

Schedule A: Judgment recovery submission form.

Creditor Information				
Individual or Business Name:	name of the plaint	tiff, as listed on the jud	dament	
Contact Person & Relationship to	o Creditor:			nis form and their association to the above plaintiff.
Address:				no form and their association to the above plannin.
City:		State:	Zip C	ode:
Mobile Phone:	Alt Phone	Include extention if		Email:
Judgment Information				
Creditor Solutions cannot enforce vacate bankruptcy, or judgments awarded to cla				ent awards discharged through
ling Court: Filing County:				
Filing Date:Index Nu	mber:	•	Judgment	t Amount: Original amount awarded (before interest).
Post-judgment payments made k	oy debtor:	Payment date and amo	ount if annlicable	
The reason why you sought this	judgment:			r services, outstanding rent, breach of contract, etc.
Debtor Information				
Provide responses for the following fields we'll be in the recovery process. If the jud				
Individual or Business Name:	name of the defer	ndant, as listed on the	iudament.	
Address:			Joros 9	
City:		State:	Zip Co	ode:
Mobile Phone:	_Alt Phone	:		Email:
SSN/EIN/TAX ID:				Age: Date of birth or approximate age.
Employment Information:	current or proviou	us employment details	.	bate of birth of approximate age.
Financial Information:	•			, cryptocurrency, or other accounts.
Additional Information:				dditional debtors listed in this judgment, if applicable.

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



Complete your form online by visiting creditorsolutions.com



@ Email

Scan and email the attached forms to info@creditorsolutions.com



Send the attached forms to 1441 Broadway, 5th Fl, New York, NY 10018