



**MIDLAND 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, as a result of collection efforts undertaken by Encore Capital, Midland Credit Management and Midland Funding ("Midland"), paid Midland money the consumer did not owe. This includes:
  - i. Midland submitted an affidavit in support of a Collection lawsuit against the consumer where the amounts allegedly owed by the consumer reflected in the affidavit did not accurately reflect Midland's account records related to that consumer's debt at the time of execution of the affidavit;
  - ii. Consumers who made a payment to Midland on a debt that was not actually owed by the consumer, and which was not refunded; or
  - iii. Consumers who made a payment to Midland in excess of that which was owed by the Consumer, and which was not refunded.
- 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 Mike Hummill by email only to [mhummill@law.ga.gov](mailto: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

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:**

Amount you Paid: \$\_\_\_\_\_ 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.**