

CALOGERO v. SHOWS, CALI & WALSH SETTLEMENT CLAIM FORM

To be sent by mail or email attachment, **POSTMARKED OR RECEIVED NO LATER THAN MARCH 3, 2025**, TO:

Calogero v. Shows, Cali & Walsh Settlement Administrator
c/o SSI, an Epiq Company
P.O. Box 2715
Portland, OR 97208-2715
Email: claims@ssiclaims.com

Your Name

Mailing Address

Apt No.

City

State

Zip

Social Security Number

Date of Birth

Did you pay money to Shows, Cali & Walsh for the claimed debt to the Road Home Program?

Yes _____ No _____

If your answer is yes, how much did you pay?

\$ _____
Amount paid

Check here if you don't remember the amount.

If more than one member of your household made payments to Show, Cali & Walsh, provide the names, addresses, and social security numbers of those to whom the refund should be issued. See other side of the page to list more than one person:

1. _____

(fname)	(Lname)	(Full SSN)			

(address)	(Apt)	(City)	(State)	(Zip)	

% to be paid					

I declare pursuant to 28 U.S.C. § 1746 that the information provided is true and correct to the best of my knowledge, information, and belief.

Signature

Date

MailID: «MailID»

If more than one other member of your household made payments to Show, Cali & Walsh, provide the names, addresses, and social security numbers of those to whom the refund should be issued.

2. _____
(fname) (Lname) (Full SSN)

(address) (Apt) (City) (State) (Zip)

% to be paid

3. _____
(fname) (Lname) (Full SSN)

(address) (Apt) (City) (State) (Zip)

% to be paid

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