

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 Number: _____ Judgment Amount: _____
Original 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



Email
Scan and email the
attached forms to
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