

2020 Financial Hardship Policy

Purpose:

The Judgment Group has established this policy to maintain consistency in assisting judgment debtors experiencing a hardship who request financial assistance to resolve and satisfy their unpaid court-ordered money judgment.

This document outlines The Judgment Group's policies and procedures as they relate to the application and approval process for debtors who are unable to pay or afford to pay the full amount due to satisfy their judgment – including allowable court costs, legal fees and interest. The Judgment Group will take into account the overall financial circumstances of the applicant and apply this policy consistently.

If approved, The Judgment Group may elect to reduce or waive certain amounts due from judgment debtors that successfully demonstrate paying the full legal balance due would cause significant financial hardship.

Financial Hardship Criteria:

The Judgment Group will take into account a range of factors when deciding whether the full payment of the judgment will cause the applicant a financial hardship. In making the decision whether to accept an amount less than the full legal balance due, The Judgment Group will review the household income, living expenses, and debts. Written verification, in some instances, may be required to substantiate and verify information contained in the financial hardship application.

The Judgment Group reviews all applications in combination with the current year's federal poverty guidelines to assist in determining qualifications for a financial hardship reduction (see Attachment A). In applying these guidelines, The Judgment Group will also consider and take into account any other income and expenses including money earned in the entire household. Evidence to support Income and employment status and amounts may include:

- Tax Returns
- W-2 forms
- Wage and Tax Statements
- Paycheck Stubs
- Employer Verification of Compensation
- Social Security Payment Remittance
- Worker's Compensation Payment Stubs
- Unemployment Payment Stubs

The Judgment Group will take into consideration the following factors:

1. Whether full payment will affect the applicant's ability to pay living expenses including:
 - Food
 - Clothing
 - Rent or mortgage payments
 - Other necessities
 - Any special needs resulting from a serious illness or disability
2. Whether the applicant owns any assets such as a house or car as well as the following:
 - Investments
 - Money in the bank
 - Cash on hand
 - Money set aside or designated for special needs
 - Tax refunds
 - Money owed to the applicant by any person, business or third party
3. Existence and amount of any outstanding debts.

THE JUDGMENT GROUP

A PROFESSIONAL ENFORCEMENT FIRM

Application Process for Financial Hardship Assistance

An application for financial hardship must be made in accordance with The Judgment Group's **Financial Hardship Policy**.

Applicants may request and complete an **Application for Financial Hardship Assistance** which can be obtained online at www.JudgmentGroup.com or requested in writing with "Hardship Application Request" in the subject line and sent via:

- email to Help@JudgmentGroup.com
- Fax to 1-888-338-8210
- First-class mail to The Judgment Group at Post Office Box 191, Stevensville, MD 21666-0191

Upon receipt of a written request, an **Application for Financial Hardship Assistance** will be sent to a judgment debtor within 5 business days to the debtor's last known address or to an alternative address, email or fax number based on instructions included in the written request submitted to The Judgment Group.

Within 30 days of receiving an **Application for Financial Hardship Assistance**, applicants are required to return the fully completed, signed and dated application package which includes the application form as well as all supporting documents detailed and listed in the application form. Please write your Judgment # on each page of your application package and send the full package via:

- email to Help@JudgmentGroup.com
- Fax to 1-888-338-8210
- First-class mail to The Judgment Group at Post Office Box 191, Stevensville, MD 21666-0191

Required Information:

The Judgment Group requires independent information to support claims of financial hardship including verification of expenses and income. The information submitted will be treated confidentially and will only be reviewed by staff involved in processing and reviewing information for evaluation of hardship and the necessity and/or potential for any reduction, adjustment or waiver of funds legally due and owing on the unpaid court-ordered money judgment in accordance with all relevant federal and state laws.

Time Frame:

Upon receipt of a fully completed, signed and dated application and all supporting documents, The Judgment Group will consider the overall financial situation of the applicant and then render a decision. All decisions will be made within 10 business days from the date The Judgment Group receives all applicant information including supporting documents. All determinations will be made pursuant to and in accordance with hardship guidelines. Decisions are made solely by The Judgment Group and are at the sole discretion and determination of The Judgment Group.

