JARS OF CLAY KINGDOM WORSHIP CENTER, INC. HOME IN 30 PROGRAM RESTITUTION REQUEST FORM

Consumer Name: _____

Consumer Social Security Number (**Required**): ___ ___ ___ - ___ ___ - ___ ___ ___ ___

Mailing Address (**Required**): _____

City: _____ State: _____ Zip: ___ ___ ___ ___ ___ - ___ ___ ___ ____

Phone (**Required**): (___ ___ ___) ___ ___ ___ - ___ ___ ___ ___ (___ Cell or ___ Home Number)

Email:_____@_____

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.

_____	___/___/_____	_____
Signature	Date	City and State where signed

Return to the Georgia Department of Law's Consumer Protection Unit:

- By fax at 404-651-9018; or
- By mail to: Jars of Clay Restitution Program
  Department of Law, Consumer Protection Unit
  2 Martin Luther King Jr. Drive SE, Suite 356
  Atlanta, Georgia 30334-9077; or
- By hand delivery to the address listed above.

This completed form must be **received** by March 1, 2017.