

Judgment Collection Data Form

(Provide All Information Available)

Name of Debtor #1: _____

Name of Debtor #2: _____

Address: _____

Address: _____

Cell Phone: _____

Cell Phone: _____

Other Phone: _____

Other Phone: _____

Email: _____

Email: _____

Their Employer: _____

Their Employer: _____

Employers Address: _____

Employers Address: _____

Employers Phone: _____

Employers Phone: _____

Business (Name): _____

Business (Name): _____

Business Address: _____

Business Address: _____

Business Email: _____ Business Email: _____

Judgment Amount: \$ _____

Date Entered: _____

Superior Court Location: _____

Small Claims Court Location: _____

We will need the following:

1. Copy of Judgment
2. Copy of Abstract if Available

Pacific-AssociationCollections.com

818-991-5200