

Schedule A: Judgment recovery submission form.

| Creditor Information | | | |
|---|----------------------------------|-------------------------------|---|
| Individual or Business Name: $\frac{1}{100}$ | on name of the plaintiff, as lie | tod on the judgment | |
| | | | this form and their association to the above plaintiff. |
| Address: | | | this form and their association to the above plaintin. |
| City: | St | ate: | Zip Code: |
| Mobile Phone: | Alt. Phone: | Include extention if office n | Email: |
| Judgment Information | on | | |
| Creditor Solutions cannot enforce vacat judgments awarded to claim outstanding | | ıment awards, judgm | nent awards discharged through bankruptcy, or |
| | Filing County: | | |
| Filing Date: | _ Index No.: | | Judgment Amount: Amount awarded before interest. |
| | | | ple. |
| Reason for seeking judgment: $\frac{1}{E^{\chi}}$ | camples: Failure to pay for g | pods or services, outstandi | ng rent, breach of contract, etc. |
| Debtor Information | | | |
| Provide responses for the following field be in the recovery process. If the judgm | | | ormation you provide, the better equipped we'll Information," below. |
| Individual or Business Name: | a name of the defendant ac | listed on the judament | |
| | | | |
| City: | Si | tate: | Zip Code: |
| Mobile Phone: | Alt. Phone: | | Email: |
| SSN: | | | |
| Employment Information: | | | Date of birth or approximate age. |
| | | | d, cryptocurrency, or other accounts. |
| Any known chec | | | |
| Known associa | ations, family members, etc. | Provide information about | additional debtors listed in this judgment, if applicable. |
| | | | |
| | | | |
| | | | |







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