

*In re HP Firmware Update Litigation*  
P.O. Box 4079  
Portland, OR 97208-4079  
www.HPPrinterFirmwareLawsuit.com

**Your claim must be uploaded or postmarked by March 8, 2019.**

**CLAIM FORM INSTRUCTIONS**

**IMPORTANT: PLEASE READ BEFORE COMPLETING THIS CLAIM FORM.**

You are a member of the Class and eligible for a settlement payment if you owned one or more of the following HP printers during the period from March 1, 2015, through December 31, 2017 (“Class Printers”):

- HP OfficeJet Pro 6230
- HP OfficeJet 6812
- HP OfficeJet 6815
- HP OfficeJet 6820
- HP OfficeJet Pro 6830
- HP OfficeJet Pro 6835
- HP OfficeJet Pro 8610
- HP OfficeJet Pro 8615
- HP OfficeJet Pro 8616
- HP OfficeJet Pro 8620
- HP OfficeJet Pro 8625
- HP OfficeJet Pro 8630
- HP OfficeJet Pro X551dw
- HP OfficeJet Pro X451dn
- HP OfficeJet Pro X451dw
- HP OfficeJet Pro X576dw
- HP OfficeJet Pro X476dn
- HP OfficeJet Pro X476dw

**If you are a member of the Class based on the above definition, you may submit a Claim Form. Please complete Sections A, B, and C below, and return the completed Claim Form to the Claims Administrator by mail at the address above. You may also submit your claim online at [www.HPPrinterFirmwareLawsuit.com](http://www.HPPrinterFirmwareLawsuit.com) or by fax to 1-866-741-1848.**

To get money from the Settlement, you must be a Class Member who experienced a print interruption while using a non-HP ink cartridge in a Class Printer. In addition to compensation for lost time, you can get reimbursed for out-of-pocket expenses like the cost of replacement cartridges, a replacement printer, and/or printing or printer repair services.

To make a claim, you must confirm or provide your current contact information, and swear to certain facts listed in the Claim Form that show you are eligible to get money from the Settlement. Then, you have two options: you can make a claim and attach documentation of your losses (for example, receipts), or you can make a claim without attaching documentation by providing the information requested on the Claim Form about the print interruption that you experienced.

**Option 1: Documented Claim**

Make a claim and provide documentation of losses. Fill out the Claim Form and submit documentation (e.g., receipts, payment card statements, or photographs) of out-of-pocket expenses that resulted from the print interruption. Expenses may include amounts paid for replacement cartridges, a replacement printer, and/or printing or printer repair services.

**Option 2: Claim Without Documentation**

Make a claim without documentation of losses. You can fill out the Claim Form and submit it without documentation of losses. However, you must write on the Claim Form (1) the month and year when the print interruption occurred, (2) the brand of non-HP cartridges installed in the Class Printer at the time, and (3) the seller from which those cartridges were purchased.

The Claims Administrator will review your submission and determine your payment. Documented claims will be paid in full before claims without documentation are paid.

# CLAIM FORM

## SECTION A: NAME AND CONTACT INFORMATION

Provide your name and contact information below. If your name or contact information changes after you submit this Claim Form, please notify the Claims Administrator of the new information.

<b>FIRST NAME</b>	<b>MI</b>	<b>LAST NAME</b>

<b>BUSINESS NAME</b>

<b>STREET ADDRESS</b>

<b>CITY</b>	<b>STATE</b>	<b>ZIP CODE</b>

<b>EMAIL ADDRESS</b>

<b>UNIQUE ID#</b>

**PLEASE LIST THE NUMBER OF INTERRUPTED PRINTERS NEXT TO THEIR CORRESPONDING PRINTER NAME IN THE CHART BELOW.**

Printer names	No. of Printers
HP OfficeJet Pro 6230	
HP OfficeJet 6812	
HP OfficeJet 6815	
HP OfficeJet 6820	
HP OfficeJet Pro 6830	
HP OfficeJet Pro 6835	
HP OfficeJet Pro 8610	
HP OfficeJet Pro 8615	
HP OfficeJet Pro 8616	
HP OfficeJet Pro 8620	
HP OfficeJet Pro 8625	
HP OfficeJet Pro 8630	
HP OfficeJet Pro X551dw	
HP OfficeJet Pro X451dn	
HP OfficeJet Pro X451dw	
HP OfficeJet Pro X576dw	
HP OfficeJet Pro X476dn	
HP OfficeJet Pro X476dw	



