

DEBT COLLECTION CLAIM FORM

Fill out this form completely, sign it and fax or mail it to Goodman Law Firm together with the supporting documents. We will review the claim and notify you if we accept it on the terms you propose.

DATE:	Today's date: _____	
FORWARDER (Person sending claim to us)	Name: _____ Address: _____ Phone/Fax/Email: _____	
CREDITOR (Person to whom debt is owed)	Name: _____ Composition: <input type="checkbox"/> Individual <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Sole proprietorship <input type="checkbox"/> LLC Address: _____ State of domicile: _____	
DEBTOR (Person who owes the debt)	Composition: <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Sole proprietorship <input type="checkbox"/> LLC Name: _____ Address: _____ Phone/Fax: _____ Date of Birth: _____ Social Security Number: _____ Employer: _____	
CLAIM INFORMATION	Amount owed: _____ Debt type: <input type="checkbox"/> Open account <input type="checkbox"/> Contract <input type="checkbox"/> Promissory note <input type="checkbox"/> NSF check <input type="checkbox"/> Other (describe): _____ Date of last payment: _____ Interest rate to be applied to balance due: _____ Will creditor advance costs or fees for suit: <input type="checkbox"/> Yes <input type="checkbox"/> No Compensation basis: <input type="checkbox"/> Hourly <input type="checkbox"/> Contingent: CLLA rates <input type="checkbox"/> Contingent: 33.33% Note: If you do not indicate choice or if you choose more than one, then our choice applies. A non-contingent, non-refundable suit fee may be required if a contingent rate applies; an advance retainer may be required if hourly rate applies.	
DOCUMENTS ATTACHED, PROVING CLAIM:	<input type="checkbox"/> Judgment <input type="checkbox"/> Itemized statement of account <input type="checkbox"/> Invoices comprising account <input type="checkbox"/> Delivery receipts <input type="checkbox"/> Contract/promissory note/agreement	<input type="checkbox"/> NSF or stop payment checks <input type="checkbox"/> Other documentation for proof of claim:

I/we hereby forward this claim to Goodman Law Firm ("GLF") for collection and I/we agree to compensate GLF as set forth above. I will cooperate with GLF so that the claim may be effectively prosecuted. All information provided is correct.

Signature: _____ Title: _____