

Kyles v Papa John's International Settlement
Administrator
PO Box 1428
Baton Rouge, LA 70821

**Your Claim Form Must Be
Submitted On or Before April 17,
2026**

Kyles v. Papa John's International Inc., et al.
United States District Court for the Northern District of Illinois
(Case No. 1:20-cv-07146)

Claim Form

You are eligible for a payment if you meet the class definition. Specifically, the lawsuit includes a Class of people who worked at a franchisee-owned Papa John's restaurant location in Illinois at any time from December 3, 2015 to December 17, 2025 and used the FOCUS point-of-sale system's finger scanner. If you received a Direct Notice in this case, our records indicate that you are a member of the Class.

The settlement notice describes your legal rights and options. Please visit the official settlement administration website, www.PJBipalawsuit.com, or call 833-554-2370 for more information.

Fill out each section of this form and sign where indicated. If you opt for payment via check and your Claim Form is approved, you will receive a check in the mail at the address you provide below. This claim form must be mailed and postmarked by **April 17, 2026**. You may include documentation of your employment as proof of your claim but you are not required to do so to file your claim.

YOU MUST PROVIDE ALL OF THE REQUIRED (*) INFORMATION BELOW AND YOU MUST SIGN THIS CLAIM FORM. THIS CLAIM FORM SHOULD ONLY BE USED IF A CLAIM IS BEING MAILED IN AND IS NOT BEING FILED ONLINE. YOU MAY ALSO FILE YOUR CLAIM ONLINE AT WWW.PIBIPALAWSUIT.COM.

1. CLASS MEMBER INFORMATION

First Name*		Middle Initial
Last Name*		Suffix
Mailing Address: Street Address/P.O. Box (include Apartment/Suite/Floor Number)*		
City*	State*	Zip Code*
Current Email Address (Required if you have selected digital payment)		
Current Phone Number	Settlement Claim ID (If known)	Names or addresses of Papa John's franchisee(s) in Illinois who employed you
*Select Preferred Payment Option:		
<input type="checkbox"/> Physical Paper Check	<input type="checkbox"/> Digital Payment (Email Address Required)	Dates of Employment _____ to _____
<input type="checkbox"/> I am including documentation of my employment to support my claim.		Description of Documentation Provided

Your Settlement Claim ID is printed on the notice you received in the mail.

2. SIGN AND DATE YOUR CLAIM FORM

I declare under penalty of perjury under the laws of the United States and the laws of my State of residence that the information supplied in this claim form is true and correct to the best of my recollection, and that this form was executed on the date set forth below. I understand that I may be asked by the Settlement Administrator to provide supplemental information before my claim will be considered complete and valid.

Signature _____ Printed Name _____ Date _____

3. REMINDER CHECKLIST

1. Keep copies of the completed Claim Form and documentation for your own records.
2. If your address changes or you need to make a correction to the address on this claim form, please visit the settlement administration website at www.PJBipalawsuit.com and complete the Update Contact Information form or send written notification of your new address. Make sure to include your Settlement Claim ID and your phone number in case the Settlement Administrator needs to contact you in order to complete your request.
3. For more information, please visit the settlement administration website at www.PJBipalawsuit.com or call the Settlement Administrator at 833-554-2370. Please do not call the Court or the Clerk of the Court.