Submit your claim online or by mail no later than: October 16, 2026

***Morris v. State of Washington Department of Corrections,* c/o CPT Group, Inc.,**
PO Box 19504 Irvine, CA 92623
Website: Staffordcreektbclass.com
Email: StaffordCreekTBClass@cptgroup.com
Toll-Free Phone: 1-888-524-3785

Stafford Creek Latent Tuberculosis Class Action

PAYMENT METHOD FORM

Morris v. State of Washington, Department of Corrections, Pierce County Superior Court, No. 23-2-09954-6

Para un formulario de método de pago en español, visite www.StaffordCreekTBClass.com

How to Submit a Payment Method

Please submit your payment method request:

(1) Online at Staffordcreektbclass.com, or

(2) By mail to *Morris v. State of Washington Department of Corrections* c/o CPT Group, Inc., PO Box 19504 Irvine, CA 92623

The payment method submission deadline is: October 16, 2026

The Court has approved a settlement for the following class: Individuals who contracted latent tuberculosis while incarcerated at Stafford Creek Corrections Center between January 1, 2021, and December 31, 2022, as shown by a positive TST or IGRA test during incarceration or within 60 days after release, excluding people who already filed their own TB lawsuits against DOC.

If you received notice of this settlement by mail or email, you have been identified as a Settlement Class Member, and you need not submit evidence that you are entitled to money. You have the option to choose how you want to receive your payment. This may be submitted either online or by mail. A payment method submission is not required to receive your settlement payment. If no preferred payment method is selected, then the Settlement Administrator will send a paper check to your current or last known address.

The payment method submission deadline is October 16, 2026.

The sooner you return your Payment Method Form, the sooner you are eligible to receive your funds.

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Your Information

We will use this information to contact you, confirm your payment method, and process any settlement payment. It will not be used for any other purpose. If any of the following information changes, you must promptly notify the Settlement Administrator by email at **StaffordCreekTBClass@cptgroup.com** or by mail at the address above.

CPT ID: _____

First name: _____ Middle name or initial: _____

Last name: _____

DOC number / DOC ID, if known: _____

Date of birth (optional, for identification): _____

Current mailing address: _____

City: _____ State: _____ ZIP Code: _____

Phone number: _____ Email address: _____

Payment / Mailing Directions

Send any settlement payment to:

[ ] the mailing address listed above

[ ] the different address below

Different payment mailing address, if any:

_____

City: _____ State: _____ ZIP Code: _____

Send Check to a Designated Third Party (Only For Currently Incarcerated Class Members)

[ ] Please send the check to a designated third party

The following documents are required:

1. **A copy of your valid government/prison ID.**
2. **A copy of the Designated Person's valid government ID.**
3. **A copy of a valid Power of Attorney (POA) that has been fully notarized. (A payment method request submitted with an unnotarized POA will be deficient).**

Designated Third Party Name:

First name: _____ Middle name or initial: _____

Last name: _____

Designated Third Party mailing address:

_____

City: _____ State: _____ ZIP Code: _____

Certification and Signature

I affirm under the laws of the State of Washington that the information supplied in this Payment Form is true and correct to the best of my knowledge. By signing and submitting this Payment Form, I assert under penalty of perjury that I reasonably believe I am a member of the Settlement Class described above. I understand that the Settlement Administrator may ask me to provide more information before my claim is complete.

Signature: _____ Date: _____

Print name: _____