

Must Be Postmarked
No Later Than
February 17, 2015

NMHR1



Please return this form with your current
mailing address and phone number to:

Horton v. State of New Mexico
c/o Gilardi & Co. LLC
P.O. Box 8060
San Rafael CA 94912-8060

Claim Form

CLAIMANT INFORMATION

First Name	M.I.	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Primary Address		
<input type="text"/>		
Primary Address Continued		
<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
<input type="text"/>	<input type="text"/>	<input type="text"/>

Email Address:

Area code Telephone number (home)

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Area code Telephone number (work)

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1. Fill out this form completely and legibly and mail to the address below or file a claim online at www.NMCashSeizureSettlement.com by February 17, 2015.

2. Please write the full name (including any alternate names, e.g. maiden name or previous married name) and the other requested information of the individual for whom you assert has a claim to the class fund.

Name (including any alternate names, e.g. maiden name or previous married name):

3. I (write full name)

claim that the State Police Department took money from me or my family member on or about:

 / /

Month Day Year

The amount of the money was: \$.



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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4. Fill in one:

The money was not returned to me; OR,

A portion of the money was returned to me. State the portion that was **returned**: \$

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5. a) You may mail this completed form to:

Horton v. State of New Mexico
c/o Gilardi & Co. LLC
P.O. Box 8060
San Rafael CA 94912-8060

b) You may email the completed form to: info@NMCashSeizureSettlement.com

c) You may fax this completed form to: (415) 256-9756

d) You may telephone the Kennedy Kennedy & Ives, LLC firm and request assistance in filling out this form.

Signature

Printed Name

