

Schedule A: Judgment recovery submission form.

Creditor Information		
Individual or Business Name:	of the colorest of the colorest	
		ompleting this form and their association to the above plaintiff.
Address:		
City:	State:	Zip Code:
Mobile Phone:	_ Alt. Phone: Include extention	Email:
Judgment Information		
Creditor Solutions cannot enforce vacated udgments awarded to claim outstanding ch		s, judgment awards discharged through bankruptcy, or
Filing Court:	Filing	County:
Filing Date:	_ No:	Judgment Amount: Amount awarded before interest
		, if applicable.
Reason for seeking judgment:	Payment date and amount	, outstanding rent, breach of contract, etc.
Examp	lles: Fallure to pay for goods or services,	, outstanding rent, breach of contract, etc.
Debtor Information		
Provide responses for the following fields to be in the recovery process. If the judgment		nore information you provide, the better equipped we'll ditional Information," below.
Individual or Business Name:	no of the defendant, as listed on the judge	yment.
Address:	ne of the defendant, as listed on the judg	ment.
City:	State:	Zip Code:
Mobile Phone:	_ Alt. Phone:	Email:
SSN:	Include extention EIN/TAX ID:	Age:
Employment Information:		Date of birth or approximate age.
Any known cui Financial Information: Any known checking		
		credit card, cryptocurrency, or other accounts. tion about additional debtors listed in this judgment, if applicable.
Known association	s, family members, etc. Provide informat	ion about additional debtors listed in this judgment, if applicable.







Scan and email the

attached forms to:

forms@creditorsolutions.com

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