initial					
Last Name*																				Suffix					
Primary Address*																									
Apt/Floor/Suite																									
City*										State*		Zip Code*													
Current Email Address*																									
Current Phone Number										Settlement Claim ID*															

If your current address is outside the United States, please complete this claim form online at www.ContraCostaSettlement.com and select the checkbox on the Class Member Information page that says "Please check if this is a non-U.S. address".

Your Settlement Claim ID is printed on the notice you received in the mail. If you no longer have your notice, contact the Claims Administrator at 1-888-306-4738

2. PAYMENT ELIGIBILITY INFORMATION.

Please review the notice and Settlement Agreement for more information on who is eligible for a payment and the nature of the expenses or losses that can be claimed.

Please provide as much information as you can to help us determine if you are entitled to a settlement payment or other benefit.

PLEASE PROVIDE THE INFORMATION LISTED BELOW:

2 a. Lost Time and Documented Ordinary Expenses

Ordinary Expenses and/or lost time incurred as a result of the Data Incident. This category is capped at \$500 and includes claims for lost time amounts under the cap. You must provide a description of the charges or time sought to be reimbursed.

☐ **I incurred Documented Ordinary Expenses fairly traceable to the Data Incident.**

All Settlement Class Members are eligible for reimbursement for the following documented expenses fairly traceable to the Data Incident. **You must provide supporting documentation:**

(i) Unreimbursed cost to obtain credit reports; (ii) unreimbursed fees relating to a credit freeze; (iii) unreimbursed card replacement fees; (iv) unreimbursed late fees; (v) unreimbursed overlimit fees; (vi) unreimbursed interest on payday loans taken as a result of the Data Incident; (vii) unreimbursed other bank or credit card fees; (viii) unreimbursed postage, mileage, and other incidental expenses resulting from lack of access to an existing account; (ix) unreimbursed long distance phone charges; (x) unreimbursed cell phone charges (only if charged by the minute); (xi) unreimbursed data charges (only if charged based on the amount of data used); (xii) unreimbursed gasoline for local travel; and (xiii) unreimbursed costs associated with credit monitoring or identity theft insurance purchased prior to the Effective Date of the Settlement, if purchased primarily as a result of the Data Incident.

Describe the expense, why you believe that it is related to the Data Incident, and provide as much detail as possible about the date you incurred the expense(s) and the company or person to whom you had to pay it. Please provide copies of any statements, receipts, invoices, or other documentation supporting your claim. The Claims Administrator may contact you for additional information before processing your claim.

Example: Identity Theft Protection Service	0 7 - 1 7 - 2 0 MM DD YY	\$50.00	Copy of identity theft protection service bill
Example: Fees paid to a professional to remedy a falsified tax return	0 2 - 3 0 - 2 1 MM DD YY	\$25.00	Copy of the professional services bill
	- - MM DD YY	\$ •	
	- - MM DD YY	\$ •	
	- - MM DD YY	\$ •	
	- - MM DD YY	\$ •	
	- - MM DD YY	\$ •	

You may mark out any transactions that are not relevant to your claim before sending in the documentation.

☐ **I am claiming Unreimbursed Lost Time for time spent dealing with the Data Incident**

Examples –You spent an hour contacting your bank and/or implementing credit monitoring, and/or checking your statements as a result of the Data Incident. Recovery for this category is paid out at \$25/hour, for up to four (4) hours.

☐ 1 Hours ☐ 2 Hours ☐ 3 Hours ☐ 4 Hours

Explanation of Time Spent (Identify what you did by activity and why)

☐ I attest that I incurred the lost time claimed above and that this time was spent monitoring accounts, reversing fraudulent charges, or otherwise dealing with the Data Incident.

2 b. Extraordinary Expenses

☐ **I incurred Extraordinary Expenses as a result of the Data Incident that occurred between September 19, 2022 and the January 20, 2026. This category is capped at \$5,000.**

Settlement Class Members are eligible to receive reimbursement for the following unreimbursed extraordinary out-of-pocket expenses, which include, but are not limited to (**You must provide supporting documentation**):

(i) Documented professional fees and other costs incurred to address actual identity fraud or theft and (ii) other documented unreimbursed losses, fees, or charges incurred as a result of actual identity fraud or theft, including, but not limited to (a) unreimbursed bank fees, (b) unreimbursed card reissuance fees, (c) unreimbursed overdraft fees, (d) unreimbursed charges related to unavailability of funds, (e) unreimbursed late fees, (f) unreimbursed over-limit fees, (g) unreimbursed charges from banks or credit card companies, and (h) interest on payday loans due to card cancellations or due to over-limit situations.

Total amount for this category: \$

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Description of Expense or Money Paid and Supporting Documents (Identify what you are attaching, and why it's related to the Data Incident)

Describe the extraordinary expense, why you believe that it is related to the Data Incident, and provide as much detail as possible about the date you incurred the expense(s) and the company or person to whom you had to pay it. Please provide copies of any statements, receipts, invoices, or other documentation supporting your claim. You may mark out any transactions that are not relevant to your claim before sending in the documentation. The Claims Administrator may contact you for additional information before processing your claim.

2 c. Credit Monitoring Services

- ☐ I wish to make a claim for an additional two (2) years of three-bureau Credit Monitoring Services from the effective date of the Settlement. Credit Monitoring Services will be provided through Equifax, Inc.

3. PAYMENT ELIGIBILITY INFORMATION.

I declare under penalty of perjury under the laws of the United States and the laws of my State of residence that the information supplied in this claim form is true and correct to the best of my recollection, and that this form was executed on the date set forth below. I understand that I may be asked by the Claims Administrator to provide supplemental information before my claim will be considered complete and valid.

Signature

Print

Date

REMINDER CHECKLIST

1. Keep copies of the completed Claim Form and documentation for your own records.
2. If your address changes or you need to make a correction to the address on this claim form, please visit the settlement administration website at www.ContraCostaSettlement.com and complete the Update Contact Information form or send written notification of your new address. Make sure to include your Settlement Claim ID and your phone number in case the Settlement Administrator needs to contact you in order to complete your request.
3. If you need to supplement your claim submission with additional documentation, please visit the settlement administration website at www.ContraCostaSettlement.com and provide these documents by completing the Secure Contact Form.
4. For more information, please visit the settlement administration website at www.ContraCostaSettlement.com or call the Settlement Administrator at 1-888-306-4738. Please do not call the Court or the Clerk of the Court.