



ATTORNEY COVER SHEET

Please submit this cover sheet with your client's completed intake forms for each petition you send to us for processing. 5300 Memorial Drive, Suite 115, Stone Mountain, GA 30083. Phone: (404) 296-4582. FAX OR EMAIL 24 HOURS A DAY. **Fax: (404) 296-4583 • Email: darlene@darlenesparalegal.com**

Attorney Name

Name of Law Firm

Address

Attorney Bar Number

Phone Number

Email

Website

Client Name(s)

Attorney Fee for Compensation Statement (please exclude filing fee)

Please draft: Chapter 7 Chapter 13 Provide me with Means Test Results

Length of Plan for Chapter 13: 3 Years 5 Years

State Exemptions: What State? _____

Additional instructions or information:

CONFIDENTIALITY AGREEMENT

Darlene's Paralegal Services, Inc. agrees to maintain in confidence and not to disclose any confidential client information received from the attorney other than to employees or agents who have a need to know the confidential information and approved by attorney for release. Unless instructed by the attorney, Darlene's Paralegal Services, Inc. further agrees not to make any copies in whole or in part of confidential information or analyze samples of tangible materials included therein, which are not available on the open market or from other sources, for any purposes and will, upon request by the attorney, return all tangible materials furnished hereunder and any notes or memoranda of conversations relating thereto, including any copies thereof.

Darlene's Paralegal Services, Inc.
5300 Memorial Drive, Suite 115
Stone Mountain, GA 30083

Confidential Questionnaire

Please answer all questions to the best of your knowledge and as thoroughly as possible. If a question or section does NOT apply to you, please mark N/A (not applicable). Please type or print.

Personal Information

Name: First Middle (spell out) Last

Other names used within the last 8 years. Example: maiden name, name from previous marriage, legal name change, DBA, etc.) If multiple, separate with commas. **Check if not applicable N/A**

Name(s) Used/Date(s)

Social Security Number Date of Birth

Street Address

City State Zip

County of Residence Length of Time at This Address

Home Phone Cell Phone Other Phone

Email address

Has your domicile, residence, principal place of business or principal assets been in this district for at least 6 months? **Yes No** If not, list previous address below.

MAILING ADDRESS (if different) **Check if not applicable N/A**

Marital Status: **Married Single Separated Divorced Widowed Common Law**

If married, how are you filing? **Jointly Separately**

Have you filed a bankruptcy case or has a bankruptcy case been filed against you within the last eight (8) years? **Yes No** If "yes" provide date/s and county.

Date: County:

Have you met the Debt Counseling requirement for your state? Please check one of the choices below:
Counseling not completed Received counseling within the past 180 days
Request waiver Does not apply to my district

Darlene's Paralegal Services, Inc.
Phone: (404) 296-4582 Fax: (404) 296-4583

Prior Residences within the past three years:

Check if not applicable [] N/A

Date that you moved to your current address (month/year):

Prior Address:

From/To:

Name of person (s) who lived at this address

Prior Address:

From/To:

Name of person (s) who lived at this address

Name of Spouse or Former Spouses:

Check if not applicable [] N/A

List all spouses and dates (to/from) you were married.

List all spouses and dates (to/from) you were married.

Environmental Information

Check if not applicable [] N/A

If you have received notice from a government agency concerning an environmental issue or release of hazardous material, please complete the following:

Site name and address

Date of notice

Environmental law

Governmental unit and address

If you have received notice of environmental proceedings, please complete the following:

Government unit and address

Docket number

Disposition

INCOME

YOUR EMPLOYMENT (If self-employed, use next form)

Name as listed on paycheck: _____ Occupation (spell out): _____
Employer's Name & Address: _____
Length of time with this employer: Years _____ Months _____
Do you have a 2nd job: Yes No
Employer's Name & Address: _____
Length of time with this employer: Years _____ Months _____

YOUR INCOME HISTORY

If married, both spouses need to complete this form, even if only one spouse is filing.

