

**Michael Starke v. Stanley Black & Decker, Inc.**

Case No. C-03-CV-21-001091

Baltimore County Circuit Court, Maryland

For use by purchasers of Titanium and Cobalt drill bits sold under the DEWALT, Craftsman, Irwin, MAC Tools, Bostich (Titanium only), and Matco (Cobalt only) brands (“Covered Drill Bits”) and certain Titanium saw blades sold under the DEWALT and Lenox brands (“Covered Saw Blades”) (together, the “Covered Products”) between April 13, 2015 and October 13, 2021.

**CLAIM FORM**

**GENERAL INSTRUCTIONS**

**Settlement Class Members who seek payment from the Settlement must complete and return this Claim Form.** Completed Claim Forms must be mailed to the Settlement Administrator at Starke v. Stanley Black & Decker, P.O. Box 26170, Santa Ana, CA 92799, or can be submitted online via the settlement website, [www.titaniumcobaltsettlement.com](http://www.titaniumcobaltsettlement.com). **Claim Forms submitted via mail must be POSTMARKED BY JANUARY 11, 2022. CLAIM FORMS SUBMITTED ONLINE MUST BE SUBMITTED NO LATER THAN 11:59 pm, Pacific Standard Time on JANUARY 11, 2022.**

Before you complete and submit this Claim Form by mail or online, you should read and be familiar with the Notice of Proposed Class Action Settlement (the “Notice”) available at [www.titaniumcobaltsettlement.com](http://www.titaniumcobaltsettlement.com). Defined terms (with initial capitals) used in these General Instructions have the same meaning as set forth in the Settlement Agreement. By submitting this Claim Form, you acknowledge that you have read and understand the Notice, and you agree to the Released Claims included as a material term of the Settlement Agreement.

If you fail to submit a timely Claim Form, your Claim may be rejected, and you may be precluded from any recovery from the Settlement Fund. If you are a member of the Settlement Class and you do not timely and validly request to Opt-Out from the Settlement Class, you will be bound by any judgment entered by the Court approving the Settlement regardless of whether you submit a Claim Form. To receive the most current information, receive updates, and to file your Claim please visit the settlement website at [www.titaniumcobaltsettlement.com](http://www.titaniumcobaltsettlement.com).

**Claimant Information**

Claimant Name: \_\_\_\_\_

First Name

MI

Last Name

Street Address: \_\_\_\_\_

Street Address 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Daytime Phone Number: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Evening Phone Number: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**Attestation**

I purchased one or more Covered Products between April 13, 2015 and October 13, 2021, and I spent a total of approximately: \$\_\_\_\_\_.

**Payment Selection – SELECT ONLY ONE FORM OF PAYMENT**

|        |                               |  |
|--------|-------------------------------|--|
| PayPal | PayPal account Email Address: |  |
|        | PayPal account Phone Number:  |  |

|                    |                         |  |
|--------------------|-------------------------|--|
| Digital MasterCard | Personal Email Address: |  |
|--------------------|-------------------------|--|

|       |                              |  |
|-------|------------------------------|--|
| Zelle | Zelle account Email Address: |  |
|       | Zelle account Phone Number:  |  |

|       |                              |  |
|-------|------------------------------|--|
| Venmo | Venmo account Email Address: |  |
|       | Venmo account Phone Number:  |  |

|       |                     |  |
|-------|---------------------|--|
| Check | Street Address:     |  |
|       | City:               |  |
|       | State and Zip code: |  |

**Submission to Jurisdiction of the Court**

By signing below, you are submitting to the jurisdiction of Baltimore County, Maryland.

**Certification under Penalty of Perjury****I hereby certify under penalty of perjury that:**

1. I have read the Settlement Agreement and agree to its terms, including the Released Claims;
2. The information provided in this Claim Form is accurate and complete to the best of my knowledge, information, and belief;
3. I am a member of the Settlement Class and did not request to Opt-Out from the Settlement Class;
4. I am neither (a) a Person who purchased or acquired the Product for resale; (b) an employee of Defendant; (c) a Person who has filed for exclusion from the Settlement Class; (d) a governmental entity; nor (e) a judicial officer to whom this Action is assigned, or any member of the judge's immediate family;
5. I have not submitted any other Claim for the same purchases and have not authorized any other Person or entity to do so, and know of no other Person or entity having done so on my behalf;
6. I will timely provide any additional information requested by the Settlement Administrator to validate my Claim;
7. I understand that by submitting this Claim Form, I am deemed to have given a complete Release of all Released Claims; and
8. I understand that Claims will be audited for veracity, accuracy, and fraud. Illegible Claim Forms can be rejected. If a Claim Form is determined not to be a Valid Claim, it will be rejected.

Signature: \_\_\_\_\_ Dated: \_\_\_\_/\_\_\_\_/\_\_\_\_