

POST-DISTRIBUTION ACCOUNTING FORM

Hon. Josephine L. Staton

This form has been adapted from the Northern District of California's Post-Distribution Accounting Form, and differs from that form in certain respects. Please review it carefully.

Case Number (YY-xx-#####)	
Case Name	
Attorney Name	
Nature of Action	
Attorney Email	
Party Represented	
This is:	<input type="checkbox"/> An interim post-distribution accounting. Not all settlement funds have been distributed. <input type="checkbox"/> A final post-distribution accounting. All settlement funds have been distributed.

1. Total settlement fund	\$		
2. Number of class members	#		
3. Number of class members to whom notice was successfully delivered*	#		
4. Number of claim forms submitted	#	N/A	
5. Percentage of claim forms submitted [=Q4/Q3]	%	N/A	
6. Number of opt-outs	#		
7. Percentage of opt-outs [=Q6/Q3]	%		
8. Number of objections	#		
9. Percentage of objections [=Q8/Q3]	%		
10. Average recovery per claimant	\$		
11. Median recovery per claimant	\$		
12. Maximum recovery per claimant	\$		

*Notice is successfully delivered when it is not returned as undeliverable.

13. Minimum recovery per claimant					\$			
14. Methods of notice to class members [1 or more], and percentage of success by method if known. Leave percentage blank if not known.								
<input type="checkbox"/>	%	Mail	<input type="checkbox"/>	%	Email	<input type="checkbox"/>	%	Text
<input type="checkbox"/>	%	Advertisement	<input type="checkbox"/>	%	Website	<input type="checkbox"/>	%	Other
15. Methods of payment to class members [1 or more], and percentage of success by method if known. Leave percentage blank if not known.								
<input type="checkbox"/>	%	Direct Deposit	<input type="checkbox"/>	%	Gift Card	<input type="checkbox"/>	%	Paper Check
<input type="checkbox"/>	%	Wire	<input type="checkbox"/>	%	Payment App	<input type="checkbox"/>	%	Other
16. Number of checks not cashed in initial distribution					#			
17. Total value of checks not cashed in initial distribution					\$			
18. Amount of settlement funds claimed by class member					\$		N/A	<input type="checkbox"/>
19. Amount of settlement funds distributed to class members					\$			
20. How many rounds of check distribution occurred?								
21. Amounts to be distributed to each cy pres recipient			Name		Amount			
			1.		\$			
			2.		\$			
			3.		\$			
			4.		\$			
22. Administrative costs					\$			
23. Attorneys' fees					\$			
24. Attorneys' costs excluding expert costs					\$			
25. Expert costs					\$			
26. Attorneys' fees in terms of percentage of the settlement fund					%			
27. Plaintiffs' counsel's final lodestar total					\$			
28. Lodestar multiplier [# x.y]					# x.y			

29. Describe any potential fraud issues encountered, the likely causes, and how they were addressed	
30. Number of class members availing themselves of nonmonetary relief	#
31. Aggregate value redeemed	\$

Continued on next page.

32. Where injunctive and or other non-monetary relief has been obtained, discuss the benefit conferred on the class.

33. Other notes and issues required to be addressed pursuant to any Order in this case.

End of form.