Applicants will receive a notification letter outlining whether the application has been approved or denied. If an applicant's hardship request is denied, The Judgment Group will provide the applicant with a written notice of its determination. If the applicant's financial situation significantly changes, the debtor may reapply.

Verification of ongoing qualification for financial hardship may be conducted at any time by The Judgment Group or at the request of the applicant.

All financial hardship documents received by The Judgment Group are deemed confidential and will be treated as such.

A HARDSHIP REQUEST CANNOT BE PROCESSED UNTIL THE COMPLETED APPLICATION WHICH INCLUDES THE FINANCIAL STATEMENT AND SUPPORTING DOCUMENTS ARE RECEIVED BY THE JUDGMENT GROUP.

2020 Federal Poverty Guidelines

**Department of Health and Human Services
2020 Federal Poverty Level (FPL) Guideline
for the 48 Contiguous States and the District of Columbia**

Total Yearly Household Income (combined total for all members in the home)						
# in the Household	100% of FPL Category A	125% of FPL Category B	150% of FPL Category C	175% of FPL Category D	200% of FPL Category E	>200% of FPL Category F
1	\$12,760	\$15,950	\$19,140	\$22,330	\$25,520	\$25,520 and up
2	\$17,240	\$21,550	\$25,860	\$30,170	\$34,480	\$34,480 and up
3	\$21,720	\$27,150	\$32,580	\$38,010	\$43,440	\$43,440 and up
4	\$26,200	\$32,750	\$39,300	\$45,850	\$52,400	\$52,400 and up
5	\$30,680	\$38,350	\$46,020	\$53,690	\$61,360	\$61,360 and up
6	\$35,160	\$43,950	\$52,740	\$61,530	\$70,320	\$70,320 and up
7	\$39,640	\$49,550	\$59,460	\$69,370	\$79,280	\$79,280 and up
8	\$44,120	\$55,150	\$66,180	\$77,210	\$88,240	\$88,240 and up
Each Add'l	\$4,480	\$5,600	\$6,720	\$7,840	\$8,960	\$8,960 and up

Source: <https://aspe.hhs.gov/2020-poverty-guidelines>

THE JUDGMENT GROUP

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Application for Financial Hardship Assistance

1 Debtor Applicant Information		Judgment Number:
Full Legal Name: SSN: ____ - ____ - ____ DOB: ____ / ____ / ____	Home Address: Mailing Address (if different):	Home Phone: Cell Phone: Work Phone: Email:
Preferred Method of Contact: (choose all that apply) <input type="checkbox"/> Cell phone <input type="checkbox"/> Home phone <input type="checkbox"/> Work phone <input type="checkbox"/> Email <input type="checkbox"/> Text (checking this box indicates your consent for text messaging)		
1) Number of People in the Household: Adults _____ Children _____		
2) Number of vehicles in your household (Include vehicles you are making payments on as well as vehicles you own): _____		
3) Have you filed for bankruptcy? <input type="checkbox"/> No <input type="checkbox"/> Yes, Chapter 7 <input type="checkbox"/> Yes, Chapter 13 <input type="checkbox"/> Yes, Chapter 11 • If yes, was the debt reaffirmed? <input type="checkbox"/> No <input type="checkbox"/> Yes		
4) Are you on active duty with the military or been deployed (including the National Guard and Reserves) or the surviving spouse of a member of the military who was on active duty at the time of death? <input type="checkbox"/> No <input type="checkbox"/> Yes • If yes, include a copy of the permanent change-of-station orders		
2 Hardship Information		Judgment Number:
The hardship causing payment challenges began on approximately (date) _____ and is believed to be: Short-term (up to 6 months) <input type="checkbox"/> Long-term or permanent (greater than 6 months) <input type="checkbox"/> Resolved as of (date) _____		
Type of Hardship (check all that apply)	You Are Required to Provide:	
<input type="checkbox"/> Unemployment	• Proof of unemployment/verification of unemployment benefits/ employer termination letter/other documentation demonstrating loss of employment	
<input type="checkbox"/> Reduction in income: a hardship that has caused a decrease in your income due to circumstances outside of your control (e.g., elimination of overtime, reduction in regular working hours, a reduction in base pay)	• Proof of Income Reduction, such as paystubs showing loss of hours • OR other documentation demonstrating loss of income	
<input type="checkbox"/> Increase in housing-related expenses: a hardship has caused an increase in your housing expenses due to circumstances outside your control (e.g., uninsured losses, increased property taxes, HOA special assessment)	• Proof of expenses	
<input type="checkbox"/> Divorce or legally documented Separation	• Divorce decree/property distribution order recorded and signed by the court • OR Separation agreement recorded and signed by the court if separation is legally documented by the court	

