

# DIRECTV PRERECORD TCPA SETTLEMENT CLAIM FORM

(This claim form should be used only if you are mailing in your form. You may instead complete and submit a form online, at [www.DTVPrerecordClassAction.com](http://www.DTVPrerecordClassAction.com).)

## I. INSTRUCTIONS

You must submit your completed, signed Claim Form, postmarked no later than **December 19, 2022**, to:

**DIRECTV Prerecord TCPA Settlement Administrator**  
**P.O. Box 25356**  
**Richmond, VA 23260**

If you have any questions or would like further information about the terms of the Settlement, your eligibility for a payment, or how to make a claim for a Cash Award, you may visit [www.DTVPrerecordClassAction.com](http://www.DTVPrerecordClassAction.com) to read the full Notice and other Settlement documents.

## II. CLAIMANT INFORMATION

**Notice ID:**

(This 9-digit number is on the front of the postcard or may be in the email you received.)

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**\*Claimant Name:**

First	Middle Initial	Last Name	Suffix
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**\*Mailing Address:**

Street Address 1/P.O. Box		
Street Address 2		
City	State/Region	Zip Code
Country (If Not United States)		

**Email Address:**

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## III. AFFECTED CELL PHONE NUMBER(S)

List the Cell Phone Number(s) on which you received a DIRECTV debt collection call or calls between 2009 and 2015: (Your phone number must be one of the phone numbers that Plaintiff previously listed as belonging to members of the Settlement Class to be included as part of the settlement. If you are not certain which of your cell phone numbers may have been called, you may list each of them separately.)

**\*Telephone Number(s):**

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## IV. CERTIFICATION

By submitting this Claim Form, I certify that I have not been a customer of DIRECTV at any time after October 1, 2004, and the information provided above is true and correct.

**\*Signature:**

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**\*Date:**

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\* means the information is required to submit a complete claim.