Current Income: (Pro rate if not paid monthly)

Estimated average **monthly** wages for *the last 6 months prior to filing* (before deductions) \$ _____
Estimated average **monthly** commissions for *the last 6 months prior to filing* \$ _____
Estimated average **monthly** overtime for *the last 6 months prior to filing* \$ _____

Previous income:

Gross income, commissions and overtime *for last year (before deductions)* \$ _____
Gross income, commissions and overtime *2 years ago* \$ _____

Business Income:

Regular **monthly** income from operating a business or farm (before expenses) \$ _____
Regular gross income from operating a business or farm *for the last 2 years* \$ _____

Less Monthly Payroll Deductions:

Payroll Taxes and Social Security \$ _____
Insurance \$ _____
Union Dues \$ _____
Other: \$ _____

If 401K, how long you have participated:

Other Monthly Income (Estimated average monthly wages for the last 6 months)

Income from Real Property (rental property) \$ _____
Interest, dividends and royalties \$ _____
Pension or retirement income \$ _____
Alimony or child support payments received \$ _____
Unemployment \$ _____
Social Security related assistance (Specify): \$ _____
Other Government assistance (Specify): \$ _____
Other Monthly Income (Specify): \$ _____
Other Monthly Income (Specify): \$ _____

Has your income significantly changed in the past 6 months? Yes No

Do you expect any significant changes to your income in the next 6 months? Yes No

If yes, please explain:

SPOUSE'S EMPLOYMENT (If filing jointly)

If self-employed, use next form.

Name as listed on paycheck: _____ Occupation (spell out): _____
Employer's Name & Address: _____
Length of time with this employer: Years Months
Do you have a 2nd **job**: Yes [] No []
Employer's Name & Address: _____
Length of time with this employer: Years Months

SPOUSE'S INCOME HISTORY

If married, both spouses need to complete this form, even if only one spouse is filing.

Current Income: (Pro rate if not paid monthly)

Estimated average *monthly* wages for the last 6 months, prior to filing (before deductions) \$ _____
Estimated average *monthly* commissions for the last 6 months \$ _____
Estimated average *monthly* overtime for the last 6 months \$ _____

Previous income:

Gross income, commissions and overtime for last year (before deductions)
\$ _____
Gross income, commissions and overtime 2 years ago \$ _____

Business Income:

Regular *monthly* income from operating a business or farm (before expenses)
\$ _____
Regular gross income from operating a business or farm for the last 2 years \$ _____

Less Monthly Payroll Deductions:

Payroll Taxes and Social Security \$ _____
Insurance \$ _____
Union Dues \$ _____
Other: \$ _____

If 401K, how long you have participated:

Other Monthly Income (Estimated average **monthly** wages for the last 6 months)

Income from Real Property (rental property) \$ _____
Interest, dividends and royalties \$ _____
Pension or retirement income \$ _____
Alimony or child support payments received \$ _____
Unemployment \$ _____
Social Security related assistance (Specify): \$ _____
Other Government assistance (Specify): \$ _____
Other Monthly Income (Specify): \$ _____
Other Monthly Income (Specify): \$ _____

Has your income significantly changed in the past 6 months? Yes No
Do you expect any significant changes to your income in the next 6 months? Yes No

If yes, please explain:

BUSINESS, SELF-EMPLOYED

Check if not applicable **N/A**

Please complete this form if you or your spouse have been self-employed or had any financial interest in any business (or been involved in a partnership with someone who owned a business) within the past eight (8) years.

Who is/was self-employed? **You** **Spouse** **Both** EIN(Tax ID)

Name and address of business

Date started Date ended Still active Single Asset Real Estate **YES** **NO**

Sole Proprietor **Partnership** **Limited Liability** **Corporation**

Nature of business

Net profits for this year Last year 2 Yrs Ago

How much income tax do you pay from the income you make with your business?

Books, records and financial statements

List all bookkeepers and accountants who within the past two (2) years kept or supervised the keeping of books of account and records of the debtor.

Name and title Date started Date ended
Address

List all firms or individuals who within the past two (2) years have audited the books of account and records, or prepared a financial statement of the debtor.

Name and title Date started Date ended
Address

List all firms or individuals who at the time of the commencement of this case were in possession of the books of account and records of the debtor. If any books of account and records are not available, explain.

List all financial institutions, creditors and other parties, including mercantile and trade agencies, to whom a financial statement was issued by the debtor within the past two (2) years.