<input type="checkbox"/> Death of Spouse	<ul style="list-style-type: none"> • Death certificate. If a death certificate is not available, we may be able to use the following: <ul style="list-style-type: none"> - Obituary or newspaper article reporting the death - AND Income documentation prior to the death compared to income documentation of the surviving spouse afterward
<input type="checkbox"/> Long-term or permanent disability or serious illness of Debtor or dependent family member	<ul style="list-style-type: none"> • Doctor's certificate of illness or disability • OR Medical bills • OR Proof of monthly insurance benefits or government assistance (if applicable)
<input type="checkbox"/> Other	<ul style="list-style-type: none"> • Written letter of explanation signed and dated • AND documentation verifying your stated hardship

Provide an explanation of your hardship (continue on a separate sheet of paper if necessary):

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

3 Monthly Income

Judgment Number:

Enter all income for all adult(s) living in the household. For each income received, send the required documentation needed to verify the specific type of income. Refer to the "Required Documentation" for a list of all income document requirements.

Wage Income						
Your Name:		_____ (Adult Household Member #1)				
Employer Name:		<ul style="list-style-type: none"> Are there months that you don't receive income (e.g., teacher pay or seasonal)? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, list number of months worked in a year: _____ Any periodic work with the same employer or industry with a documented history of receiving unemployment benefits? <input type="checkbox"/> No <input type="checkbox"/> Yes List Hire Date: ____ / ____ / ____ If you earn commission or bonuses, how often do you earn this income? _____ 				
Employer Phone:						
Employer Address:						
Gross Wages	\$				Gross Wages pay frequency?	<input type="checkbox"/> Monthly
Overtime	\$					<input type="checkbox"/> Semi-Monthly
Tips	\$	<input type="checkbox"/> Bi-Weekly				
Commission	\$	<input type="checkbox"/> Weekly				
Bonus	\$	<input type="checkbox"/> Other _____				
Name of Household Adult #2:		_____ (Adult Household Member #2)				
Employer Name:		<ul style="list-style-type: none"> Are there months that you don't receive income (e.g., teacher pay or seasonal)? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, list number of months worked in a year: _____ Any periodic work with the same employer or industry with a documented history of receiving unemployment benefits? <input type="checkbox"/> No <input type="checkbox"/> Yes List Hire Date: ____ / ____ / ____ If you earn commission or bonuses, how often do you earn this income? _____ 				
Employer Phone:						
Employer Address:						
Gross Wages	\$				Gross Wages pay frequency?	<input type="checkbox"/> Monthly
Overtime	\$					<input type="checkbox"/> Semi-Monthly
Tips	\$	<input type="checkbox"/> Bi-Weekly				
Commission	\$	<input type="checkbox"/> Weekly				
Bonus	\$	<input type="checkbox"/> Other _____				
Name of Household Adult #3:		_____ (Adult Household Member #3)				
Employer Name:		<ul style="list-style-type: none"> Are there months that you don't receive income (e.g., teacher pay or seasonal)? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, list number of months worked in a year: _____ Any periodic work with the same employer or industry with a documented history of receiving unemployment benefits? <input type="checkbox"/> No <input type="checkbox"/> Yes List Hire Date: ____ / ____ / ____ If you earn commission or bonuses, how often do you earn this income? _____ 				
Employer Phone:						
Employer Address:						
Gross Wages	\$				Gross Wages pay frequency?	<input type="checkbox"/> Monthly
Overtime	\$					<input type="checkbox"/> Semi-Monthly
Tips	\$	<input type="checkbox"/> Bi-Weekly				
Commission	\$	<input type="checkbox"/> Weekly				
Bonus	\$	<input type="checkbox"/> Other _____				

