

To: James F. Thompson, Esq. Atty.
1904 22nd Ave.
Gulfport, MS 39501
228-864-0232

5-Star Claim Information Sheet

Full Name: _____

Address: _____
(Street, City, State, Zip)

Home No.: _____

Work: _____

Cell: _____

Email address: _____

Please give a detail statement of what your complaint is and provide any and all documents to support your complaint, including your contract with 5-Star:

(Continue on the back of this page.)

Please select the following that apply:

My initiation (Contract) fee is paid in full. (If not – why not?)

I do not want to pay them “Maintenance Fees/Annual Dues” every year.

I do not use their facilities.

Why? _____

I do not want to be a member of 5 Star.

Why? _____

Please include me in any class action against 5 Star related to this issue.

I would not object if you charged 35% above expenses of any recovery.

Date: _____ Signature: _____

**A retainer fee is required, please contact my office and make arrangement.