

## Creditor Information

Individual or Business Name: \_\_\_\_\_  
The name of the plaintiff, as listed on the judgment.

Contact Person & Relationship to Creditor: \_\_\_\_\_  
The name of the person completing this form and their association to the above plaintiff.

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_ Alt. Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Include extension if office number.

## Judgment Information

Creditor Solutions cannot enforce vacated or overturned judgment awards, judgment awards discharged through bankruptcy, or judgments awarded to claim outstanding child support.

Filing Court: \_\_\_\_\_ Filing County: \_\_\_\_\_

Filing Date: \_\_\_\_\_ Index No: \_\_\_\_\_ Judgment Amount: \_\_\_\_\_  
Amount awarded before interest.

Post-judgment payments made by debtor: \_\_\_\_\_  
Payment date and amount, if applicable.

Reason for seeking judgment: \_\_\_\_\_  
Examples: Failure to pay for goods or services, outstanding rent, breach of contract, etc.

## Debtor Information

Provide responses for the following fields to the best of your ability. The more information you provide, the better equipped we'll be in the recovery process. If the judgment lists multiple debtors, see "Additional Information," below.

Individual or Business Name: \_\_\_\_\_  
The name of the defendant, as listed on the judgment.

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_ Alt. Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Include extension if office number.

SSN: \_\_\_\_\_ EIN/TAX ID: \_\_\_\_\_ Age: \_\_\_\_\_  
Date of birth or approximate age.

Employment Information: \_\_\_\_\_  
Any known current or previous employment details.


Financial Information: \_\_\_\_\_  
Any known checking, savings, mortgage, brokerage, PayPal, credit card, cryptocurrency, or other accounts.


Additional Information: \_\_\_\_\_  
Known associations, 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



 Online (Fastest)  
Complete your form  
online by visiting  
[creditorsolutions.com](https://creditorsolutions.com)

 Email  
Scan and email the  
attached forms to:  
[forms@creditorsolutions.com](mailto:forms@creditorsolutions.com)

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

 Fax  
Fax the attached  
forms to:  
**(646) 777-1710**