REFUND CLAIM FORM

COMPLETE THIS FORM IF YOU OR YOUR ATTORNEY PAID TO THE ORANGE COUNTY SUPERIOR COURT A $75.00 FILING FEE BETWEEN JANUARY 8, 1998, THROUGH JUNE 30, 2000, FOR THE FILING OF A FIRST AMENDED COMPLAINT PRIOR TO THE FILING OF A DEFENDANT'S ANSWER OR DEMURRER, OR PRIOR TO THE HEARING ON A DEFENDANTS' DEMURRER.

YOUR NAME: _____
Print Name

YOUR ADDRESS: _____
Number Street

_____
City State Zip

_____
Telephone Number

NAME OF CASE IN WHICH FEE WAS PAID:
_____

CASE NUMBER (required) _____

DATE FILING FEE PAID (if known) _____

SOCIAL SECURITY NUMBER (required) _____

Zahr. V. County of Orange et al., SDSC Case No. GIN005021

The Orange County Superior Court will investigate your Claim within 30 days after the expiration of the Claim Period to determine if the claim is valid. If the claim is valid, the Orange County Superior Court shall mail you the lesser of: (1) $75.00; or (2) a pro rata share of the claim fund if full payment of all legitimate, timely filed claims from class members exceed the claim fund amount. Refunds will be mailed to class members with valid claims within 45 days after the verification process has been completed.

This Claim Form must be mailed or delivered to the following address by July 30, 2002:

Superior Court of California, County of Orange
Executive Offices
Central Justice Center, Second Floor
700 Civic Center Drive West
Santa Ana, CA 92702-1994
Attn: G. Spickard