



UMA

IN THE KING COUNTY
SUPERIOR COURT

**Must Be Postmarked
No Later Than
January 15, 2018**

Request for Exclusion from Class Action

CLAIMANT INFORMATION

<input type="text"/>	<input type="text"/>	<input type="text"/>
First Name	M.I.	Last Name
<input type="text"/>		
Primary Address		
<input type="text"/>		
Primary Address Continued		
<input type="text"/>	<input type="text"/>	<input type="text"/>
City	State	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>
Foreign Province	Foreign Postal Code	Foreign Country Name/Abbreviation

I hereby exercise my right to Opt-out of the damages portion of the class action lawsuit known as *Amireh v. Northwest Hospital*. By opting Out, I understand that I will not be awarded any monetary relief from this lawsuit but that I am preserving any rights I would otherwise have to sue Northwest Hospital for damages.

By signing this Request for Exclusion From Class Action and returning it by regular mail to **KCC Class Action Services, P.O. Box 404041, Louisville, KY 40233-4041**, I am informing the Court that I do NOT want to participate in this case, that I will NOT be eligible to receive any money or other compensation, if any, recovered in this lawsuit.

Dated this _____ day of _____, 20____ (please provide year).

Signature: _____

Print Name: _____

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FOR CLAIMS PROCESSING ONLY	OB <input type="text"/>	CB <input type="text"/>	<input type="radio"/> DOC <input type="radio"/> LC <input type="radio"/> REV	<input type="radio"/> RED <input type="radio"/> A <input type="radio"/> B
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