

Schedule A: Judgment recovery submission form.

Creditor Information	on	
Individual or Business Name	The name of the plaintiff, as listed on the judgm	nent
		ompleting this form and their association to the above plaintiff.
	The name of the person of	ompleung this form and their association to the above plaintin.
City:	State:	Zip Code:
Mobile Phone:	Alt. Phone:	Email:
Judgment Informa	tion	
Creditor Solutions cannot enforce v bankruptcy, or judgments awarded		s, judgment awards discharged through
Filing Court:	Filing County:	
Filing Date:	Index Number:	Judgment Amount:
Post-judgment payments ma	ade by debtor:	
Debtor Information		for goods or services, outstanding rent, breach of contract, etc.
	fields to the best of your ability. The n	nore information you provide, the better equipped e "Additional Information," below.
Individual or Business Name	The name of the defendant, as listed on the judg	ment
City:	State:	Zip Code:
Mobile Phone:	Alt. Phone:	Email:
SSN:	EIN/TAX ID:	Age: Date of birth or approximate age.
	known current or previous employment details.	
Einancial Information:	known current or previous employment details. n checking, savings, mortgage, brokerage, PayPal,	
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Known a	associations, family members, etc. Provide informat	ion about additional debtors listed in this judgment, if applicable.

Submit Your Application Using One of the Following Methods or Call (646) 814-1614

forms@creditorsolutions.com







attached forms to