

Lopez v. Apple Inc.

Case No. 4:19-cv-04577-JSW

United States District Court, Northern District of California

MENU

SUBMIT CLAIM

Your Claim Form has been submitted successfully.

THIS IS A COPY OF YOUR CLAIM FORM

Please print this page for your records.

Claim Number: LVA500002045305

If you have any questions regarding your Claim, please provide the Submitted Correlation ID listed above when contacting the Settlement Administrator.

General Instructions

NAME AND CONTACT INFORMATION

The Settlement Administrator will use this information for all communications relevant to this Claim Form. Note that the First and Last Name must match the information connected to the email address associated with the Siri Device(s) for which you are making a claim.

If your contact information changes after the submission of this form, please notify the Settlement Administrator in writing.

Provide your name and contact information below. You must notify the Settlement Administrator if your contact information changes after you submit this form.



First Name *

Celeste

Last Name *

Bishop

Street Address 1 *

8607 Carlsbad Lane

Street Address 2

City *

Lansing

State *

Michigan

Zip Code *

48917

Country

United States

Email *

celesteabishop@gmail.com

Confirm Email

celesteabishop@gmail.com

Telephone Number *

5179741118

PURCHASE INFORMATION

If you have a Claimant Identification Code and Confirmation Code, please [click here](#) and enter your Claimant Identification Code and Confirmation Code, then click on the Login button to begin filling out your claim. If you do not have a Claimant Identification Code and Confirmation Code, please provide your email address associated with the Siri Device(s) for which you are making a claim:

Siri Device(s) Email Address *

celesteabishop@gmail.com

If you do not have a Claimant Identification Code and Confirmation Code, you may submit claims for up to five Siri Devices, but you must provide the information in the chart below for each Siri Device you are submitting a claim for.

If you have proof of purchase for a device (e.g., a receipt or invoice) you may upload it or attach it to the Claim Form and do not need to fill out any other information for that device.

If you have the serial number, please provide the serial number for that device and the model name (*i.e.*, iPhone X).

Check here if you are providing proof of purchase. If you provide proof of purchase, you do not need to complete anything else in this chart for that Siri Device.

Serial Number

Model

☒ Check here if you are providing proof of purchase. If you provide proof of purchase, you do not need to complete anything else in this chart for that Siri Device.

35222870556214

Apple iPhone 14

☒ Check here if you are providing proof of purchase. If you provide proof of purchase, you do not need to complete anything else in this chart for that Siri Device.

35669119873810

Apple iPhone 14

UPLOAD PROOF OF PURCHASE

Accepted file types are: PDF, TIF, JPG, GIF, PNG. *Other file types will be rejected.*

Proof of Purchase *

File Name

Size

[Billing_Xfinity Mobile - Apple iPhone 14 Pro.pdf](#)

200.03 kB

[Billing_Xfinity Mobile - Apple iPhone 14.pdf](#)

195.17 kB

PAYMENT SELECTION

Please select **one** of the following payment options:

Payment Method *

ACH

ATTESTATIONS AND DECLARATION

For each Siri Device that you are submitting a claim, you are required to attest under penalty of perjury to each of the following statements as true. Please confirm by putting a check mark in the boxes provided:

- ☒ I attest that I purchased or owned the Siri Device(s) above, reside in the United States or its territories, and enabled Siri on that device/those devices; *
- ☒ I attest that I experienced at least one unintended Siri activation; *
- ☒ I attest that at least one of the unintended Siri activations that I experienced occurred during a conversation intended to be confidential or private. *

BY SIGNING BELOW, I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE UNITED STATES OF AMERICA THAT ALL THE INFORMATION PROVIDED BY ME ON THIS CLAIM FORM IS TRUE AND CORRECT, TO THE BEST OF MY KNOWLEDGE AND BELIEF. I UNDERSTAND THAT MY CLAIM IS SUBJECT TO AUDIT, REVIEW, AND VALIDATION USING ALL AVAILABLE INFORMATION.

Signature *

Celeste Bishop

Date *

2025-05-13 12:38 PM

