

# **EXHIBIT 1**

**Case No. 1:16-cv-00745-PLF**



## PACER National Veterans Legal Services Program, et al. v. United States II

### Payment Notification Form

#### Account Holder Information

|  |  |                      |                                  |                                     |             |
|--|--|----------------------|----------------------------------|-------------------------------------|-------------|
| <b>First Name</b>  | <input type="text"/>                       |                      | <b>Last Name</b>                 | <input type="text"/>                |             |
| <b>*Firm Name</b>  | <input type="text"/>                       |                      |                                  |                                     |             |
| <b>*Primary Address</b>  | <input type="text"/>                       |                      | <b>Primary Address Continued</b> | <input type="text"/>                |             |
| <b>*City</b>   | <input type="text"/>                       |                      | <b>*State</b>                    | <input type="text" value="Select"/> | <b>*Zip</b> |
| <b>*Country</b>  | <input type="text" value="UNITED STATES"/> |                      |                                  |                                     |             |
| <b>*Telephone Number</b>   | <input type="text"/>                       |                      | <b>*Email</b>                    |                                     |             |
| <b>*Pacer Account Number</b>   |  | <input type="text"/> |                                  |                                     |             |
| <input type="checkbox"/> If you have an Old Pacer Account Number that is in the format of two letters by 4 digits, check this box. |  |                      |                                  |                                     |             |

Time period during which the account was held (quarters) (e.g., first quarter 2012 through third quarter 2013)

|                                     |                                     |                                     |                                     |
|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| <b>*From (Quarter)</b>              | <b>*(Year)</b>                      | <b>*To (Quarter)</b>                | <b>*(Year)</b>                      |
| <input type="text" value="Select"/> | <input type="text" value="Select"/> | <input type="text" value="Select"/> | <input type="text" value="Select"/> |

#### Payer Information

\*Please choose from one of the options:

- My PACER fees are paid by one payer during the class action period. (second quarter 2010 through second quarter 2018)
- My PACER fees are paid by multiple payers during the class action period. (second quarter 2010 through second quarter 2018)

#### Certification

By checking this box, I declare that the information supplied in this Payment Notification Form is true and correct to the best of my knowledge.

[Agree and Submit](#)

\*Required