



Your Collection Solution

1776 North Pine Island Road • Suite 208 • Plantation, Florida 33322
Telephone: (954) 577-7700 • (888) 378-8100 • Facsimile (954) 424-0500
Web Address: www.ycscollects.com

JUDGMENT RETENTION AGREEMENT

This agreement is made by and between Your Collection Solution, Inc., a Florida Corporation (hereinafter referred to as AGENCY) and _____ thereinafter referred as CLIENT) this _____ day of _____, 20_____.

The AGENCY and CLIENT hereby agree as follows:

1. AGENCY will utilize the services of independent private investigators to perform asset investigation services. Furthermore AGENCY will have legal counsel prepare all necessary documents including all garnishment proceedings to collect the subject judgment for CLIENT. Fees are calculated on the amount of the judgment as collected. CLIENT agrees to pay AGENCY a contingency fee on any amounts recovered as follows:

- a. A contingency fee of 35% applies to any and all monies recovered up to \$50,000.
- b. A contingency fee of 25% applies to any and all monies recovered, between \$50,000 and \$75,000.
- c. A contingency fee of 15% applies to any and all monies recovered over \$75,000.
- d. The AGENCY'S independent investigators will conduct a comprehensive asset investigation, which is inclusive of the following: bank accounts, real property and credit analysis, for a fee of \$425.00. The contingency fee schedule includes all necessary attorney fees to effectuate a garnishment. Once garnishable assets are identified, the client will be responsible for a fee of \$350.00 for the cost associated with the garnishment.
- e. In the event that your judgment debtor has moved from the state that issued your judgment, said judgment must be domesticated to the state in which the debtor currently resides before any garnishment activities can commence. In such case, client must provide agency with an exemplified copy of the judgment and pay an out of pocket cost of \$750.00.
- f. In the event that litigation is necessary in remedying any breach of this Retention Agreement, all costs and expenses of litigation, including attorney fees, incurred by AGENCY will be borne by the non prevailing party. Each agrees and acknowledges that the laws of Florida shall govern the validity construction, interpretation and effect of this Agreement.

THIS AGREEMENT shall be binding upon the parties.

The parties hereto have here unto set their hands and seal this _____ day of _____ 20_____.

By: _____
Your Collection Solution, Inc.

By: _____
Client

Your Collection Solution

PERMISSIVE USE REQUEST FORM

Your Collection Solution, Inc
Your Nationwide Asset Specialist

1776 North Pine Island Road, Suit 208
Plantation, FL 33322
Telephone: (954) 577-7700 *Toll Free: (888)378-8100
Fax (954) 424-0500 info@ycscollects.com

Client Name _____

Contact _____

Address _____

City _____ STATE _____

Zip _____

Phone _____

Fax _____

E-Mail _____

Additional Notes:

TYPE OF INVESTIGATION (YOU MUST CHECK ONE)

- Skip Trace Address Locate \$35.00
- SSN Locate \$25.00
- Skip Trace Address Locate & SSN \$50.00
- FEIN Locate \$50.00
- Nationwide Real Property Locate \$175.00
- Credit Profile \$150.00
- Business Credit Profile \$150.00
- Bank Account One State \$300.00
- Bank Account Two States \$450.00
- Nationwide Brokerage Accounts \$550.00
- Comprehensive Asset Investigation \$425.00
Includes: Bank Accounts One State, Safety Deposit Box, Credit Profile, Nationwide Real Property, Motor Vehicles, Liens & Judgments
- Comprehensive Asset Investigation & Nationwide Brokerage Investigation \$850.00
Includes: Multi State Bank Accounts, Safety Deposit Box, Nationwide Brokerage Accounts, Certificates of Deposits, Money Markets, Credit Profile, Nationwide Real Property, Motor Vehicles, Liens & Judgments

Inquire About Our Volume Discounts

- Enforcement of a Judgment
- Debt Collection
- Child Support Collection
- Probate Estate Investigation
- Identify Assets Prior to Litigation
- Identify Assets for Settlement Purposes
- Identify Personal Assets
- Investigate Assets for a Business transaction or Partnership

Permissive Use Request Form

Subject's Name: _____ SS#: _____

Business Name: _____ Fed. Tax ID#: _____

Last Known Address: _____ Apt. # _____

City: _____ State: _____ Zip Code: _____

I understand that I am placing an investigation. I also understand that Your Collection Solution, Inc. and its independent investigators are performing an investigation based on the information that I have provided. Your Collection Solution, Inc. has not and will not verify the information that I have provided, nor will they independently verify information obtained through its investigative sources. Your Collection Solutions, Inc. assumes no liability for the accuracy of information it has obtained or that has been obtained by its independent investigators.

Furthermore, I understand that Your Collection Solution, Inc. and its independent investigators are providing an investigative service and cannot guarantee desired results. I agree to hold harmless Your Collection Solution, Inc. for errors or omissions. I further acknowledge that Your Collection Solutions, Inc. cannot guarantee the accuracy of the information provided. I understand that requests can not be cancelled and all payments for services are non refundable. I acknowledge that all requests are submitted in accordance with the FCRA, FDCPA, and GLB including all Federal and State privacy laws that may apply. This form, containing an original signature or an original signature transmitted via facsimile shall have the same authority as if my original signature was affixed thereto.

Print Name of Individual Requesting Search: _____

Signature of Individual Requesting Search: _____