

Re: *Casadine et al. v. Maxim Healthcare Services, Inc.*
Claims Administrator
c/o Phoenix Settlement Administrators

«BARCODE»
«FIRST_NAME» «LAST_NAME»
«ADDR1»
«ADDR2»
«CITY» «ST» «ZIP»

Change of Name and/or Address Information

I have read the information contained in the Notice of Settlement in the matter of *Casadine et al. v. Maxim Healthcare Services, Inc.* I wish to change my name and/or mailing address information to the following:

Name:

Street and Apt. No., if any:

City, State and Zip Code:

I understand that all future correspondence in this action will be sent to the address listed above and not to the address previously used. I hereby request and consent to the use of the address listed above for these purposes.

Dated: _____, 2015

Submitted By:

Print Name

Signature

PLEASE RETURN THIS FORM VIA UNITED STATES MAIL TO:

Phoenix Settlement Administrators
Casadine et al. v. Maxim Healthcare Services, Inc.
P.O. Box 27907
Santa Ana, Ca. 92799

THIS FORM MUST BE RECEIVED BY AUGUST 21, 2015 TO CHANGE YOUR ADDRESS