



**EVERGREEN PUBLISHING GROUP LLC AND  
READERS SERVICES, INC.  
GEORGIA DEPARTMENT OF LAW  
CONSUMER PROTECTION DIVISION**

**Please type or print legibly in black or blue ink.**

- This Claim Form is for consumers who, due to the deceptive acts and practices alleged in the AVC:
  - Paid for products and/or services that they would not have otherwise paid for; or
  - Were charged for products and/or services they did not purchase and/or did not authorize; or
  - Paid for but did not receive all purchased products and/or services; and
  - Have **not** received a refund from Evergreen Publishing Group LLC or Readers Services, Inc. or a third party for the amounts paid.
- Eligible consumers should fill out this Claim Form *completely*. Failure to provide all of the information requested will not necessarily result in the denial of your claim; it could, however, delay consideration of your claim while we request additional information from you, or it could impact your ability to demonstrate your loss and/or recover restitution. Questions should be directed to Investigator Mike Hummill by email only to [mhummill@law.ga.gov](mailto:mhummill@law.ga.gov).
- **Records Requested.** Return this Claim Form with copies (*no originals, please*) of:
  1. Documents, such as receipts, that demonstrate you were charged for and paid for products, the date(s) of the charge(s) and payment(s), and, the amount of the charge(s) and payment(s).
  2. Documents and/or correspondence that demonstrate you attempted to cancel the products and were unable to do so or that you requested a refund for the unsolicited products and did not receive one.

In some cases, the Consumer Protection Division ("CPD") may need to request additional documentation from you. If you do not have any of these documents to submit, submit your Claim Form anyway and provide a detailed explanation of the events. Your lack of documentation does not necessarily mean that your claim will be denied.

- Keep a copy of your completed Claim Form and any submitted attachments for your records.
- Submit your completed Claim Form and any documentation by mail, overnight delivery, or fax. **You may not submit the Claim Form by email!**

Mailed or overnighted Claim Forms (including documentation) should be submitted to:

Georgia Department of Law - Consumer Protection Division  
ATTN: Evergreen Publishing Group, LLC Restitution  
2 Martin Luther King Jr. Drive SE, Suite 356  
Atlanta, Georgia 30334-9077

Faxed Claim Forms (including documentation) should be faxed to 404-651-9018.

**The Claim Form must be postmarked or faxed no later than 5:00 p.m. EST on April 29, 2022.**

- Please be aware that restitution will be drawn from funds held in a Trust Account. If the amount claimed by consumers exceeds the amount in the Trust Account, the funds will be distributed pro rata. This means that while you may be eligible for restitution, you may not receive the full amount requested. Whether a person has sufficiently demonstrated eligibility for restitution and the amount of restitution due to any person shall be within the Attorney General's discretion.
- You will receive a response from CPD no later than June 30, 2022. While we will distribute funds from the Trust Account to eligible consumers as quickly as possible, please note it is a time-consuming process to evaluate and verify each claim submitted. Your patience is appreciated.

**EVERGREEN PUBLISHING GROUP, LLC AND READERS SERVICES, INC. CLAIM FORM**

Consumer Name: \_\_\_\_\_

*First**Middle Initial**Last*Consumer's Social Security Number (**Required**): \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_Mailing Address (**Required**): \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ (Day) (\_\_\_\_\_) \_\_\_\_\_ (Night)

Email: \_\_\_\_\_

Did you file a complaint about Evergreen Publishing Group LLC or Readers Services, Inc. with the Consumer Protection Division ("CPD")? Yes ☐ No ☐

If Yes, list the file number (if known) \_\_\_\_\_

Description of the product and/or service for which you were charged: \_\_\_\_\_

Amount of Payment: \$ \_\_\_\_\_

Date of Payment: \_\_\_\_/\_\_\_\_/\_\_\_\_

Total amount you claim you are owed as reimbursement: \_\_\_\_\_

Have you received a refund, account credit, or other payment from Evergreen or Readers Services, a third-party provider, your credit card company, or from any other source related to the product or service you have identified on this claim form? Yes ☐ No ☐If you answered "YES," please explain and identify any amounts you were refunded and the source of the refund:  
\_\_\_\_\_  
\_\_\_\_\_Please provide a brief explanation of your claim, including why you were unable to complete the refund, and how you determined the monetary amount you are claiming. Your claimed amount will be subject to verification, and a CPD representative may need to obtain clarifying information.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_Have you attached Documents to substantiate your Claim? Yes ☐ No ☐Have you been or are you currently a party to any legal action against either listed business? Yes ☐ No ☐**I declare, under penalty of perjury under the laws of the State of Georgia, that the information contained in this claim is true and accurate, and that any documents attached are true and accurate copies of the originals. I understand that my claim and the related documents will become a "public record" under state law, and thus can be subject to a public records disclosure request and/or be seen by other people.**\_\_\_\_\_  
Signature Date City and State where signed**Your submission must be postmarked or faxed no later than 5:00 p.m. EST on April 29, 2022. Return to the Department of Law's Consumer Protection Division to address or fax number on instruction sheet.**