

**UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF NEW YORK**

JOSE BARRAGAN CONTRERAS, JUAN  
ALONZO ORELLANA, AND JORGE  
YEPEZ, Individually, and on behalf of all  
others similarly situated as Class  
Representatives,

Plaintiffs,

v.

ROSANN LANDSCAPE CORP., A.F.A.  
MANAGEMENT CORP., AND ANA  
MARIA BIRLESCU,

Defendants.

Case No.: 7:17-cv-06453-CS

**SETTLEMENT CLAIM FORM**

**No retaliation:**

**The law prohibits retaliation against employees for exercising their rights under the law and therefore, you may not be fired or subjected to discrimination in any way because you participate in this lawsuit. Rosann Landscape has confirmed that individuals who make a claim in this case have no reason to fear any retaliation.**

**How to complete this Claim Form:**

1. Please read this Claim Form in its entirety.
2. Please type or print your responses in ink.
3. Please fill out all information.
4. Please keep a personal copy of the Claim Form for your files.
5. Send your completed Claim Form to:

**Contreras v Rosann Landscape Corp. Settlement Administrator  
c/o Settlement Services, Inc.  
PO Box 10269  
Tallahassee, FL 32302-2269  
(855) 948-1760**

6. You can also fill out and submit the Claim Form online at **www.wjcnny.org** and **http://dtesq.com/**
7. The date by which Claim Forms must be postmarked or submitted online is **June 17, 2021.**

By signing and submitting this Claim Form, I hereby consent to settle my claims and receive a payment in the case of *Barragan Contreras et al. v. Rosann Landscape Corp. et al.*, No. 7:17-cv-06453-CS (S.D.N.Y.) (“the Litigation”).

By signing and submitting this Claim Form, I hereby affirm that I and anyone claiming through me forever and fully releases and discharges Rosann Landscape Corp., A.F.A. Management Corp., Ana Maria Birlescu, the Frank Auricchio Revocable Living Trust, and any agents thereof, from any and all claims for wage and hour violations under the Fair Labor Standards Act and New York Labor Law, and all other claims that were or could have been asserted in the Litigation, including claims for overtime pay through June 30, 2018, and claims for unpaid wages, spread of hours, and failure to provide employees with proper hiring notices and wage statements through February 15, 2019. This release includes claims for all damages arising from any such released claims, including claims for liquidated damages, interest, and attorneys’ fees and costs. I understand I am releasing these claims whether or not I cash my settlement payment.

Signature (or electronic signature): \_\_\_\_\_ Date: \_\_\_\_\_

NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_

STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

CELL PHONE NUMBER: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

SOCIAL SECURITY NUMBER (SSN) or  
INDIVIDUAL TAXPAYER IDENTIFICATION NUMBER (ITIN):

---

If you do not have a social security number (SSN) or individual taxpayer identification number (ITIN), please write “TO BE SUPPLIED” on the line above, submit this Claim Form, and contact **Contreras v Rosann Landscape Corp. Settlement Administrator at (855) 948-1760** to learn how to apply for an ITIN.

MailID: <<MailID>>