

NEW YORK SELF ATTESTATION – DOMESTIC VIOLENCE

STATE OF NEW YORK, }
 }
County of _____ }

I, _____ **[PRINTED NAME]** attest that I am a victim of domestic violence. In accordance with Section 48-a of New York’s Public Service Law, I request to opt-out of a contract due to my status as a victim of domestic violence. I attest that I am a party to a shared phone plan contract for which a phone number(s) billed by AT&T is associated with such contract, and I am requesting that a phone number from that contract be: (a) transferred to a brand-new account, OR (b) moved to a different existing AT&T account, OR (c) ported out from AT&T to a different wireless carrier and account. In support of this sworn attestation, the following information is true and correct to the best of my knowledge and belief:

- 1. The impacted phone number(s) under contract is/are:

- 2. The account holder name associated with the phone number(s) is:

- 3. The device type (e.g., Apple Iphone X, Samsung XX) AND IMEI, SIM or other identifying device information associated with the phone number(s):

- 4. I am a resident of the State of New York, and my mailing address is:

[STREET ADDRESS, APARTMENT NUMBER, CITY, STATE, ZIP]

- 5. I would like to **[CHECK ONLY ONE]**:

- Start a new AT&T account with the phone number(s) under my name.
- Transfer the phone number(s) to existing AT&T account no. _____.
- Port-out the phone number(s) to another carrier and to an account in my name.

- 6. I understand that submitting false or inaccurate information on this form may lead to adverse consequences.

Signature