Self-Employment/1099 Income — A Profit and Loss statement is required. Attached is a Profit and Loss Statement template. If you choose not to use the template attached, please provide a separate year-to-date Profit and Loss Statement that includes the business income and business expenses prepared by you or your accountant.

Business Owner 1:	<input type="checkbox"/> Debtor <input type="checkbox"/> Co-Debtor <input type="checkbox"/> Contributor (name) _____				
Business Name 1:		Gross Monthly Income:	\$	Business Start Date:	__/__/__
Business Owner 2:	<input type="checkbox"/> Debtor <input type="checkbox"/> Co-Debtor <input type="checkbox"/> Contributor (name) _____				
Business Name 2:		Gross Monthly Income:	\$	Business Start Date:	__/__/__

Rental and/or Boarder Income — If you have additional properties, please complete the Rental Income form attached. For all other properties or liens, provide a mortgage statement, reflecting principal, interest, taxes, insurance and property address. In the event that taxes and insurance are not escrowed, please provide insurance declarations page and/or tax statement.

Property Address:

Gross Monthly Rent 1:	\$	Monthly Property Principal	\$	Tax:	\$	HOA:	\$
		Monthly Property Interest	\$	Insurance:	\$	Lease Start Date:	
Property Address:							
Gross Monthly Rent 2:	\$	Monthly Property Principal	\$	Tax:	\$	HOA:	\$
		Monthly Property Interest	\$	Insurance:	\$	Lease Start Date:	

Benefit Income — List all types of benefit income that you receive.

Beneficiary Name 1:	<input type="checkbox"/> Debtor <input type="checkbox"/> Co-Debtor <input type="checkbox"/> Contributor (name) _____			
Gross Monthly Benefit	\$	<input type="checkbox"/> Social Security <input type="checkbox"/> Retirement <input type="checkbox"/> Disability <input type="checkbox"/> Other <input type="checkbox"/> Unemployment <input type="checkbox"/> Mortgage Supplements <input type="checkbox"/> Supplemental Nutrition Assistance Program (SNAP) <input type="checkbox"/> Temporary Aide to Needy Families	Is this non-taxable income? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Beneficiary Name 2:	<input type="checkbox"/> Debtor <input type="checkbox"/> Co-Debtor <input type="checkbox"/> Contributor (name) _____			
Gross Monthly Benefit	\$	<input type="checkbox"/> Social Security <input type="checkbox"/> Retirement <input type="checkbox"/> Disability <input type="checkbox"/> Other <input type="checkbox"/> Unemployment <input type="checkbox"/> Mortgage Supplements <input type="checkbox"/> Supplemental Nutrition Assistance Program (SNAP) <input type="checkbox"/> Temporary Aide to Needy Families	Is this non-taxable Income? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Beneficiary Name 2:	<input type="checkbox"/> Debtor <input type="checkbox"/> Co-Debtor <input type="checkbox"/> Contributor (name) _____			
Gross Monthly Benefit	\$	<input type="checkbox"/> Social Security <input type="checkbox"/> Retirement <input type="checkbox"/> Disability <input type="checkbox"/> Other <input type="checkbox"/> Unemployment <input type="checkbox"/> Mortgage Supplements <input type="checkbox"/> Supplemental Nutrition Assistance Program (SNAP) <input type="checkbox"/> Temporary Aide to Needy Families	Is this non-taxable Income? <input type="checkbox"/> No <input type="checkbox"/> Yes	

Child Support/Alimony Income — List all types of alimony, child support or separate maintenance income for adult members of the household.