Inventories

Complete the following information for the last two (2) inventories taken of your property.

1) Date Name of inventory supervisor
Value of inventory \$ Basis of inventory **Cost** **Market** **Other**
Name and address of person in possession of inventory records

2) Date Name of inventory supervisor
Value of inventory \$ Basis of inventory **Cost** **Market** **Other**
Name and address of person in possession of inventory records

BUSINESS OWNERS, HOME BASED

Check if not applicable **N/A**

If you have operated a business inside or outside of your home during the past 12 months, please list below the *normal* income and expenses your business generated for an *average* month. If you did not have an average monthly income due to extreme highs and lows in your business, estimate your total yearly income and divide by 12 to get the average monthly income. Use the same method of determining your average monthly expenses and enter those figures into the spaces below:

Average monthly business income (before expenses)

List your average monthly business expenses. *Please enter zero (0), if an item doesn't apply*

Monthly amount, if any, withheld from your earnings for tax purposes

Rent and utilities

Office Supplies

Product Supplies

Wages

Equipment Leases

Other Business Leases

Other (Specify)

Other (Specify)

Other (Specify)

Other (Specify)

Total average monthly business expenses (enter on Income History Sheet)

Average monthly business profit (Total income minus total expenses)

Did you file income taxes for the years you operated your business? **Yes** **No**

If not, list the years you *did not* file taxes

RECENT PAYMENTS/GIFTS

Check if not applicable N/A

List any payments made to creditors within the last 90 days that totaled \$600 or more.

Name and address of creditor		
Date of payment	Amount of payment	Current Balance
Name and address of creditor		
Date of payment	Amount of payment	Current Balance
Name and address of creditor		
Date of payment	Amount of payment	Current Balance

List any payments made to friends, relatives or close business associates within the last 90 days that totaled \$600 or more.

Check if not applicable N/A

Name and address		
Date of payment	Amount of payment	Relationship
Name and address		
Date of payment	Amount of payment	Relationship

List any payments made for Debt Counseling or Bankruptcy related payments, including attorney fees for debt consolidation, etc. within the past year.

Check if not applicable N/A

Name and address		
Date of payment	Amount of payment	Purpose
If someone made the payment for you, please list the persons name		
Name and address		
Date of payment	Amount of payment	Purpose
If someone made the payment for you, please list the persons name		

List any gifts (except ordinary and usual gifts) to family members over \$200 or charitable contributions valued over \$100 within the past year.

Check if not applicable N/A

Name and address		
Value of gift or transfer	Date given	Relationship
Name and address		
Value of gift or transfer	Date given	Relationship

YOUR REAL ESTATE, CON'T

COLLECTION INFORMATION

Check if not applicable N/A

Name of Collector

Address

City

State

Zip

Is this real estate in the process of foreclosure? **YES** **NO**

CO-DEBTOR FOR THIS DEBT

Check if not applicable N/A

Name of co-debtor

Address

Email

City

State

Zip

Relation: co-debtor co-signer company partner part owner

COLLECTION INFORMATION

Check if not applicable N/A

Name of Collector or Attorney

Address

City

State

Zip

Is this real estate in the process of foreclosure? **YES** **NO**

Additional information for Mobile Homes

Are the wheels completely removed from your mobile home and is it attached to the ground? **YES** **NO**
Is your mobile home in a mobile home park? **YES** **NO** What is the monthly space rent?

Is your mobile home located on a piece of land you own? **YES** **NO** Size of land

Do you make separate payments for the land your mobile home sits on? **YES** **NO**
If so, explain:

If you own the land free and clear, what is the resell value for this piece of land?

Description of Mobile Home: (example: 28x40 doublewide, 2 bedrooms, 1 bath, on wheels with skirting and steps and 1 outbuilding shed, situated in mobile home park.)

YOUR ASSETS

Please list the *yard sale value* for each item you own. Please write in zero (0) if item doesn't apply.

