

**DATE:** \_\_\_\_\_

*Please Circle how you heard of us:*    Craigslist \* Internet Search (Google/Bing/Yahoo) \* American Classifieds/Thrifty Nickel  
 \* Referral \_\_\_\_\_ \* Phonebook ( Fort Collins / Greeley) \* Radio \_\_\_\_\_ \* Other \_\_\_\_\_

**PERSONAL INFORMATION**

**SPOUSE'S INFORMATION (EVEN IF FILING INDIVIDUALLY)**

<p><b>Full Legal Name</b></p> <p>_____          First Name                      Middle                      Last</p> <p><i>Any and All Other Names you may have been known by (Nicknames, Maiden Names, Previous Marriage last names)</i></p> <p>_____          First Name                      Middle                      Last</p> <p>_____          First Name                      Middle                      Last</p>	<p><b>Full Legal Name</b></p> <p>_____          First Name                      Middle                      Last</p> <p><i>Any and All Other Names you may have been known by (Nicknames, Maiden Names, Previous Marriage last names)</i></p> <p>_____          First Name                      Middle                      Last</p> <p>_____          First Name                      Middle                      Last</p>
<p><b>Street Address (Residence)</b></p> <p>_____</p> <p>_____</p>	
<p>How long have you lived in Colorado? _____</p>	
<p>Email Address _____</p>	
<p><b>Phone Numbers</b></p> <p>Cell: _____</p> <p>Home: _____</p> <p>Work: _____ May We Call? <b>Y/N</b></p>	
<p>Social Security Number _____</p> <p>Date Of Birth: _____</p> <p>Marital Status:            Single * Married * Separated * Divorced</p>	

**DEPENDENTS**

Full Legal Name	Age	Relationship

**1. Have you ever filed for Bankruptcy before? Yes / No**

If yes list:

DEBTOR      State \_\_\_\_\_      Case # \_\_\_\_\_      Date \_\_\_\_\_

SPOUSE      State \_\_\_\_\_      Case # \_\_\_\_\_      Date \_\_\_\_\_

**2. Have you owned or operated your own business any time during the past two (2) years? Yes / No**

Name of Business: \_\_\_\_\_      Date Closed \_\_\_\_\_

**3. Have you received income from any of the following during the past two (2) years? Yes / No**

*(Income from real property, Interest, Dividends, Unemployment, Gambling Winnings, Alimony/maintenance or child support payments, Social Security or other government assistance)*

If yes list:

DEBTOR      Source \_\_\_\_\_      Amount \$ \_\_\_\_\_      Date \_\_\_\_\_

SPOUSE      Source \_\_\_\_\_      Amount \$ \_\_\_\_\_      Date \_\_\_\_\_

**4. Have you paid any single creditor more than \$600.00 in total payments during the last 90 days? Yes / No**

*(Payments include mortgage payments, car payments, bank seizures, judgment liens and paycheck garnishments)*

If yes list:

Creditor/Person \_\_\_\_\_      Amount \$ \_\_\_\_\_      Date \_\_\_\_\_

Creditor/Person \_\_\_\_\_      Amount \$ \_\_\_\_\_      Date \_\_\_\_\_

Creditor/Person \_\_\_\_\_      Amount \$ \_\_\_\_\_      Date \_\_\_\_\_

**5. Have you repaid a loan or transferred any property to a friend or family member during the past two (2) years? Yes / No**

If yes list:

Creditor/Person \_\_\_\_\_      Amount \$ \_\_\_\_\_      Date \_\_\_\_\_

Creditor/Person \_\_\_\_\_      Amount \$ \_\_\_\_\_      Date \_\_\_\_\_

Creditor/Person \_\_\_\_\_      Amount \$ \_\_\_\_\_      Date \_\_\_\_\_

**6. Have you given a gift (cash or property) to a friend, family member, or charity during the past one (1) year? Yes / No**

If yes list:

