

Instructions

Please use this form to notify DIRECTV's Legal Department of your dispute. Include any supporting documents. You may want to include bills, notes, chat transcripts, communications with DIRECTV, and/or advertisements.

Mail this completed form and supporting documents to:

DIRECTV, LLC c/o CT Corporation, 1209 Orange Street, Wilmington, DE 19801

If DIRECTV has not resolved your dispute within 60 days of receiving your completed form, you may bring a small claims lawsuit or file an arbitration demand with the American Arbitration Association. For more information, please visit www.adr.org/support and www.directv.com/arbitration-information.

Account Holder's Information

For privacy reasons, the DIRECTV Legal Department is only able to communicate with the account holder or a legal representative. Please have the account holder submit this Notice of Dispute to begin the 60-day resolution process.

Account Holder's Name (*Required field)

*First Name M.I. *Last Name Jr./Sr.

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For security purposes, the DIRECTV Legal Department may only contact the customer at a phone number or email on file with the account.

Account Holder's Billing Address (*Required field)

*Street

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*City

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*State

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*Zip/Postal Code

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*Country

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*Account Holder's Billing Phone

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Account Holder's Billing Email

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*Are you the account holder?

Yes

No

Legal Representative's Information (*Required field)

If you are the account holder, you may proceed to the next page. Only complete this form if you are NOT the account holder.

*Are you a Legal Representative representing the customer?

Attorney Trustee Other:

*What is the basis of your authority?

DIRECTV has permission to contact the account holder(s) to confirm they authorize DIRECTV to speak with you about this Notice of Dispute.

Attorney/Trustee/Other's Name (*Required field)

*First Name	M.I.	*Last Name	Jr./Sr.
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Law Firm [if applicable]

License # [if applicable]

<input type="text"/>	<input type="text"/>
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Attorney/Trustee/Other's Address (*Required field)

*Street

*City

*State

*Zip/Postal Code

*Country

*Attorney/Trustee/Other's Phone

*Attorney/Trustee/Other's Email

Account Information

Is this a business or residential account?

Business

Residential

Which account is in dispute? Check all that apply and provide the account number for each. At least one is required.

DIRECTV (Satellite, DIRECTV via Internet, DIRECTV Stream)

Account Number:

AT&T (AT&T U-verse TV, Mobility, Landline, Internet, Digital Life)

Account Number:

Are you making a property damage claim?

Yes

No

Dispute Details (*Required field)

*Please explain your dispute. Attach additional pages if necessary.

Date Range of issue(s)

*From:

*To:

Month Day Year

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Month Day Year

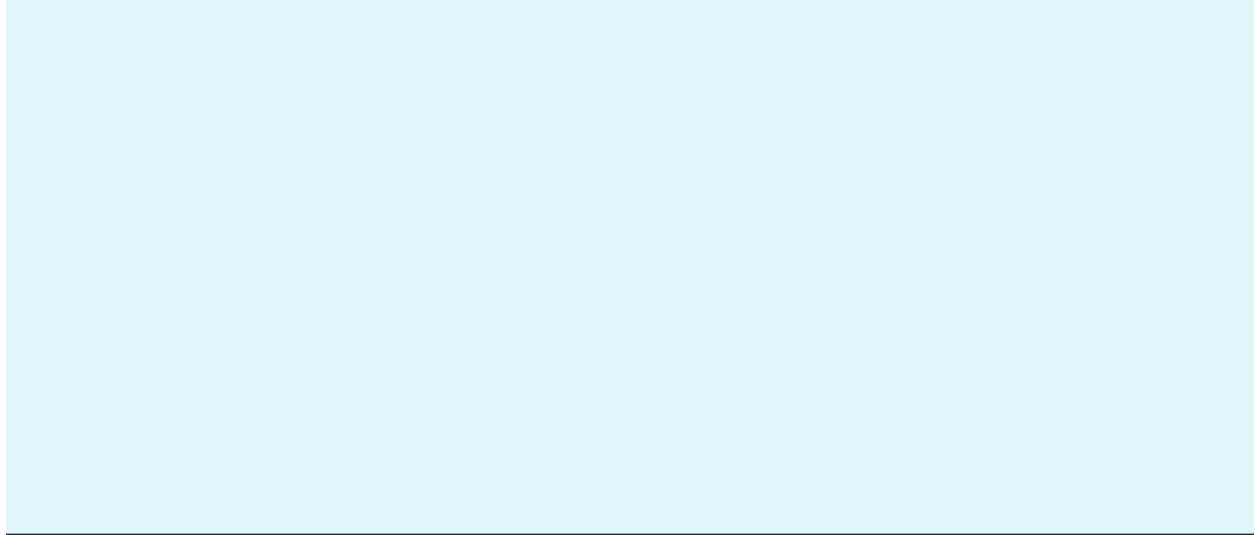
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*Are you seeking monetary compensation? If so, please enter the total amount requested and explain how you calculated the amount.

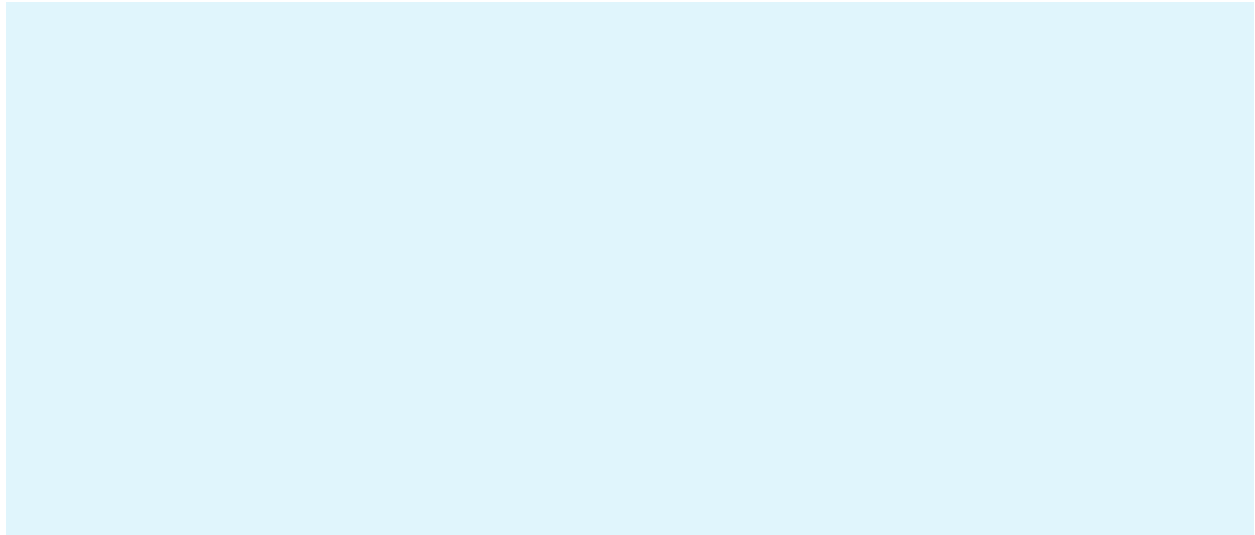
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Dispute Details (continued)

*Other than monetary compensation, is there any other relief requested? If so, please explain.



*Please list any previous efforts to resolve this dispute. With whom and when did you speak with Customer Care? Do you have the call reference number?



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