

**KOHN LAW FIRM S.C. NEW ACCOUNT PLACEMENT SHEET**

Suite 501, 312 E. Wisconsin Avenue, Milwaukee WI 53202-4305, 414/276-0435

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**NAME OF FORWARDER:**

Address:

City State Zip:

Phone:

Fax:

E-mail:

**NAME OF CREDITOR (IF DIFFERENT FROM FORWARDER):**

Address:

City State ZIP:

Phone:

Fax:

E-mail:

**NAME OF DEBTOR(S):**

Street Address:

City:

State:

ZIP:

Phone:

Social Security #:

Account Balance: \$

Account

number:

Dates Services rendered: to

County of residence of debtors:

Patient(s) Name (medical accounts only):

Corporate officers (commercial, business claims):

**DEBTOR'S EMPLOYER:**

Address:

Phone:

Position:

Rate of pay:

**DEBTOR'S BANK NAME:**

Address:

Phone:

Account number:

Balance:

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Enclose itemized copy of account

Is there any known dispute on the account?  yes  no

Please supply any additional information which may be of value to us in collecting this matter:

**I hereby certify that the above listed claim balance is the true and correct balance owed by the debtor to the creditor.**

**BY:**

**For Creditor**

**Date:**

**FIRM USE ONLY:** Forwarder #:

LL:

Creditor #

Fee:  Standard or  %

Venue:

Sheriff:

Network compatibility: National Attorney edi Network-NAN, NCO Attorney Network, Rothenburg Network, Commercial Legal Software Collection Master standard format, many clients proprietary systems

Law Lists: The Commercial Bar, The Clearinghouse Quarterly, Wright Holmes, American Lawyers Quarterly, The General Bar Law List; the National Law List rev.11/02

\*\*\*\* attach an itemized copy of your bill or statement with this claim \*\*\*\*