

Schedule A: Judgment recovery submission form.

Creditor Information			
Individual or Business Name:	was of the plaintiff on listed on the judgment		
		ompleting this form and their association to the above plaintiff.	
Address:			
City:	State:	Zip Code:	
Mobile Phone:	_ Alt. Phone:	if office number.	_
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:	_ Index Number:	Judgment Amount: Amount awarded before inter	
		if applicable.	751.
		outstanding rent, breach of contract, etc.	_
Examp	lles: Failure 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:	ne of the defendant, as listed on the judg	ment.	_
Address:	ne of the defendant, as listed on the judg	ment.	_
City:	State:	Zip Code:	_
		Email:	
SSN:	Include extention EIN/TAX ID:	Age: Date of birth or approximate age.	
Employment Information:		Date of birth or approximate age.	
Any known cui Financial Information: Any known checking			
		credit card, cryptocurrency, or other accounts. ion about additional debtors listed in this judgment, if applicable.	
Known association	s, family members, etc. Provide informati	ion about additional debtors listed in this judgment, if applicable.	_
			_
			_

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



creditorsolutions.com

online by visiting





