

THE LAW FIRM OF  
**SUSAN J. SZWED, P.A.**

MAINE'S COLLECTION SPECIALISTS

**Creditor**

Creditor name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

State of Incorporation: \_\_\_\_\_

Phone number: \_\_\_\_\_

Fax number: \_\_\_\_\_

Contact Person \_\_\_\_\_

**Debtor/s**

Debtor #1 name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone number: \_\_\_\_\_

Fax number: \_\_\_\_\_

Social Sec./Tax Id #: \_\_\_\_\_

State of Incorporation: \_\_\_\_\_

Debtor #2 name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone number: \_\_\_\_\_

Fax number: \_\_\_\_\_

Social Sec./Tax Id #: \_\_\_\_\_

State of Incorporation: \_\_\_\_\_

Attorney for Debtor \_\_\_\_\_

Law Firm: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone number: \_\_\_\_\_

Fax number: \_\_\_\_\_

# Details

Please Circle

Do you believe the information above is current? Yes / No

Is there a personal guarantor? Yes / No

Do you have a: Signed Contract / Promissory Note / No Signed Documents / Other

If other, please specify: \_\_\_\_\_

Is this for: Goods Sold / Services Performed / Money Loaned / Negligence / Other

If other, please specify: \_\_\_\_\_

Date of Loss/Claim/Default: \_\_\_\_\_

Original principal amount: \_\_\_\_\_

Principal amount currently owed: \_\_\_\_\_

Interest owed (through today): \_\_\_\_\_

Collection Fees: \_\_\_\_\_

Late Fees: \_\_\_\_\_

Date of last payment: \_\_\_\_\_

Amount of last payment: \_\_\_\_\_

What date was the last payment applied to? \_\_\_\_\_

Total amount paid on account: \_\_\_\_\_

How payments were applied:

Principal: \_\_\_\_\_ Interest: \_\_\_\_\_ Fees: \_\_\_\_\_ Other: \_\_\_\_\_

Please explain below if you know of any reason the account is overdue.

For example, is there any dispute about the service provided, dissatisfaction with a product or the amount of money owed? Have they threatened to counter sue you?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How would you describe your encounters/conversations with the debtor?

For example, are they unresponsive, combative, full of promises to pay?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is there any additional information that you believe is pertinent to your case?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

After you have completed this form, please mail all documents necessary to pursue your claim to:

Susan J. Szwed, P.A.  
P.O. Box 9715 – PMB 815  
Portland, ME 04104-5015

For your convenience, you may fax the completed form with documents to this office at (207) 775-3165. If you have any questions, or need help completing this form, please contact our office at (207) 775-2838.

Please Note the Following:

If your claim is an installment agreement (such as a credit card or a loan) it will be necessary to provide us with the TWO previous statements prior to charge off (For example, if charged off in August, please provide the June and July statements with the August statement). Please remember to send any signed contracts you may have along with any terms and conditions that apply as well as any account/payment history.