

Office of the Attorney General



Please return completed affidavit:

By e-mail to: FTL.EC@myfloridalegal.com
By mail: Office of the Attorney General
Attention: United Financial Settlement
Economic Crimes Division
110 S.E. 6th Street, 10th Floor
Fort Lauderdale, Florida 33301
Telephone: (954) 712-4600
Fax: (954) 527-3708

CONSUMER AFFIDAVIT FOR UNITED FINANCIAL SYSTEMS Case Number: L11-3-1007 Submission deadline: 1/20/2012

<u>Person Making Complaint:</u>	<u>Complaint is Against:</u>
Miss/Ms. Mrs./Mr. _____ Last Name, First Name, Middle Initial	United Financial Systems _____ /Firm/Company
_____	1117 Banks Road
Mailing Address	Mailing Address
_____	Margate, USA
City, County	City, County
_____	Florida, 33063
State, Code	State, Zip Code
_____	_____
Home & Business Phone, including Area Code	Business Phone, including Area Code
_____	_____
Email Address	Business Email or Web Address

Type of service contracted for? Debt Management Other:

Total Amount of Loss? _____ I was contacted _____ Telephone _____ Mail _____ Other

Have you retained an attorney? Yes No

Did you sign a contract or other papers, i.e. estimates, invoices, or other supporting documents? Yes No

Note:

- All documents and attachments submitted with this affidavit are subject to public inspection pursuant to Chapter 119, Florida Statutes.
- Whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his official duty shall be guilty of a misdemeanor of the second degree, punishable as provided in s. 775.082, s. 775.083, or s. 837.06 Florida Statutes.

IMPORTANT: If you previously submitted an affidavit by mail, fax, or e-mail, you do NOT need to submit a second affidavit. If you have NOT submitted an affidavit previously, you MUST submit this form or mail this form by January 20, 2012 to be included in the distribution.

Please describe your complaint in detail including identifying:

(1) the dollar amount of your loss or injury;

(2) any refunds received to date; and

(3) any specific misrepresentation(s) made to you and the person(s) involved.

Please state below the amount of your loss and the relevant facts.

NOTE TO CONSUMERS: For all affidavits timely received and approved for receipt of funds, a first pro rata payment is scheduled to be mailed on or about 3/31/12. A second and final pro rata payment is scheduled to be mailed on or about 9/30/12. The total of the payments made may be less than the total amount of the loss.

My signature authorizes the Attorney General's Office to take any action deemed necessary for purposes of investigation or enforcement. I understand that the Attorney General does not represent private citizens seeking the return of their money or other personal remedies. I am filing this complaint to notify your office of the activities of this company so that it may be determined if law enforcement or legal action is warranted. Under penalties of perjury, I declare that I have read the foregoing and that the facts stated in it are true and correct and that I have personal knowledge of the facts stated herein. By typing my name in the signature field below, I hereby affirm and manifest my intent to authenticate this writing as authorized by the Electronic Signature Act of 1966, Florida Statutes, Chapter 668, Part I.

Social Security Number (required in order to receive refund check): _____ - _____ - _____

Signature: _____ Executed on: _____