Item	<u>Yard Sale Value</u>	
Small appliances	\$	
Dining Room Furniture	\$	
Stove/Cooking Unit	\$	
Refrigerator	\$	
Washer/Dryer	\$	
Microwave	\$	
Cooking Utensils	\$	
Dishes/Eating Utensils	\$	
Pots/Pans	\$	
Living Room Furniture	\$	
Tables and Chairs	\$	
Televisions (s)	\$	
VCR (s)	\$	
Compact Disks, Records, Books	\$	
DVD Player(s)	\$	
All Other Stereo Equipment	\$	Describe item (s):
Bedroom Furniture	\$	
Dressers/Nightstands	\$	
Lamps and Accessories	\$	
Wedding Rings	\$	
Other Jewelry/Watches	\$	Describe item (s):
Furs	\$	
Computer (s)	\$	Personal use or for business?
Computer Printers	\$	
Desks/Office Furniture	\$	
Other Computer Equipment	\$	Describe item (s):
Photography Equipment	\$	
Satellite Disks	\$	
All Clothing/Accessories	\$	
Collectibles	\$	Describe item(s):
Paintings/Art	\$	Describe item (s):
Carpenters Tools	\$	Describe item (s):
Mechanics Tools	\$	Describe item (s):
Guns and Firearms	\$	Describe item (s):
Lawnmower	\$	
Boats, motors, accessories	\$	
Trailers	\$	
Campers	\$	
Yard Tools/Equipment	\$	
Swimming Pool	\$	
Cell Phones	\$	
Camera Equipment	\$	

OTHER ASSETS

Season Tickets	\$
Certificate of Deposits	\$
Customer lists	\$
Copyrights/Patents	\$
Aircraft	\$
Interests in education IRA	\$
Other (describe)	\$
Other (describe)	\$

Cash on hand

Amount in pocket, after paying attorneys fees \$

Checking or savings account(s)

Check if not applicable [] N/A

1). Name and address of Bank/Financial Institution

Type of account: (Checking, Savings ,etc)

Account Number

Names on the Account

Present Balance

2). Name and address of Bank

Type of account: (Checking, Savings ,etc)

Account Number

Names on the Account

Present Balance

Christmas Club or other special purpose Account

Check if not applicable [] N/A

Name and address of Bank/Financial Institution

Type of account: (Checking, Savings ,etc)

Account Number

Names on the Account

Present Balance

Security deposits being held

Check if not applicable [] N/A

List the name and address of utility company, landlord, etc. who is holding your security deposit

Account Number

Balance

Type of deposit

Life insurance

Check if not applicable [] N/A

1). Name and address of the Insurance Company

Type of policy (whole life, term, etc.)

Cash value, if any

Face value of policy

Name and relationship of beneficiary

Retirement, or pension plan through employer

Check if not applicable [] N/A

Type of pension plan (401-K, PERS, etc.)

Whose plan is this?

Yours

Spouse

Date enrolled

Current cash value

Other retirement plans (not through employer) **Check if not applicable [] N/A**

List the name of the Financial institution holding a retirement account, annuity account, etc. that you have set up yourself

Account balance Name of beneficiary

If you have borrowed against the account, amount of loan Date of loan

Future retirement benefits from a previous employer **Check if not applicable [] N/A**

List the amount and date you expect to start receiving benefits, *if it is within the next 6 months*

Amount per month Starting date

Stocks, bonds (including savings bonds) or mutual funds **Check if not applicable [] N/A**

List the type of bonds, stocks or mutual funds

Cash value, if any Account balance Name of beneficiary

Regular monthly contributions from others **Check if not applicable [] N/A**

List the name and relationship of any person who regularly contributes to your living expenses

Amount contributed Purpose Dates (started/stopped)

Future settlement awards for personal injury **Check if not applicable [] N/A**

List the amount and date you expect to receive the funds

Please list the details of the claim

List the name of attorney or law firm handling this claim

Future property settlement with a former spouse **Check if not applicable [] N/A**

List all items you expect to receive

List the total market value (yard sale value) of these items

When do you expect to receive this money or property?

Funds owed to you. **Check if not applicable [] N/A**

List the name and address of anyone who owes you money, whether or not you expect to collect

Please list amount owed and the date the debt was established

Explain the reason they owe you money

Inheritance or insurance proceeds within the next 6 months **Check if not applicable [] N/A**

List the amount, reason and date you expect to receive funds

Trust fund beneficiary **Check if not applicable [] N/A**

List the name and relationship of the trust fund owner of which you are the beneficiary

Amount of trust fund Date will you have access to the fund

Back wages, commissions, or vacation pay owed to you **Check if not applicable [] N/A**

List the name of the employer who owes you wages, etc.

