State of Washington
Administrative Office of the Courts

Collection Agent FTP Process Request Form

To be completed by the court and forwarded to the collection agent:

Date _____ Court Name _____

Court Contact _____

Court Phone Number _____

Collection Agent Name _____

JIS Collection Agent Name Code _____ _____ _____

To be completed by the collection agent and returned to the court:

CONFIDENTIAL

Collection Agent Name _____

Address _____

_____

_____
City/State/Zip Code

Collection Agent Contact Name _____

Collection Agent Contact Phone _____

Collection Agent IP Address _____

AOC Logon User Name (Up to 8 Characters)* _____

AOC Logon Password (Up to 8 Characters)* _____

* Assigned by the collection agent.

The completed form is to be faxed by the court to AOC's Customer Services at (360) 956-5717