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.

An Affirmative Action Opportunity Employer
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
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

☐ 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
AFFIDAVIT

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.

______________________________________________________________________________
______________________________________________________________________________

______________________________________________________________________________
4. I have paid $_____________ to ________________________________ in the form of
   (name of person or company)
   ___________________________________ (check, money order, cash, etc. IMPORTANT: You
   must attach copies of front and back of checks, or any receipts showing proof of payment,
   if you are seeking a refund.)

5. I have received a full or partial refund in the amount of $__________________________
   from ________________________________ (the company, your credit card company, etc. Please
   attach copies of these items.)

6. In order to resolve this complaint, I would like (example - a refund, cancellation of the
   contract, etc.) _________________________________________________________________.

7. I have attached the following documents in support of my complaint (please refer to the
   Instruction Sheet to ensure you have enclosed all necessary documents):

   _____________________________________________________________
   _____________________________________________________________
   _____________________________________________________________
   _____________________________________________________________
   _____________________________________________________________
   _____________________________________________________________
   _____________________________________________________________
   _____________________________________________________________
   _____________________________________________________________
   _____________________________________________________________
   _____________________________________________________________
   _____________________________________________________________
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:

________________________________