Beneficiary Name:	<input type="checkbox"/> Debtor <input type="checkbox"/> Co-Debtor <input type="checkbox"/> Contributor (name) _____	
Gross Monthly Benefit	\$	

Other Income — List any other type of income that you currently receive that has not been disclosed above.

Name:	<input type="checkbox"/> Debtor <input type="checkbox"/> Co-Debtor <input type="checkbox"/> Contributor (name) _____	
Gross Monthly Income	\$	<input type="checkbox"/> Other (please explain) _____

4

Monthly Expenses

Judgment Number:

Enter monthly expenses for the household which includes all adult and minor members of the household

Monthly Household Expenses/Debt	
Rent Payment (Primary Residence)	\$
Mortgage Payment (Primary Residence)	\$
Rent Payment for office, workspace, studio space, etc.*	\$
Mortgage Payments on other real estate owned*	\$
Homeowner's Insurance Escrowed? If no, what is your monthly payment?*	\$
Property Taxes Escrowed? If no, what is your monthly payment?*	\$
HOA/Condo Fees	\$
Credit Cards/Installment Loan(s) (total minimum payment per month)	\$
Auto Loans	\$
Child Care	\$
Alimony Payment*	\$
Child Support Payment*	\$
Auto Expenses (e.g., fuel)	\$
Auto Insurance (for all vehicles)	\$
Life Insurance Premiums (if not withheld from pay)	\$
Health Insurance Premiums (if not withheld from pay)	\$
Medical (co-pays and monthly prescriptions)	\$
Food	\$
Water*	\$
Sewer*	\$
Trash*	\$
Gas*	\$

Electric*	\$
Telephone*	\$
Internet*	\$
Cable*	\$
Cell Phone*	\$
Student Loans	\$
Other* (Provide Explanation):	\$
Other* (Provide Explanation):	\$
Other* (Provide Explanation):	\$
Total Expenses/Debt	\$

Household Assets	
Checking Account(s)	\$
Savings/Money Market	\$
Certificates of Deposit (CDs)	\$
Stocks/Bonds (non-retirement)	\$
Other Cash on Hand	\$
Pension Funds	\$
401(k)	\$
Annuities	\$
IRAs	\$
Keogh Plans	\$
Other: _____	\$

*For any household expenses, provide supporting documentation such as a copy of your monthly bill, statement or payment receipt.

PROFIT AND LOSS STATEMENT (template)

Judgment Number:

- List all income and expenses generated from your business
- If you are a 1099 employee, list all your income and expenses related to your current employment
- Must cover year-to-date earnings and expenses (e.g., January to June of current year)

Company Name:

For the period ____/____/____ to ____/____/____

GROSS INCOME**TOTAL GROSS INCOME: \$****EXPENSES:**

Advertising	\$
Bank Charges	\$
Depreciation	\$
Employee Wages	\$
Equipment Rental	\$
Insurance	\$
Interest	\$
Office Supplies	\$
Officer Salary	\$
Postage & Printing	\$
Repairs & Maintenance	\$
Telephone & Internet	\$
Training/Seminars	\$
Utilities	\$
Vehicle	\$
Other:	\$
Other:	\$
Other:	\$
TOTAL EXPENSES	\$
PROFIT/LOSS	\$

Print Your Name:

Signature:

Date:

5 Required Documentation Checklist

Judgment Number:

We will evaluate the assistance options available to you, if any, based on your complete application which requires receipt of all required supporting documents. The middle column serves as a checklist to ensure you provide each required supporting document as needed.

