



MIDLAND CLAIM FORM
GEORGIA DEPARTMENT OF LAW
CONSUMER PROTECTION DIVISION

- This Claim Form is for consumers who, as a result of collection efforts undertaken by Encore Capital Group, Inc., Midland Credit Management, Inc., and/or Midland Funding, LLC (referred to jointly as “Midland”), paid Midland money that the consumer did not owe. This includes:
 - i. Consumers who made a payment to Midland on a debt that was not actually owed by the consumer, and which was not refunded;
 - ii. Consumers who made a payment to Midland in excess of that which was owed by the consumer, and which was not refunded; or
 - iii. Consumers who made a payment to Midland after Midland submitted an affidavit in a collections lawsuit and the amounts allegedly owed by the consumer as reflected in the affidavit did not accurately reflect Midland’s account records of the consumer’s debt at the time of execution of the affidavit.
- 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 Hummill by email only to mhummill@law.ga.gov.
- **Records Requested.** Return this Claim Form with copies (*no originals, please*) of documents reflecting that, as a result of Collection efforts undertaken by Midland, you paid Midland money that you did not owe.

In some cases, the Consumer Protection Division (“CPD”) may need to request additional documentation from you. If you do not have any supporting documents to submit, 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:

Georgia Department of Law - Consumer Protection Division
ATTN: Midland Restitution
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.

- Please be aware that restitution will be drawn from funds set aside by Midland for a period of two years. After two years, or at the time that the funds set aside by Midland have been exhausted, whichever comes first, Midland will no longer be required to comply with this restitution program. **This means you should submit your claim as soon as possible.**

MIDLAND CLAIM FORM

Please type or print legibly in black or blue ink.

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 Midland with the Consumer Protection Division ("CPD")? Yes No

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

For amounts paid as a result of collection efforts undertaken by Midland:

Total amount you paid: \$_____ Date of Payment : ____/____/____

(If multiple payments were made, attach additional sheet detailing each payment amount and date of payment.)

Amount of your overpayment/amount you are owed: \$_____

Have you received a refund 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 explanation of your claim that as a result of collection efforts undertaken by Midland you made a payment on a debt that was not actually owed or in excess of that which was owed. Your claim will be subject to verification. Midland will have an opportunity to question the validity of the claim, and a CPD representative may need to obtain clarifying or verifying 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 Midland? 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

Return to the Department of Law, Consumer Protection Division to address or fax number on instruction sheet.