

## Information Sheet

Please list your purchase and sale transaction(s) in Acadia Healthcare Company, Inc. (NASDAQ: ACHC) securities between February 28, 2020 and October 18, 2024, (the “Class Period”), in the chart below. Please return completed form in the enclosed pre-paid envelope, by fax to 610-667-7056, or by scan/photo to [info@ktmc.com](mailto:info@ktmc.com) or scan the QR code below. You may also submit your information online at [www.ktmc.com/newcases](http://www.ktmc.com/newcases).



|                  |   |
|------------------|---|
| First Name       | Last Name                                       |
| Address          | City, State, Zip                                |
| Telephone Number | Email Address (non-work - please print clearly) |
| Current Employer | Signature                                       |

**PURCHASES**

| Buy Date | # Shares | Price per Share |
|----------|----------|-----------------|
|          |          |                 |
|          |          |                 |
|          |          |                 |
|          |          |                 |
|          |          |                 |
|          |          |                 |
|          |          |                 |
|          |          |                 |

**SALES**

| Sell Date | # Shares | Price per Share |
|-----------|----------|-----------------|
|           |          |                 |
|           |          |                 |
|           |          |                 |
|           |          |                 |
|           |          |                 |
|           |          |                 |
|           |          |                 |
|           |          |                 |

**Please list additional Class Period transactions and/or transactions in related securities (options, bonds, or preferred stock) on a separate piece of paper if necessary.**

Are you a current or former employee of **Acadia Healthcare Company, Inc.**?  
**Yes / No (Circle)**

Did you purchase shares **Acadia Healthcare Company, Inc.** prior to the Class Period?  
**Yes / No (Circle)**

The submission of this form does not create an attorney-client relationship, nor an obligation on the part of Kessler Topaz Meltzer & Check, LLP or you to file a lead plaintiff motion in this matter. Any information you submit will be maintained as confidential. If Kessler Topaz Meltzer & Check, LLP, in its sole discretion, believes that you might be an appropriate lead plaintiff candidate, Kessler Topaz Meltzer & Check, LLP will contact you to discuss the matter and whether to establish an attorney client relationship. By signing this form you are authorizing us to contact you by email, phone or by other means regarding this case. You are also authorizing and requesting us to contact you by email, phone or by other means regarding future cases. Thank you, and please do not hesitate to contact us with any questions.

If you do not want to be contacted regarding future cases, please indicate that by checking this box.