	Document Needed?	
Wage Earner		<p>One full month's worth of paystubs demonstrating 30 days of year-to-date income (e.g., if paid weekly, need four most recent paystubs)</p> <ul style="list-style-type: none"> • AND Three most recent bank statements (checking and savings) — include all pages (front & back), even blank pages • AND Two most recent W2s
Self-Employed/1099		<p>Personal federal tax returns completed and signed by you with all pages and all schedules</p> <ul style="list-style-type: none"> • AND Two most recent years of Business federal tax returns completed and signed with all schedules and K1 if applicable. • AND Either the most recent signed and dated quarterly or year-to-date Profit and Loss statement that reflects activity for the most recent twelve months • AND Three most recent bank statements for the business account — include all pages (front & back), even blank pages
Tips, commission, bonus, housing allowance or overtime		<p>Written description of the type of income and frequency of receipt of income signed and dated</p> <ul style="list-style-type: none"> • AND 3rd party document describing income (e.g., employment contracts, tip income, receipts) • AND Three most recent bank statements — include all pages (front & back), even blank pages
Social Security, disability, death benefits, pension, public assistance or adoption assistance		<p>Benefit statement or award letter from provider showing amount, frequency and duration of benefits</p> <ul style="list-style-type: none"> • AND Receipt of payment (e.g., three most recent bank statements — include all pages [front & back], even blank pages or direct deposit advices)
Supplemental Nutrition Assistance Program benefits		<p>Most recent certification document, award letter or statement from the provider stating the amount, frequency, start and end date of the Food Stamp income.</p>
Alimony, child support or separation maintenance payments		<ul style="list-style-type: none"> • Divorce decree, separation agreement or other written legal agreement filed with the court that states the amount of the payments and the period of time that you are entitled to receive them • AND Copies of three most recent bank statements — include all pages (front & back), even blank pages, or direct deposit advices showing you received payment
Rental property income that is not your primary residence		<p>Most recent federal tax return with all schedules, including Schedule E</p> <ul style="list-style-type: none"> • AND if the rental income is not reported on Schedule E, current lease agreement with at least 3 months' bank statements showing deposits of rent checks — include all pages (front & back), even blank pages
Investment Income		<p>Two most recent monthly or quarterly investment statements for any 401(k)s, mutual funds, stocks, bonds, CDs, IRAs, etc. If any of this income is being used as household income, please provide two most recent bank statements showing deposit amounts — include all pages (front & back), even blank pages</p>
Information for Non-Debtor Contributing to Household Income		<ul style="list-style-type: none"> • Three most recent months of the Debtor's bank statements showing the non-Debtor's contribution being deposited regularly — include all pages (front & back), even blank pages • AND Signed and dated contribution letter from the non-Debtor indicating amount and frequency contributed to the household • AND Paystubs from non-Debtor showing at least 30 days of year-to-date earnings (e.g., if paid weekly, need four most recent paystubs) or other supporting income documentation • AND Proof the non-Debtor lives in the subject property, such as driver's license or utility bill
Additional Information		<p>Provide documentation of any additional income</p>
Power of Attorney		<p>If you have someone else signing on your behalf, provide a copy of the Power of Attorney</p>
Now Receiving Unemployment Compensation		<p>Benefit statement or award letter from provider showing amount and frequency of benefits (e.g., exhibits, disability policy)</p> <ul style="list-style-type: none"> • AND Receipt of payment (e.g., three most recent bank statements - include all pages [front & back], even blank pages or direct deposit advices)
Temporary/Seasonal/Union Worker Not Now Receiving Unemployment Benefits		<p>A letter of explanation confirming your unemployment benefit is related to an intermittent lay off & if you will be returning to work in the same line of work and/or with the same employer</p> <ul style="list-style-type: none"> • AND most recent year's W-2s for all employers, 1099s for all income earned, and most recent pay stubs from all current and/or past employers reflecting YTD earnings and deductions

