



PAM BONDI
ATTORNEY GENERAL
STATE OF FLORIDA

OFFICE OF THE ATTORNEY GENERAL
Consumer Protection Division

PL-01 The Capitol
Tallahassee, FL 32399-1050
Phone (850) 414-3300 Fax (850) 488-4483
<http://www.myfloridalegal.com>

INSTRUCTION SHEET

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 on page 4; otherwise, we may not be able to use your affidavit should any court proceedings 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 payment for the goods or services
 - 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 CHECKED BELOW:

- Office of the Attorney General
Consumer Protection Division
Tallahassee Bureau
PL-01 – The Capitol
Tallahassee, FL 32399-1050
(850) 414-3600
- Office of the Attorney General
Consumer Protection Division
Tampa Bureau
Concourse Center 4, Suite 325
3507 E. Frontage Road
Tampa, FL 33607
(813) 287-7950
- Office of the Attorney General
Consumer Protection Division
Jacksonville Bureau
1300 Riverplace Boulevard
Suite 405
Jacksonville, FL 32207
(904) 348-2720
- Office of the Attorney General
Consumer Protection Division
South Florida Bureau
Ft. Lauderdale Office
110 SE 6th Street, 9th Floor
Ft. Lauderdale, FL 33301
(954) 712-4600
- Office of the Attorney General
Consumer Protection Division
South Florida Bureau
West Palm Beach Office
1515 No. Flagler Drive, Suite 900
West Palm Beach, FL 33401
(561) 837-5000
- Office of the Attorney General
Consumer Protection Division
South Florida Bureau
Miami Office
Rivergate Plaza, 5th Floor
444 Brickell Avenue
Miami, FL 33131
(305) 377-5850
- Office of the Attorney General
Consumer Protection Division
Orlando Bureau
135 W. Central Boulevard
Suite 1000
Orlando, FL 32801
(407) 999-5588

A F F I D A V I T

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

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

ADDRESS _____
_____ Date of Birth _____

TELEPHONE - Home (____) _____ Work (____) _____

to me well known, 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)

2. I first learned of this person or company through (example - telephone, mail, newspaper ad)

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

3. Clearly and in detail, please state your complaint below and on the back of this page.
Describe events in the order in which they occurred, including the dates, times, and names of individuals you dealt with. Include in this section a description of the goods, products or services you purchased or rented or for which you were solicited, and describe in as much detail as possible any statements or representations made to you regarding the goods or services. If misrepresentations were made to you, please state them as specifically as you can. You may attach additional pages if necessary.

8. FURTHER AFFIANT SAYETH NAUGHT.

(Your Signature)

SWORN TO AND SUBSCRIBED BEFORE ME this _____ day of

_____, 200__.

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:
