

DIRECTV— Notice of Dispute

DIRECTV is committed to resolving its customers' disputes in a fair and efficient manner. If you are unsatisfied with the resolution that a customer service representative offers for a problem that you are experiencing, you may notify us of your dispute by sending this form to DIRECTV's legal department.

Please complete this form in its entirety (printing legibly). Retain a copy for your records and send the completed form by certified U.S. mail to: DIRECTV LLC, Consumer Arbitration Demand, P.O. Box 915, El Segundo, CA, 90245

DIRECTV representative will respond within 30 days of receiving this form. If the dispute is not resolved to your satisfaction, you may begin arbitration by submitting a Demand for Arbitration to the American Arbitration Association. We provide further details on our web site (at directv.com/agreements), as well as a Demand for Arbitration form.

Name of account holder

Account number

Telephone number at which you may be reached during business hours

Your email address: _____

Your fax number: _____

Your billing address: _____

If you are an authorized representative of the account holder, please print your name, your relationship to the account holder, your address, and a phone number at which you may best be reached during business hours:

Please briefly describe the nature of your dispute and attach any supporting documents that you wish. If necessary, please use the reverse side or attach additional pages.

Please briefly describe the relief that you would like from DIRECTV.

Date

Signature

DIRECTV

Consumer Demand for Arbitration before the American Arbitration Association

Instructions on filing a claim:

1. Please fill out this form and retain one copy for your records.
2. Mail a copy of this form and your check or money order for the filing fee to the American Arbitration Association (“AAA”) Case Filing Services at 1101 Laurel Oak Road, Voorhees, NJ 08043. Please consult the AAA Consumer Arbitration Rules for the appropriate fee; those rules are available at adr.org or by calling the AAA at (800) 778-7879. Please make your check or money order payable to the American Arbitration Association.
3. Send a copy of this form and of your check or money order to DIRECTV LLC, Consumer Arbitration Demand, P.O. Box 915, El Segundo, CA 90245. Upon receipt, DIRECTV will reimburse you for your filing fee if your claim is for less than \$75,000.
4. Please include a copy of DIRECTV’s arbitration provision with each copy of this form.

Your Personal Information:

Name: _____ DIRECTV Account Number: _____

Street Address: _____

City/State/Zip: _____

Telephone number: _____ Email Address: _____

If an in-person hearing is held, the arbitration will take place in the county of your billing address.

Please tell us the county and state to which your bills are sent: _____

Your Attorney’s Information (Please leave blank if you are representing yourself):

Attorney’s Name: _____ Firm: _____

Street Address: _____

City/State/Zip: _____

Telephone number: _____ Email Address: _____

Please explain the nature of your dispute. You may use additional pages:

How much money do you believe you are owed? If none, please leave blank:

Do you desire any non-monetary outcome? If not, please leave blank:

Date

Signature