

IN THE CIRCUIT COURT OF THE SEVENTEENTH JUDICIAL CIRCUIT
IN AND FOR BROWARD COUNTY, FLORIDA

OFFICE OF THE ATTORNEY GENERAL,
DEPARTMENT OF LEGAL AFFAIRS,
STATE OF FLORIDA, Plaintiff,

CASE NO. 08-007686 (08)

vs.

LAURA L. HESS, ESQ., LAURA HESS &
ASSOCIATES, P.A., HESS KENNEDY
CHARTERED LLC, and THE CONSUMER
LAW CENTER, LLC., Defendants.

PROOF OF CLAIM FORM

MAIL TO: **Daniel J. Stermer, Receiver**
Attn: Hess Kennedy Receivership
6600 NW 16th Street, Suite 11
Plantation, Florida 33313

**ALL PROOF OF CLAIM FORMS
MUST BE POSTMARKED BY
JANUARY 1, 2009**

Re: Laura Hess & Associates, P.A., Hess Kennedy Chartered LLC, and The Consumer Law Center, LLC, as well as Hess Kennedy Company Chartered, Consumer Recovery Team, Hess Kennedy Holdings Ltd., Legal Debt Center, Hess Kennedy Company, Laura Hess Inc., Hess Kennedy, Legal Debt Center, LLC, Hess Kennedy Florida, Hess Kennedy Chartered, Hess Kennedy, LLC, Hess Kennedy Payment, Hess Kennedy Trust Company, The Consumer Law Center, LC, Hess Kennedy Florida, Hess Kennedy Trust Account, Global Payment Processing, LLC and Campos Chartered Law Firm

Name of Claimant: _____

Address: _____ City: _____ State: _____ Zip: _____

Telephone – Day: _____ Telephone – Night: _____

AMOUNT OF CLAIM: \$ _____

Total amount paid to companies listed above: \$ _____

Debt(s) settled for you by any company listed above: Principal \$: _____ Settlement: \$ _____

Description and Supporting Documents: Attach copies of any supporting records for this claim, including contracts, bank statements, cancelled checks, or correspondence. **Also please provide details of each claim, including the amounts paid, dates monies were paid, settlements made, etc.**

IMPORTANT: FILING THIS PROOF OF CLAIM SHALL CONSTITUTE A WAIVER OF ANY CLAIMS AGAINST THE RECEIVERSHIP ENTITIES OR THE RECEIVER.

I DO HEREBY DECLARE UNDER PENALTY OF PERJURY THAT THE ABOVE INFORMATION IS CORRECT TO THE BEST OF MY/OUR KNOWLEDGE AND BELIEF.

Signature: _____ Date: _____