PO Box 429

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**Adverse Lien Search**

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| --- | --- | --- | --- | --- | --- | --- | --- |
| |  |  | | --- | --- | | Adjuster Name: Click or tap here to enter text. Claim#: Click or tap here to enter text. | | | Date of Assignment: Click or tap here to enter text. Your Company: Click or tap here to enter text. | | Your Phone number: Click or tap here to enter text. Your e-mail: Click or tap here to enter text. | |  |  |  |

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| **Subject Information** |

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| --- | --- | --- |
| Party Name: tap here to enter text. | Dob: tap here to enter | \*Alias: tap here to enter text. |

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| --- |
| Parent(s)/Guardian(s) Name(s) if applicable: Click or tap here to enter text. |
| City/County of Loss: Click or tap here to enter text. Date of Loss: Click or tap here to enter text. |
| City/County of the Party’s residence: Click or tap here to enter text. |
| **Provider(s) Information** |

|  |  |  |
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| **Provider 1**: Click or tap here to enter text. | Type:item. | TIN: tap here to enter text. |

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| Provider 1 address:Click or tap here to enter text. | | |
| **Provider 2**: Click or tap here to enter text. | Type: item. | TIN: tap here to enter text. |
| Provider 2 address: Click or tap here to enter text. | | |
| **Provider 3**: Click or tap here to enter text. | Type: item. | TIN: tap here to enter text. |
| Provider 3 address: Click or tap here to enter text. | | |
| **Provider 4**: Click or tap here to enter text. | Type: item. | TIN: tap here to enter text. |
| Provider 4 address: Click or tap here to enter text. | | |
| **Provider 5**: Click or tap here to enter text. | Type: item. | TIN: tap here to enter text. |
| Provider 5 address: Click or tap here to enter text. | | |
| **Provider 6**: Click or tap here to enter text. | Type: item. | TIN: tap here to enter text. |
| Provider 6 address: Click or tap here to enter text. | | |
| **Provider 7**: Click or tap here to enter text. | Type: item. | TIN: tap here to enter text. |
| Provider 7 address: Click or tap here to enter text. | | |
| Child Support Lien search only? Yes No | | |
| \* Alias: Any additional or alternate spellings from any bills received eg. Bill instead of William. Also, for a child support lien, an ssn **may** be needed. If it is, I will phone you, **do not** send electronically. | | |
| Additional Information: Click or tap here to enter text. | | |