Amount expected Expected date

Animals, livestock or pets valued over \$200 **Check if not applicable [] N/A**

Describe any animals, livestock or pets you own that are worth over \$200 and their value, if sold

Closed Accounts with Banks and Institutions: **Check if not applicable [] N/A**

Please list all accounts in your name or for your benefit with banks, savings and loans, and credit unions including checking, savings, certificates of deposit, IRA's etc., which were closed, sold or transferred within last 2 years:

Institution name and location:

Type of account: Account number:

Did you owe a balance when you closed this account: Yes [] No [] Balance owed:

If not, amount you received at closing: Date of closing

Safe Deposit Boxes: **Check if not applicable [] N/A**

List all safe deposit boxes or other depositories that you have kept or used in the past 2 years (if surrendered or transferred, indicate date and to whom). Institution name and location:

Name and address of persons with access to box:

Contents of box:

Date and to whom surrendered or transferred: If still renting, monthly rental fee:

Property held by others

List any property and it's value held by others (relatives, repairmen, pawn shops, etc).

Set-Offs:

Check if not applicable [] N/A

List any of your debts to any creditor, including any bank, that were set off by that creditor against money owing by that creditor to you during the past 90 days. Name, address and relationship to creditor:

Date and amount of each set off:

Sales, Transfers and Security Interests:

Check if not applicable [] N/A

List any property, including money, which you sold, transferred, gave away, put into another person's name, or were given any kind of security interest in any property in the past four (4) years:

Name, address, phone number and relationship, if any, of Transferee:

Description of Property:

Value of Property: \$

Type of transfer, i.e., sale, mortgage, pledge:

What you received, i.e., purchase price, loan amount:

What were the funds used for:

Attachments and Garnishments:

Check if not applicable [] N/A

List any of your property that has been attached, garnished, or seized within the last year:

Name and address of the Creditor on whose behalf the property was seized:

Describe property seized:

Date of property seizure:

Value of property: \$

Repossessions, Foreclosures and Returns:

Check if not applicable [] N/A

List any of your property that has been returned , repossessed, or foreclosed upon within the last year: Name and address of the Creditor:

Describe property:

Date of repossession or return:

Value of property: \$

Assignments for the Benefit of Creditors:

Check if not applicable [] N/A

List any assignment of your property made for the benefit of your creditors or any general settlement with your creditors within the last 120 days:

Name and address of Assignee:

Date of Assignment:

Terms of Assignment:

Receiverships:

Check if not applicable [] N/A

List any of your property being held by a custodian, receiver, trustee, or other court-appointed official: Name and address of Agent:

Name and location of court:

Case Name and Case Number:

Date of the Order appointing official:

Property description:

Value of property: \$

Losses:

Check if not applicable [] N/A

List any losses from fire, theft, or gambling during the past one year period:

Date and type of loss:

Description of Loss:

Value of Loss: \$

Was Loss covered by insurance? [] **Yes** [] **No** If Yes, give particulars:

Pending Lawsuits:

Check if not applicable [] N/A

List any pending lawsuits in which you are involved or have been involved during the past two (2) years:

Name of Court/Agency:

Case Number:

Address:

Nature of Proceeding: _____ Name of Case: _____
Date filed: _____ Current status of case: _____
Name & address of Plaintiff's attorney: _____

Terminated Lawsuits: **Check if not applicable [] N/A** List
any lawsuits in which you involved that were terminated within the last two (2) years:

Name of Court/Agency: _____ Case Number: _____
Address: _____
Nature of Proceeding: _____ Date of Judgment or Dismissal: _____
Title of Case (John Doe V. Jack Jones): _____
Status of case: _____

Fines, tickets, moving violations

List the name and address of the court to which you owe fines

Date of occurrence	Amount owed	Case Number
Name of person who owes the fine	Reason for fine	

List the name and address of the court to which you owe fines

Date of occurrence	Amount owed	Case Number
Name of person who owes the fine	Reason for fine	

Property of Another: **Check if not applicable [] N/A**

List any property that you are holding, managing or otherwise controlling, including bank accounts for any person, such as accounts held for children or trusts, any account belonging to another person on which your name appears:

Name and address of owner: _____

Description of property: _____

Location of property: _____ Value of property: \$ _____

Name and address of owner: _____

Description of property:

Location of property:

Value of property: \$

YOUR MONTHLY EXPENSES

Please enter zero (0) if an expense does not apply.

