

Claim Form
Cordoba v. DIRECTV, LLC

(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.directvtcpaclassaction.com)

NAME

First Name: _____ Last Name: _____

CURRENT ADDRESS AND PHONE NUMBER

Street Address 1: _____ Street Address 2: _____

City: _____ State: _____ Postal Code / Zip Code: _____

Email Address (Optional): _____

Cell Phone Number on which you received a telemarketing call from Telecel regarding DIRECTV services between October 27, 2011 and March 3, 2016: _____

Additional Contact Number (Optional): _____

CPT ID NUMBER: _____

(This is not required, but please include this number if you have it—this number is on the front of the postcard or email you may have received.)

CERTIFICATION

By signing and submitting this Claim Form, I certify and affirm that the information I am providing below is true and correct to the best of my knowledge and belief:

When I received two or more telemarketing calls from Telecel advertising DIRECTV's services at the cellular telephone number listed above, I (check one or both boxes):

☐ (1) asked Telecel not to call me anymore and then it called me again to advertise DIRECTV's services;
OR

☐ (2) had my cellular telephone number listed on the National Do Not Call list at the time that Telecel called me.

I actually heard or was otherwise bothered by these calls.

* * *

If you are submitting this Claim Form by mail, please sign and date below. If you are submitting this Claim Form online, you agree that clicking the "Submit" button shall constitute your signature and acknowledgement of the terms of this Claim Form.

Claimant Signature: _____ Date: ____/____/____

You must submit your completed claim form, postmarked no later than May 6, 2024 to:

Cordoba v. DIRECTV, LLC
c/o CPT Group, Inc.
50 Corporate Park
Irvine, CA 92606