

ADVOCATES PROFESSIONAL SERVICES, INC.  
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(516) 594-8400 Fax: (516) 594-4519  
EMAIL: [apsinc@advocatesprof.com](mailto:apsinc@advocatesprof.com)

REFERRAL DATE: \_\_\_\_\_

### CLAIM CHECK LIST

CREDITOR NAME: \_\_\_\_\_ CONTACT & TITLE: \_\_\_\_\_

DEBTOR NAME & d/b/a: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ COUNTRY: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE #: \_\_\_\_\_ FAX: \_\_\_\_\_ PAGER/CELLULAR: \_\_\_\_\_

OTHER #(Home etc.): \_\_\_\_\_

CONTACT NAME/TITLE: \_\_\_\_\_

OTHER DEBTOR INFORMATION: \_\_\_\_\_

PRINCIPAL AMOUNT DUE: \$ \_\_\_\_\_ First Invoice Date: \_\_\_\_\_

Last Invoice Date: \_\_\_\_\_ Last Payment Date: \_\_\_\_\_ Return Credits: \$ \_\_\_\_\_

#### ENCLOSURES:

Invoices: YES: \_\_\_ NO: \_\_\_ COMMENTS: \_\_\_\_\_

Correspondence: YES: \_\_\_ NO: \_\_\_ COMMENTS: \_\_\_\_\_

Payment History (Computer Printout): YES: \_\_\_ NO: \_\_\_ COMMENTS: \_\_\_\_\_

ADDITIONAL INFO./COMMENTS: \_\_\_\_\_

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