



**BILL McCOLLUM
ATTORNEY GENERAL
STATE OF FLORIDA**

**OFFICE OF THE ATTORNEY GENERAL
Division of Economic Crimes**

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Orlando, FL 32801
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INSTRUCTION SHEET IN RE: VICTOR LOPEZ & ASSOCIATES
AG #: L09-3-1077

Please be sure to read the following information before you fill out the attached Affidavit Complaint Form.

1. Please print or type the information you are providing so that it is legible.
2. Be sure to have your signature notarized, otherwise we may not be able to use your affidavit should any court proceeding be brought.
3. Please include the following materials with your affidavit, where applicable. Please send us copies, front and back, and retain the originals for your records:
 - A copy of any or all of the advertisements.
 - Any solicitations and promotional materials you received.
 - The front and back of checks and/or any other documents (receipts, charge slips, money orders, etc.) showing payments.
 - The front and back of any contracts.
 - Any correspondence between you and the company, as well as any other correspondence relevant to your complaint.
 - Any documents showing you attempted to, or did in fact, obtain a refund, or any other attempts to resolve your complaint.

Promptly return this Affidavit to the address below:

Office of the Attorney General
Economic Crimes Division
Orlando Bureau
135 W. Central Boulevard – Suite 1000
Orlando, FL 32801

STATE OF FLORIDA

OFFICE OF THE ATTORNEY GENERAL BILL McCOLLUM

IN RE: VICTOR LOPEZ & ASSOCIATES

AG #: L09-3-1077

AFFIDAVIT

BEFORE ME, the undersigned authority, this day personally appeared:

NAME (Mr./Mrs./Ms.) _____ Date of Birth _____
(Print or type name)

ADDRESS _____

TELEPHONE: Home (____) _____ Work (____) _____ Cell (____) _____

And who, after being duly sworn and deposed, upon his/her personal knowledge, states:

1. I have a complaint against _____

(person/company name, address, and telephone number)

2. I first learned of this person/company through (example: telephone, mail, internet, newspaper advertisement, etc.) _____

(please attach the advertisement, mailing piece or other documents received)

3. Do you recall the names of persons/employees you spoke with during your initial contact with the company? _____

4. Did any members of the company represent themselves as either a Mortgage Broker or an Appraiser?
Yes ___ No ___

5. Did you enter into a contract/agreement with the company? Yes ___ No ___ If yes, date contract was signed _____

6. Were you provided with some type of payment plan? Yes ___ No ___ If yes, please describe the type of plan you were provided _____

7. Were you required to pay some type of initial or upfront fee? Yes ___ No ___ If yes, what did you believe that fee was for? _____

8. What was the amount of the fee? _____ Can you provide this office with a copy of the credit card or bank statement that reflects the charge? Yes ___ No ___

9. Did the company at any time lead you to believe that you would be represented by an Attorney or Legal Counsel? Yes ___ No ___ If yes, please provide the name of the law office and attorney or employee you believed would be representing you _____

10. Were you instructed not to contact your lender/bank once you were enrolled in the program?

Yes ___ No ___ If yes, by whom _____

11. Were you instructed not to pay your mortgage? Yes ___ No ___

12. Did you receive a refund from the company? Yes ___ No ___ Amount Requested \$ _____

13. Did you receive a full or partial refund? Yes ___ No ___ Amount of refund \$ _____

14. In order to resolve this complaint, I would like (example: a refund, cancellation of contract, etc.)

15. I have attached the following documents in support of my complaint (**please ensure that you have enclosed all necessary documents regarding this matter**)

The above list of attached documents included along with this Affidavit, are a true representation of all documents submitted by me, which support my complaint.

16. Is there any further information you would like documented that you were not asked about?

FURTHER AFFIANT SAYETH NAUGHT.

(Your Signature)

(Date of Birth)

SWORN TO AND SUBSCRIBED BEFORE ME this ____ day of _____, 2009.

STATE OF _____

COUNTY OF _____

My commission expires:

Notary Public

(Print, type or stamp commissioned name of Notary Public)

Personally Known ___ or produced identification ___

Type of identification produced: _____