



POST JUDGMENT COLLECTION INFORMATION FORM

ATTENTION: Please complete this form to the best of your ability **REGARDLESS of having sent any prior information to the Firm
Return Completed Form To: collect@mokslaw.com**

Contact Information

Date: _____, 20__

1. Contact Person: _____
2. Billing Address: _____, _____, _____
Street Address City State Zip Code
3. Telephone No: _____ Email Address: _____@_____

Collection Information

4. Do you have a Judgment? Yes No
If yes, please attach a copy to this Collection Information Form.

5. EMPLOYMENT INFORMATION:

Tenant's Name: _____ SSN: _____ DOB: _____

Employer's Name: _____

Employer's Address: _____, _____, _____
Street Address City State Zip Code

Co-Tenant Name: _____ SSN: _____ DOB: _____

Employer's Name: _____

Employer's Address: _____, _____, _____
Street Address City State Zip Code

6. BANK ACCOUNT INFORMATION:

Tenant's Name: _____ SSN: _____ DOB: _____

Name of Tenant's Bank: _____

Bank Address: _____, _____, _____
Street Address City State Zip Code

Co-Tenant's Name: _____ SSN: _____ DOB: _____

Name of Co-Tenant's Bank: _____

Bank Address: _____, _____, _____
Street Address City State Zip Code

Documents Needed

7. Do you have a Rental Application? Yes No
a. If yes, please attach a copy to this Collection Information Form.
b. The information contained in the Application may help us find additional assets.

Final Questions

8. If the above information is outdated, do you want me to search for new employment information and bank account information? Yes No

*Attention: There are additional costs involved in running a skip trace (up to \$50.00)

I, the undersigned, am authorized to enter into this agreement on behalf of the above-named Property. I agree to have the Law Offices of Anderson & Associates collect this debt in the appropriate Missouri or Kansas court. I also agree to pay for the cost of a filing fee and service charge within 30 days of invoicing, regardless of a third party obligation to indemnify me as a property manager. I understand that Anderson Law, LLC shall be paid thirty percent (30.00%) of the amount collected as an attorney fee for their services.

Signature

Printed Name

Please let us know how you heard about Our Company! _____