

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 have a claim of inaccuracy regarding your consumer report provided by TSP or you want a free 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 given to you at no charge. In other cases, a processing fee may apply. The reasons for obtaining a free copy of your consumer report provided by TSP are as follows:

- You have received an adverse action notice due to information within your consumer report within the past 60 days.
- If you certify that information in you 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 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:

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

Fax To: The Screening Pros, LLC
 C/O Consumer Disclosure
 (800) 877-5073

- 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 payer identification card **and** a recent utility bill.
- Be sure all fields are completed and that the form is signed and dated.

If you have any questions, call (800) 877-3908 ext. 300

Consumer Disclosure/Dispute Form

A) Type of Request: Dispute Requesting my consumer information

B) Information about you: (Please type or print clearly)

Full Name (Last, First, 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

C) Adverse Action was taken by:

Name of company/Person

Date

D) Dispute Details/Claims of Inaccuracy:

Disputed Item(S):

Reason for Dispute:

(Please attach any proof you have and if necessary, attach additional pages)

E) 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