

IN THE CIRCUIT COURT OF JASPER COUNTY, MISSOURI

SAMUEL R. CARTER, M.D.,)
Individually and on behalf of all others)
similarly situated,)
)
Plaintiff,) Case No.: 23AO-CC-00118
)
-vs-) Division 3
)
MERCY HEALTH, *et al*,)
)
Defendants.)

EXCLUSION REQUEST FORM

Name: _____

Address: _____

Phone No.: _____

Email: _____

Name and phone number of
your Attorney, if any: _____

I have received the Notice of Class Action Settlement in the case identified above. I understand the Notice and the provisions concerning whether to exclude myself from this Class Action Settlement. I understand that I must mail, email or fax this Exclusion Request Form to the settlement administrator as set forth in the Notice and that it must be emailed, faxed or postmarked no later than May 26, 2026.

I want to be excluded from *Samuel R. Carter, M.D., v. Mercy Health, et al.*, Case No. 23AO-CC-00118, and want to be excluded from any judgment or settlement entered in the case against the Mercy Defendants.

Date: _____

Signature