6 Acknowledgment and Agreement

Judgment Number: _____

1. I certify that all of the information in this **Application for Financial Hardship Assistance** is true, complete and accurate and the hardship(s) identified above has contributed to submission of this request for hardship relief.
2. I understand and acknowledge that The Judgment Group or their respective agents may investigate the accuracy of my statements, may require me to provide additional supporting documentation, and that knowingly submitting false information may violate state, federal and other applicable law(s).
3. I understand The Judgment Group may obtain my current credit report(s).
4. I understand that if I have engaged in fraud or misinterpreted any fact(s) in connection with this request for hardship relief or if I do not provide documentation required, The Judgment Group may cancel any hardship relief granted and pursue post-judgment enforcement remedies as allowed by law to collect the remaining legal judgment balance due.
5. I certify that I am willing to provide all requested documents to The Judgment Group and will respond to all communications in a timely manner.
6. I understand that time is of the essence.
7. I understand The Judgment Group will use the information to evaluate my eligibility for available relief options and alternatives, but The Judgment Group is not obligated to offer me assistance based solely on the representations in this document or other documentation submitted in connection with my request.
8. If I am eligible for a hardship plan (e.g., trial period plan, repayment plan, discounted payment plan, forbearance plan, re-age plan or extension plan) and I accept and agree to all terms of such plan, I also agree that the terms of this Acknowledgment and Agreement are incorporated into such plan by reference as if set forth in such plan in full. My first timely payment following The Judgment Group's determination and notification of my approval for a financial hardship plan will serve as acceptance of the terms set forth in the notice sent to me that sets forth the terms and conditions of such plan.
9. I agree that when The Judgment Group accepts and posts a payment during the term of my hardship plan, it will be without prejudice to, and will not be deemed a waiver of my unpaid, court-ordered money judgment as listed in this application, and related enforcement activities and shall not constitute satisfaction of my judgment unless such payments are sufficient to constitute payment in full of the entire legal balance due on my judgment.
10. I understand that The Judgment Group will collect and record personal information that I submit in this Hardship Assistance Application and during the evaluation process, including, but not limited to, my name, address, telephone number, Social Security number, credit score, income, payment history as well as employment, asset and liability information and activity.
11. I understand and consent to The Judgment Group's disclosure of my personal information and the terms of any hardship relief to any owner, investor, insurer, guarantor or servicer that owns, insures, guarantees or provides information, access, technology or services involved in getting my judgment paid and satisfied.
12. I authorize The Judgment Group and its affiliates and designees to contact me regarding my judgment using any means, including but not limited to placing calls using an automated dialing system to cell, VoIP or other wireless phone numbers, or by sending prerecorded messages or text messages, even if charges may be incurred for the calls or messages. I also consent that phone calls to The Judgment Group may be monitored and recorded.

Applicant's Signature

Date

NOTIFICATION REGARDING AUTOMATIC DENIAL OF HARDSHIP APPLICATION

If the signed and dated hardship application including the financial statement and all supporting documents for each adult member of the household are not received by The Judgment Group, the hardship application will be denied without recourse.

EMPLOYMENT VERIFICATION

THIS SECTION TO BE COMPLETED BY APPLICANT

Name & Address of Employer:

Date: _____

RE: _____
Applicant Name

Social Security Number

I authorize release of my employment information to The Judgment Group. Your prompt response is crucial & greatly appreciated.

Signature of Applicant

Date

THIS SECTION TO BE COMPLETED BY EMPLOYER

Currently Employed: Yes ☐ Date First Employed _____ No ☐ Last Day of Employment _____

Current Wages/Salary: \$_____ (check one) ☐ hourly ☐ weekly ☐ bi-weekly ☐ semi-monthly ☐ monthly ☐ yearly ☐ other _____

Avg. # regular hours per week: _____ Year-to-date earnings: \$_____ from: ____/____/____ through: ____/____/____

Overtime Rate: \$_____ per hour Average # of overtime hours per week: _____

Shift Differential Rate: \$_____ per hour Average # of shift differential hours per week: _____

Commissions, bonuses, tips, other: \$_____ ☐ hourly ☐ weekly ☐ bi-weekly ☐ semi-monthly ☐ monthly ☐ yearly ☐ other _____

List any anticipated change in the employee's rate of pay within the next 12 months: _____; Effective date: _____

If the employee's work is seasonal or sporadic, please indicate the layoff period(s): _____

Additional remarks: _____

Name of employer designee who completed this form: _____

Employee's Signature

Employee's Title

Date

Employer [Company] Name and Address:

Phone #

Fax #

E-mail

EMPLOYER: Please send this form to **THE JUDGMENT GROUP** via fax to 1-888-338-8210 or email JBrown@JudgmentGroup.com. If you have questions, please call us toll-free at 1-877-420-8628 x701.