

Legal Proceedings Form

For Instructions and Definitions, please see the Application to Register as a Structured Settlement Transferee in the State of Maryland.

1. Full legal name of the applicant:

2. Full legal name of the **control affiliate**, if applicable:

3. Type of legal proceeding:

- Civil proceeding
- Criminal proceeding
- Administrative proceeding
- Bankruptcy proceeding
- Other (please specify) _____

4. Court or agency in which the proceeding occurred.

5. Please identify the caption for the proceeding, including any applicable docket or case number(s).

6. Please identify the following dates pertaining to the legal proceeding, as applicable:

- Date filed: _____
- Date settled: _____
- Date of judgment, decision, award, order, verdict, or settlement:

- Date of satisfaction: _____

○ Date of appeal: _____

7(a). Please identify each party to the proceeding. If more space is needed to answer, please attach an additional sheet.

7(b). Are any of the identified parties, other than the applicant or **control affiliate**, current or former employees or agents of the applicant or **control affiliate**?

- YES ○ NO

7(c). If so, please identify each employee or agent, provide the individual's job title or role, and state whether the individual is still affiliated with the applicant or **control affiliate**.

Name	Title	Still Affiliated?

8. Did the proceeding involve any dispute with a **payee** or other consumer?
○ YES ○ NO

If so, please identify the consumer(s). If more space is needed to answer, please attach an additional sheet.

9. Please describe the nature of claims or charges asserted in the proceeding.

10. Please submit a copy of any judgment, decision, award, order, verdict, or settlement, as well as documentation of any sentence or fine, if applicable.

I hereby certify, upon personal knowledge and under penalty of perjury, that the information provided on this Legal Proceedings Form is complete, accurate, and true.

I understand that applicants are under a continuing obligation to notify the Office of the Attorney General of any change to the information provided on this form within 21 days of the change taking effect.

Name of Responsible Person (see Application, Question #3): _____

Dated: _____ Signature: _____

Title: _____