

## Consumer Disclosure/Dispute

Dear Consumer,

The Screening Pros, LLC. (TSP) has a goal of maintaining and distributing accurate consumer information. If you believe TSP's information about you is inaccurate, you have the right as a consumer to have your claim investigated.

If you want a copy of your consumer file, please complete the form on the following page. If your request is regarding a claim of inaccurate court data reported by TSP, you must also supply proof of your claim.

As detailed by law, TSP has 30 days from the time we receive your request to investigate your claim and notify you in writing of our findings. In some instances, this report may be provided at no charge. The following are the circumstances that would entitle you to a free copy of your consumer file:

- You have received an adverse action notice due to information supplied by TSP within the past 60 days (court records).
- If you certify that information in your file is inaccurate due to fraud, you are unemployed or you currently receive public assistance.
- As indicated in the Fair Credit Reporting Act (FCRA), you are entitled to one free annual disclosure in any twelve (12) month period.

If none of the above conditions apply to you, an \$8.00 processing fee may apply for obtaining your consumer file.

If you would like a copy of your consumer report from TSP, complete and submit by U.S. Mail the consumer form on the following page. To avoid unnecessary delays, please:

- Be sure to print legibly in blue or black ink or type the form.
- If your personal information differs *in any way* from the information in your file, attach a clear copy of your photo ID, social security or individual tax information card **and** a recent utility bill.
- Be sure all fields are completed and that the form is signed and dated.

Mail to:           The Screening Pros, LLC  
                      C/O Consumer Disclosure  
                      P.O. Box 3338  
                      Chatsworth, CA 91313

# Consumer Disclosure Form

## A) Information about you: (Please type or print clearly)

\_\_\_\_\_

Full Name (First, Last, Middle)

\_\_\_\_\_

Social Security Number

\_\_\_\_\_

Alias(es)/Other Names Used

\_\_\_\_\_

Date of Birth

\_\_\_\_\_

Current Address

\_\_\_\_\_

City

\_\_\_\_\_

State

\_\_\_\_\_

Zip Code

\_\_\_\_\_

Previous Address

\_\_\_\_\_

City

\_\_\_\_\_

State

\_\_\_\_\_

Zip Code

\_\_\_\_\_

Home Phone Number

\_\_\_\_\_

Work Phone Number

\_\_\_\_\_

Cellular Phone Number

## B) Adverse Action was taken by:

\_\_\_\_\_

Name of Company/Person

\_\_\_\_\_

Date

## C. Dispute Details: (Please attach any proof you have and if necessary, attach additional pages).

Claim of inaccuracy:

- This is not my case
- This account has been paid in full
- This account has been included in a bankruptcy
- Other: \_\_\_\_\_

## D. Signature:

I declare under penalty of perjury by the laws in the state of California that the above information and any attached documents are true, complete and accurate.

\_\_\_\_\_

Signature

\_\_\_\_\_

Date