Rent/mortgage payment (include space rent for mobile home, homeowner's assoc., etc.) \$

Are Real Estate Taxes included in payment? Yes [] No []

Is Property Insurance included in payment? Yes [] No []

Utilities:

Electricity/gas \$

Water/sewer \$

Telephone (basic service) \$

Other (Specify): \$

Home Maintenance/Repairs (non-mortgage expenses) \$

Food \$

Clothing \$

Laundry and dry cleaning \$

Medical and dental expenses (not paid by insurance) \$

Transportation (gas & maintenance) \$

Education expenses for dependent children under the age of 18 years \$

Recreation/entertainment (newspapers, magazines, etc.) \$

Charitable contributions \$

Insurance (not deducted from wages or included in home mortgage payments above)

Homeowner's or Renters Insurance \$

Life Insurance \$

Health Insurance \$

Auto Insurance \$

Other Insurance: \$

Taxes (not deducted from wages or included in home mortgage payments above)

Specify type of Taxes: \$

Installment Payments:

Monthly car payments: \$

Other: \$

Other: \$

Alimony, Maintenance and support paid to others \$
 If so, is this court ordered? **Yes** [] **No** []
 Child care \$
 Regular expenses from operation of a business, profession, or farm \$
 Monthly expenses not included above: Describe: \$
 \$

SPOUSE'S MONTHLY EXPENSES

Please enter zero (0) if an expense does not apply.

Rent/mortgage payment (include space rent for mobile home, homeowner's assoc., etc.) \$
 Are Real Estate Taxes included in payment? **Yes** [] **No** []
 Is Property Insurance included in payment? **Yes** [] **No** []

Utilities:

Electricity/gas \$
 Water/sewer \$
 Telephone (basic service) \$
 Other (Specify): \$
 Home Maintenance/Repairs (non-mortgage expenses) \$
 Food \$
 Clothing \$
 Laundry and dry cleaning \$
 Medical and dental expenses (not paid by insurance) \$
 Transportation (gas & maintenance) \$
 Education expenses for dependent children under the age of 18 years \$
 Recreation/entertainment (newspapers, magazines, etc.) \$
 Charitable contributions \$
 Insurance (not deducted from wages or included in home mortgage payments above)
 Homeowner's or Renters Insurance \$
 Life Insurance \$
 Health Insurance \$
 Auto Insurance \$
 Other Insurance: \$
 Taxes (not deducted from wages or included in home mortgage payments above)
 Specify type of Taxes: \$
 Installment Payments:
 Monthly car payments: \$
 Other: \$
 Other: \$

Alimony, Maintenance and support paid to others \$
 If so, is this court ordered? **Yes** **No**

Child care \$
 Regular expenses from operation of a business, profession, or farm \$
 Monthly expenses not included above: \$

DEBTS

Taxes: **Check if not applicable** N/A

Federal Income Taxes:

Were your income taxes filed on a timely basis? **Yes** **No**

Last date filed Are you expecting to receive a refund? **Yes** **No**

If so, list the approximate amount to be received

Internal Revenue Service:

Check if not applicable N/A

Tax type (i.e. income taxes, payroll taxes, etc.):
 Tax period or year and the amount due:
 The date the tax return was filed: Unknown
 Date of Assessment: Unknown
 Tax Lien recordation date: Unknown

State Taxes: California or Other

Check if not applicable N/A

Tax type (i.e. income taxes, payroll taxes, etc.):
 Tax period or year and the amount due:
 Date the tax return was filed: Unknown
 Date of Assessment: Unknown
 Tax Lien recordation date: Unknown

Real Property Taxes:

Check if not applicable N/A

Are any taxes past due? **1 1 Yes** **No**

If yes, list which Years & Amounts due:

Priority Debts

Student Loans

Check if not applicable N/A

List amount owed Monthly payment Amount past due, if any
 Name and address of institution

Child Support

Check if not applicable N/A

Current monthly obligation

Amount in arrears, if any

Domestic Support Obligations

Check if not applicable [] N/A

Current monthly obligation

Amount in arrears, if any

Department, Furniture and Appliance Stores (Do not include regular credit cards in this section).