## SECTION C: VERIFICATION

By signing below and submitting this Claim Form, I hereby affirm that

- (1) I am the person identified above, and the information provided in this Claim Form is true and accurate;
- (2) I owned one or more of the following HP printers during the period from March 1, 2015, through December 31, 2017 (“Class Printers”):
  - HP OfficeJet Pro 6230
  - HP OfficeJet 6812, 6815, 6820
  - HP OfficeJet Pro 6830, 6835, 8610, 8615, 8616, 8620, 8625, 8630
  - HP OfficeJet Pro X451dn, X451dw, X476dn, X476dw, X551dw, X576dw;
- (3) my Class Printer experienced an interruption in printing between March 1, 2015, and December 31, 2017;
- (4) the interruption happened when the Class Printer had working non-HP ink cartridges installed; and
- (5) I have not been reimbursed or otherwise compensated for the out-of-pocket losses I have claimed.

**SIGNATURE**

Date   -   -    
MM DD YY

**PRINTED NAME**

**CLAIM FORM REMINDER CHECKLIST:**

1. Complete sections A, B, and C of the Claim Form.
2. Remember to attach only **copies** of supporting documents, as these documents will not be returned to you.
3. Do not highlight any portion of the Claim Form or any supporting documents.
4. Keep copies of the completed Claim Form and supporting documents for your records.
5. If your name or contact information changes after you submit this Claim Form, please notify the Claims Administrator of the new information.
6. If you have any questions or concerns regarding your claim, please contact the Claims Administrator at the address below.

THIS CLAIM FORM MUST BE UPLOADED TO **www.HPPrinterFirmwareLawsuit.com** NO LATER THAN **MARCH 8, 2019**, OR FAXED TO 1-866-741-1848 NO LATER THAN **MARCH 8, 2019**, OR MAILED TO THE CLAIMS ADMINISTRATOR BY PREPAID, FIRST-CLASS MAIL POSTMARKED NO LATER THAN **MARCH 8, 2019**, TO THE FOLLOWING ADDRESS:

*In re HP Firmware Update Litigation*  
*c/o Claims Administrator*  
*P.O. Box 4079*  
*Portland, OR 97208-4079*  
www.HPPrinterFirmwareLawsuit.com

**ADDITIONAL CLAIM WITHOUT DOCUMENTATION FORM**

I am submitting a Claim Form without documented proof of loss.

To the best of my knowledge, the following information is true and accurate (fill in the below table):

Printer name(s)	Experienced Print Interruption on Month of YYYY	During Print Interruption, brand name of the non-HP ink cartridge installed in my Class Printer	Name of the store or website where I purchased the non-HP cartridge(s)														
<i>Ex: HP OfficeJet Pro 6230</i>	<table style="border-collapse: collapse; margin: auto;"> <tr> <td style="border: 1px solid black; padding: 2px 5px;">1</td> <td style="border: 1px solid black; padding: 2px 5px;">2</td> <td style="padding: 0 5px;">-</td> <td style="border: 1px solid black; padding: 2px 5px;">2</td> <td style="border: 1px solid black; padding: 2px 5px;">0</td> <td style="border: 1px solid black; padding: 2px 5px;">1</td> <td style="border: 1px solid black; padding: 2px 5px;">9</td> </tr> <tr> <td colspan="2" style="text-align: center;">MM</td> <td></td> <td colspan="4" style="text-align: center;">YYYY</td> </tr> </table>	1	2	-	2	0	1	9	MM			YYYY				<i>Cannon</i>	<i>Staples</i>
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