

# State of Maine Bitcoin Depot Settlement Claim Instructions

This Settlement is open to certain Maine residents who used a Bitcoin Depot Kiosk to convert cash to crypto and then put the crypto into an unhosted wallet between 2022 and 2025. To request a refund, please submit a claim using a claim form.

To be effective as a request for a Settlement Claim, this Claim Form must be completed in full, signed and submitted no later than April 1, 2026. As part of a Settlement Claim Review, the Bureau will determine whether and to what extent you are eligible for a payment of money under the Settlement Agreement. The Bureau may need to ask you questions or get additional information from you as part of the Settlement Claim Review process.

**Please note:** the Bureau may request that you provide additional documentation to verify your Claim. Such documentation could include: proof of identity documentation (such as government-issued identification documents, utility bills, etc.), police reports, and receipts.

Return by mail to:

**Bureau of Consumer Credit Protection**

35 State House Station

Augusta, ME 04333

Scan and return by email to [CCP.PFR@maine.gov](mailto:CCP.PFR@maine.gov), or by fax to (207) 582-7699

If you have questions or need assistance, please contact the Bureau at (207) 624-8527 or [CCP.PFR@maine.gov](mailto:CCP.PFR@maine.gov).

# State of Maine Bitcoin Depot Settlement Claim Form

**Please note:** the Bureau may request that you provide additional documentation to verify your Claim. Such documentation could include: proof of identity documentation (such as government-issued identification documents, utility bills, etc.), police reports, and receipts.

## Claimant Contact Information

Please provide the following information about the Claimant (i.e., the person completing this Claim Form).

1. Claimant Name (First, Middle Initial, Last)

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2. Claimant Home Address (Street Address, City, State, Postal Code)

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3. Claimant Mailing Address (If Different Than Home Address)

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4. Claimant Telephone Number

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5. Claimant Email Address

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6. Are You Filing This Claim on Your Own Behalf? ☐ YES ☐ NO

If not filing this Claim Form on your own behalf, please provide the following information about the person on whose behalf you are completing this Form.

7. Name (First, Middle Initial, Last)

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8. Home Address (Street Address, City, State, Postal Code)

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9. Please describe your relationship to the person on whose behalf you are completing this Form.

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## Claim Details

10. Were you a Maine resident between 2022 and 2025? ☐ YES ☐ NO

11. During the period from January 1, 2022 through December 4, 2025, did you use a Bitcoin Depot Kiosk to convert cash to cryptocurrency and then put the crypto into an unhosted wallet?

☐ YES ☐ NO ☐ NOT SURE

12. As part of a transaction at a Bitcoin Depot Kiosk between January 1, 2022 and December 4, 2025 did you suffer financial loss or harm as a result of a scam or other third-party actors?

☐ YES      ☐ NO      ☐ NOT SURE

13. Please provide a brief description of the financial loss or harm suffered.

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14. What was the dollar amount of financial loss suffered?

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## CERTIFICATION AND SIGNATURE

15. I am an adult of 18 years or older and affirm that the information I have provided in this Claim Form is true and correct, and that this is the only Claim Form that I have submitted and/or will submit in connection with this Settlement. I also understand, acknowledge and agree that I am eligible to submit only one Claim Form per minor Claimant as part of this settlement. I affirm that if I receive payment on behalf of a member of the Settlement Class, the payment must be used solely for the benefit of that member. I understand that this Claim Form will be reviewed for authenticity and completeness.

☐ YES      ☐ NO

16. I understand that by submitting this form, I am requesting and authorizing Bureau to conduct a Settlement Claim Review. I further understand that Bureau may ask me questions or that I provide the Bureau with additional information or documentation as part of the Settlement Claim Review process.

☐ YES      ☐ NO

17. By signing below, I am confirming that I am authorized to submit the Claim. If I am signing this document on behalf of a minor, I represent and warrant that I am the minor's parent or legal guardian.

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Signature

Date

To be effective as a request for a Settlement Claim, this Claim Form must be completed in full, signed and submitted no later than April 1, 2026.

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Augusta, ME 04333

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or by fax to (207) 582-7699