



PLEASE COMPLETE THE AREA BELOW:

**CLIENT SERVICES AGREEMENT**

Client Name: _____ Address: _____ City, State Zip: _____ RE: _____, Plaintiff vs. _____, Defendant	Today's Date: _____ Index #: _____ HK File #: _____
<b>** Return to: 5505 Nesconset Highway Mount Sinai, NY 11766 or Fax to: 631-474-9098 **</b>	

Dear Client:

Thank you for contacting us for the enforcement of your judgment! All of our work will be conducted with no out of pocket expense to you. You will not be responsible for any additional costs, nor is there a retainer required for this service. Our fees are computed on a strictly contingent basis. We will receive payment only after having recovered money for you. **If HK Recovery Group, Inc. by its actions is unable to recover any money, there will be NO fee.** HK Recovery Group, Inc. will locate and seize any assets, financial or otherwise (including income) to force the debtor to meet his obligation. The fee for providing this service will be thirty-three percent of money recovered.

*If you would like HK Recovery Group, Inc. to assist you in the enforcement of your judgment please read below, sign where indicated and return this form to the address above.*

To the best of the judgment creditor's knowledge, the judgment in question has not been satisfied, paid, compromised, discharged in bankruptcy court or rendered unenforceable in any other way. The judgment creditor further agrees to notify HK Recovery Group immediately of any payment made directly to the judgment creditor.

If available please include a copy of the judgment. Complete the judgment debtor information sheet on the back of this form. If you wish to further discuss this matter, feel free to contact us at the number below.

Very truly yours,



Alex Schroder  
Director of Client Services

**NO FEE UNLESS WE COLLECT  
GUARANTEED**



**The Plaintiff acknowledges that the above stated judgment is true and valid and in accordance with the terms stated above gives authorization to HK Recovery Group, Inc., its agent and/or attorneys to pursue collections from said Defendant(s). Thirty days (written) notice is required to close any case in our office if nothing is outstanding.**

Signed: \_\_\_\_\_ Dated \_\_\_\_\_

Print: \_\_\_\_\_ Phone \_\_\_\_\_

Plaintiff

E-mail / Fax: \_\_\_\_\_

## Judgment Debtor Information Sheet

Please fill out any information pertaining to the **JUDGMENT DEBTOR** below.

**\*\* Please include a copy of the judgment if available. \*\***

Debtors Name: \_\_\_\_\_

Last known address: \_\_\_\_\_

\_\_\_\_\_

Last known home phone: \_\_\_\_\_

Last known place of employment: \_\_\_\_\_

\_\_\_\_\_

Occupation: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Date of Birth OR Approximate Age \_\_\_\_\_

Banking or credit references: \_\_\_\_\_

\_\_\_\_\_

Names of any friends or family: \_\_\_\_\_

Were any payments received **after** the judgment was awarded: YES or NO

If yes, please state dates and amounts of payments: \_\_\_\_\_

Please attach copies of any canceled checks, invoices, police reports or any other documentation that you feel may be useful in enforcing this judgment.

NOTES:

Any information obtained will be used in the enforcement of your judgment.