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Claim Submittal Form

Please use <i>client contact information</i> , as plaintiff information - Yes or No (If no, complete below)		
Name: <input type="text"/>		
Business: <input type="text"/>		
Street 1: <input type="text"/>		
Street 2: <input type="text"/>		
City: <input type="text"/>	State: <input type="text"/>	Zip: <input type="text"/>
Telephone: <input type="text"/>	Fax: <input type="text"/>	E-mail: <input type="text"/>
Defendant's Information		
Name: <input type="text"/>		
Address: <input type="text"/>		
City: <input type="text"/>	State: <input type="text"/>	Zip: <input type="text"/>
Telephone: <input type="text"/>	Fax: <input type="text"/>	
Tax ID or Social Security Number: <input type="text"/>		
Amount Due: <input type="text"/>		
Interest and Attorney Fees: <input type="text"/>		
Please provide any additional comments in the space below:		
<div style="border: 1px solid black; height: 100px; width: 100%;"></div>		

Please also submit: Statement of Account - Contract - Credit Application and /or Personal Guaranty - Copy of Defendant's check if available.