



**BILL McCOLLUM**  
**ATTORNEY GENERAL**  
**STATE OF FLORIDA**

OFFICE OF THE ATTORNEY GENERAL  
Economic Crimes

135 West Central Blvd (Suite 1000)  
Orlando, FL 32801  
Phone (407) 245-0833 Fax (407) 245-0365  
<http://www.myfloridalegal.com>

April 7, 2009

Re: FMA Servicing, Inc., also known as Financial Management Advisors

Dear Consumer,

The Office of the Attorney General for the State of Florida is actively investigating FMA Servicing, Inc., also known as Financial Management Advisors, pursuant to Florida's Deceptive and Unfair Trade Practices Act for compliance with Fla. Stat. 501.1377 concerning mortgage rescue and mortgage loan modification. If you have a complaint regarding FMA Servicing, Inc., we request that you please complete the enclosed affidavit complaint form.

It is important that you complete the enclosed affidavit in its entirety and that you sign the affidavit in the presence of a Notary Public. You must **have the affidavit notarized** in order for us to utilize your affidavit during any court proceedings. Upon completion of the affidavit please forward the original signed and notarized affidavit, along with copies of any attached documents to:

Office of the Attorney General  
Economic Crimes Division  
Attn: FMA Servicing, Inc. Investigation  
135 W. Central Blvd. Suite 1000  
Orlando, FL 32801

Please be advised that our office does not mediate individual complaints. It is important that you take any and all necessary steps to protect your legal interest and your investment, which may include your need to consult a private attorney. A private attorney can provide the legal advice which our office may not by law give to private individuals. The Florida Bar can also provide information about low cost or free local legal aid if you cannot afford a private attorney. The Florida Bar's website is located at: <http://www.floridabar.org>. or contact Florida Lawyers Saving Homes at 1-866-607-2187 a service provided by Florida Attorneys to assist homeowners in distress.

You may also locate a HUD authorized housing counselor and additional information concerning mortgages by going to the HUD website located at [www.hud.gov/foreclosures](http://www.hud.gov/foreclosures) or contact the Housing Counseling Agency toll-free at **1-800-569-4287**. For additional mortgage assistance please see the Obama Administration's website <http://www.makinghomeaffordable.gov>.

Sincerely,

Orlando Bureau, Economic Crimes Division  
Office of the Attorney General

**AFFIDAVIT**

**BEFORE ME**, the undersigned authority, this day personally appeared:

**NAME** (Mr./Mrs./Ms.) \_\_\_\_\_ Date of Birth \_\_\_\_\_

(Print or type name)

**ADDRESS** \_\_\_\_\_

**TELEPHONE:** Home (\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_

And who, after being duly sworn and deposed, upon his/her personal knowledge, states:

1. I have a complaint against \_\_\_\_\_

\_\_\_\_\_

(person/company name, address, and telephone number)

2. I first learned of this person/company through (example: telephone, mail, internet, newspaper advertisement, etc.)

\_\_\_\_\_

(please attach the advertisement, mailing piece or other documents received)

3. Do you recall the names of persons/employees you spoke with during your initial contact with the company? \_\_\_\_\_

4. Did you enter into a contract/agreement with the company? Yes\_\_\_ No\_\_\_ If yes, date contract was signed \_\_\_\_\_

5. Were you provided with some type of payment plan? Yes\_\_\_ No\_\_\_ If yes, please describe the type of plan you were provided \_\_\_\_\_

\_\_\_\_\_

6. Were you required to pay some type of initial or upfront fee? Yes\_\_\_ No\_\_\_ If yes, what did you believe that fee was for? \_\_\_\_\_

7. What was the amount of the fee? \_\_\_\_\_ Can you provide this office with a copy of the credit card or bank statement that reflects the charge? Yes \_\_\_ No\_\_\_

8. Did the company at any time lead you to believe that you would be represented by an Attorney or Legal Counsel? Yes \_\_\_ No \_\_\_ If yes, please provide the name of the law office and attorney or employee you believed would be representing you \_\_\_\_\_

\_\_\_\_\_

9. Were you instructed not to contact your lender/bank once you were enrolled in the program?

Yes \_\_\_ No \_\_\_ If yes, by whom \_\_\_\_\_

10. Did you receive a refund from the company? Yes \_\_\_ No \_\_\_ Amount Requested \$ \_\_\_\_\_

11. Did you receive a full or partial refund? Yes \_\_\_ No \_\_\_ Amount of refund \$ \_\_\_\_\_

12. In order to resolve this complaint, I would like (example: a refund, cancellation of contract, etc.)

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13. I have attached the following documents in support of my complaint **(please ensure that you have enclosed all necessary documents regarding this matter)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

14. Is there any further information you would like documented that you were not asked about?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**FURTHER AFFIANT SAYETH NAUGHT.**

\_\_\_\_\_

(Your Signature)

\_\_\_\_\_

(Date of Birth)

**SWORN TO AND SUBSCRIBED BEFORE ME** this \_\_\_ day of \_\_\_\_\_, 2009.

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

My commission expires: \_\_\_\_\_

Notary Public

\_\_\_\_\_

(Print, type or stamp commissioned name of Notary Public)

Personally Known \_\_\_ or produced identification \_\_\_

Type of identification produced: \_\_\_\_\_