Please print more sheets, if needed.

Name of creditor:

Address:

Account Number:

Total amount owed to creditor:

Type of purchase (furniture, appliances, jewelry, etc.):

Date you originally obtained this debt:

Do you want to retain these items? **Yes [] No []**

Who is financially responsible for this debt [] **Husband** [] **Wife** [] **Both** [] **Other**

Has this account been turned over to a collection agency? **Yes [] No []**

Name of Collection Agency:

Address of Collection Agency:

Other Information (if there is a co-signer on this account, list name & relationship):

Name of creditor:

Address:

Account Number:

Total amount owed to creditor:

Type of purchase (furniture, appliances, jewelry, etc.):

Date you originally obtained this debt:

Do you want to retain these items? **Yes [] No []**

Who is financially responsible for this debt [] **Husband** [] **Wife** [] **Both** [] **Other**

Has this account been turned over to a collection agency? **Yes [] No []**

Name of Collection Agency:

Address of Collection Agency:

Other Information (if there is a co-signer on this account, list name & relationship):

Name of creditor:

Address:

Account Number:

Total amount owed to creditor:

Type of purchase (furniture, appliances, jewelry, etc.):

Date you originally obtained this debt:

Do you want to retain these items? **Yes [] No []**

Who is financially responsible for this debt [] **Husband** [] **Wife** [] **Both** [] **Other**

Has this account been turned over to a collection agency? **Yes** [] **No** []

Name of Collection Agency:

Address of Collection Agency:

Other Information (if there is a co-signer on this account, list name & relationship):

UNSECURED DEBTS

(Debts that are not secured by collateral, including credit cards). Please print more sheets, if needed.

Name of creditor:

Address:

Account Number:

Total amount owed to creditor:

Type of Debt (credit card, medical, collection agency, etc.):

If this is a credit card: Date of last purchase:

List items purchased:

Has this account been turned over to a collection agency? Yes [] No []

Name of Collection Agency:

Address of Collection Agency:

Other Information (if there is a co-signer on this account, list name & relationship):

Name of creditor:

Address:

Account Number:

Total amount owed to creditor:

Type of Debt (credit card, medical, collection agency, etc.):

If this is a credit card: Date of last purchase:

List items purchased:

Has this account been turned over to a collection agency? Yes [] No []

Name of Collection Agency:

Address of Collection Agency:

Other Information (if there is a co-signer on this account, list name & relationship):

Name of creditor:

Address:

Account Number:

Total amount owed to creditor:

Type of Debt (credit card, medical, collection agency, etc.):

If this is a credit card: Date of last purchase:

List items purchased:

Has this account been turned over to a collection agency? Yes No

Name of Collection Agency:

Address of Collection Agency:

Other Information (if there is a co-signer on this account, list name & relationship):

UNSECURED DEBTS, CON'T.

Name of creditor:

Address:

Account Number:

Total amount owed to creditor:

Type of Debt (credit card, medical, collection agency, etc.):

If this is a credit card: Date of last purchase:

List items purchased:

Has this account been turned over to a collection agency? Yes No

Name of Collection Agency:

Address of Collection Agency:

Other Information (if there is a co-signer on this account, list name & relationship):

Name of creditor:

Address:

Account Number:

Total amount owed to creditor:

Type of Debt (credit card, medical, collection agency, etc.):

If this is a credit card: Date of last purchase:

List items purchased:

Has this account been turned over to a collection agency? Yes No

Name of Collection Agency:

Address of Collection Agency:

Other Information (if there is a co-signer on this account, list name & relationship):

Name of creditor:

Address:

Account Number:

Total amount owed to creditor:

Type of Debt (credit card, medical, collection agency, etc.):

If this is a credit card: Date of last purchase:

List items purchased:

Has this account been turned over to a collection agency? Yes No

Name of Collection Agency:

Address of Collection Agency:

Other Information (if there is a co-signer on this account, list name & relationship):

