



ABOVE 701, INC. CLAIM FORM

Georgia Department of Law - Consumer Protection Division

Please type or print legibly in black or blue ink.

- This Claim Form is for consumers who:
 - have made a payment to Above 701, Inc. or Darius Williams for credit repair services; and
 - have not received full refunds for the payments from the parties named above or from a third party.

- Eligible consumers should fill out this Claim Form *completely*. Failure to provide all of the information requested will not necessarily result in the denial of your claim; it could, however, delay consideration of your claim while we request additional information from you, or it could impact your ability to demonstrate your loss and/or recover restitution. Questions should be directed to Investigator Lette-Hodges by email only to plette-hodges@law.ga.gov

- **Documents Requested.** Return this Claim Form with copies (*no originals, please*) of documents that establish that you paid money to Above 701, Inc. or its agent, such as a cancelled check or receipt for payment.

In some cases, the Georgia Department of Law's Consumer Protection Division ("CPD") may need to request additional documentation from you.

If you do not have any of these documents, you may submit your Claim Form anyway and provide a detailed explanation of the events. Your lack of documentation does not necessarily mean that your claim will be denied.

- Keep a copy of your completed Claim Form and any submitted attachments for your records.

- Submit your completed Claim Form and any documentation by mail, overnight delivery, fax or hand-delivery. ***You may not submit the Claim Form by email!***

Mailed, overnighted and hand-delivered Claim Forms (including documentation) should be submitted to:

Above 701 Restitution Program
Georgia Department of Law - Consumer Protection Division
2 Martin Luther King, Jr. Drive SE, Suite 356
Atlanta, Georgia 30334-9077

Faxed Claim Forms (including documentation) should be faxed to 404-651-9018.

The Claim Form must be postmarked or faxed no later than 5:00 p.m. EDT on Tuesday, June 2, 2020.

- Please note that it is a time-consuming process to evaluate and verify each claim submitted. Your patience is appreciated.

ABOVE 701, INC. CLAIM FORM

Consumer Name: _____
First *Middle Initial* *Last*

Consumer's Social Security Number (Required): _____ - _____ - _____

Mailing Address (Required): _____

City: _____ State _____ Zip _____

Phone: (_____) _____ (Day) (_____) _____ (Night)

Email: _____

Did you file a complaint about Above 701, Inc. with the Georgia Department of Law's Consumer Protection Division ("CPD") or the Governor's Office of Consumer Protection? Yes No

If Yes, list the file number (if known) _____

Description of the payment you made: _____

Date of Payment: ____/____/____ Amount of Payment: _____

Amount you claim you are owed as reimbursement: _____

Have you received a refund, account credit, replacement or other payment from Above 701, Inc., its agent, your credit card company, or from any other source related to the payment you have identified on this claim form? Yes No

If you answered "YES," please explain and identify any amounts you were refunded and the source of the refund:

Please provide a brief description of your claim, including an explanation of what services you purchased and the amounts that you paid for those services. Your claimed amount will be subject to verification and a CPD representative may need to obtain clarifying information.

Have you attached documents to substantiate your Claim? Yes No

Have you been or are you currently a party to any legal action against Above 701, Inc.? Yes No

I declare, under penalty of perjury under the laws of the State of Georgia, that the information contained in this claim is true and accurate, and that any documents attached are true and accurate copies of the originals. I understand that my claim and the related documents will become a "public record" under state law, and thus can be subject to a public records disclosure request and/or be seen by other people.

Signature Date City and State where signed

Your submission must be postmarked or faxed no later than 5:00 p.m. EDT on June 2, 2020. Return to the Georgia Department of Law, Consumer Protection Division address or fax number listed on the instruction sheet. You may not submit the claim form by email.