Creditor/Person \_\_\_\_\_      Amount \$ \_\_\_\_\_      Date \_\_\_\_\_

Creditor/Person \_\_\_\_\_      Amount \$ \_\_\_\_\_      Date \_\_\_\_\_

Creditor/Person \_\_\_\_\_      Amount \$ \_\_\_\_\_      Date \_\_\_\_\_

**7. Have you been a party to any type of law suit or legal action during the past one (1) year? Yes / No**

*(Defendant or Plaintiff, examples include Debt Judgment , Workers Compensation, Personal Injury, Divorce, Repossession, etc.)*

*(Please attach copies of ALL court papers regarding lawsuits)*

If yes list:

Case Number \_\_\_\_\_      Date \_\_\_\_\_      Court \_\_\_\_\_

Case Number \_\_\_\_\_      Date \_\_\_\_\_      Court \_\_\_\_\_

Case Number \_\_\_\_\_      Date \_\_\_\_\_      Court \_\_\_\_\_

**8. Have any of your assets been Attached, Garnished, Seized or Setoff during the past one (1) year? Yes / No**  
 If yes list:

*Creditor/Person* \_\_\_\_\_ *Amount* \$ \_\_\_\_\_ *Date* \_\_\_\_\_  
*Creditor/Person* \_\_\_\_\_ *Amount* \$ \_\_\_\_\_ *Date* \_\_\_\_\_  
*Creditor/Person* \_\_\_\_\_ *Amount* \$ \_\_\_\_\_ *Date* \_\_\_\_\_

**9. Have you had any property repossessed or foreclosed on during the past one (1) year? Yes / No**  
 If yes list:

*Property Description* \_\_\_\_\_ *Date* \_\_\_\_\_  
*Property Description* \_\_\_\_\_ *Date* \_\_\_\_\_  
*Property Description* \_\_\_\_\_ *Date* \_\_\_\_\_

**10. Have you had any losses from Fire, Theft, other Casualty or Gambling during the past one (1) year? Yes / No**  
 If yes list:

**DEBTOR** *Source* \_\_\_\_\_ *Amount* \$ \_\_\_\_\_ *Date* \_\_\_\_\_  
**SPOUSE** *Source* \_\_\_\_\_ *Amount* \$ \_\_\_\_\_ *Date* \_\_\_\_\_

**11. Does anyone owe you any money? Yes / No**  
 If yes list:

*Person* \_\_\_\_\_ *Amount* \$ \_\_\_\_\_  
*Person* \_\_\_\_\_ *Amount* \$ \_\_\_\_\_  
*Person* \_\_\_\_\_ *Amount* \$ \_\_\_\_\_

**12. Have you settled any claims/lawsuits in the past four (4) years? Yes / No**  
 If yes list:

*Case Number* \_\_\_\_\_ *Date* \_\_\_\_\_ *Court* \_\_\_\_\_  
*Case Number* \_\_\_\_\_ *Date* \_\_\_\_\_ *Court* \_\_\_\_\_  
*Case Number* \_\_\_\_\_ *Date* \_\_\_\_\_ *Court* \_\_\_\_\_

**13. Have you had a safe deposit box at anytime during the past one (1) year? Yes / No**  
 If yes list:

*Bank Name* \_\_\_\_\_ *Date Opened* \_\_\_\_\_  
*Bank Name* \_\_\_\_\_ *Date Opened* \_\_\_\_\_

**14. Are you a beneficiary of any type of Trust? Yes / No**

15. Did you receive a tax refund last year? Yes / No

Amount Received: \$ \_\_\_\_\_ (Federal) \$ \_\_\_\_\_ (State)

16. Do you expect a tax refund this year? Yes / No

Amount of Expected: Refund or Payment \$ \_\_\_\_\_ (Federal) \$ \_\_\_\_\_ (State)

17. Do you have any Property that you are holding for someone else? Yes / No

If yes list:

Person \_\_\_\_\_ Property \_\_\_\_\_ Value \$ \_\_\_\_\_

Person \_\_\_\_\_ Property \_\_\_\_\_ Value \$ \_\_\_\_\_

Person \_\_\_\_\_ Property \_\_\_\_\_ Value \$ \_\_\_\_\_

18. Have you given anyone Property (money or assets) to hold for you? Yes / No

If yes list:

Person \_\_\_\_\_ Property \_\_\_\_\_ Value \$ \_\_\_\_\_ Date \_\_\_\_\_

Person \_\_\_\_\_ Property \_\_\_\_\_ Value \$ \_\_\_\_\_ Date \_\_\_\_\_

Person \_\_\_\_\_ Property \_\_\_\_\_ Value \$ \_\_\_\_\_ Date \_\_\_\_\_

19. List any and all property that you have transferred (sold, traded, gifted, or abandoned) in the past two (2) years.

If NONE, check here

If yes list:

Person \_\_\_\_\_ Property \_\_\_\_\_ Value \$ \_\_\_\_\_ Date \_\_\_\_\_

Person \_\_\_\_\_ Property \_\_\_\_\_ Value \$ \_\_\_\_\_ Date \_\_\_\_\_

Person \_\_\_\_\_ Property \_\_\_\_\_ Value \$ \_\_\_\_\_ Date \_\_\_\_\_

20. List all financial accounts that have been closed during the past one (1) year.

(Include checking, savings, certificates of deposit; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions.)

If NONE, check here

Bank Name \_\_\_\_\_ Account # \_\_\_\_\_ Date Closed \_\_\_\_\_

Bank Name \_\_\_\_\_ Account # \_\_\_\_\_ Date Closed \_\_\_\_\_

Bank Name \_\_\_\_\_ Account # \_\_\_\_\_ Date Closed \_\_\_\_\_

21. List all addresses that you have had during the past three (3) years?

Start Date End Date

Complete Address \_\_\_\_\_ Dates of Occupancy \_\_\_\_\_

Complete Address \_\_\_\_\_ Dates of Occupancy \_\_\_\_\_

Complete Address \_\_\_\_\_ Dates of Occupancy \_\_\_\_\_

**INCOME**

**\*\*Please attach your pay stubs from the last six (6) months\*\* If self-employed, please provide a summary of income**

**EMPLOYMENT & INCOME INFORMATION - PLEASE ESTIMATE YOU AND YOUR SPOUSE'S GROSS INCOME (INCOME BEFORE TAXES & DEDUCTIONS)**  
**LIST ALL EMPLOYERS DURING THE PREVIOUS 6 MONTHS**

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Debtor Employer \_\_\_\_\_ Start Date \_\_\_\_\_ Gross Monthly Income \_\_\_\_\_  
 \_\_\_\_\_  
 Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_ Prior Yr. Gross Income \_\_\_\_\_

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Spouse Employer \_\_\_\_\_ Start Date \_\_\_\_\_ Gross Monthly Income \_\_\_\_\_  
 \_\_\_\_\_  
 Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_ Prior Yr. Gross Income \_\_\_\_\_

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**When do you get paid (Debtor)?**  Once a month  Every 2 weeks  Twice a month (i.e. the 1st and 15th)  Every week  
 Day of the Week \_\_\_\_\_

**When do you get paid (Spouse)?**  Once a month  Every 2 weeks  Twice a month (i.e. the 1st and 15th)  Every week  
 Day of the Week \_\_\_\_\_

**Do you receive income from?**  
 Your Own Business  Social Security/Government Assistance  Rental Property  
 Pension/Annuity/Retirement  Interest & Dividends  Alimony or Child Support

**MONTHLY EXPENSES**

**Please check all of your monthly expenses and complete the amounts you spend each month**  
**(Use your best estimate. We understand that some amounts vary from month to month.)**

Rent or  Mortgage \$ \_\_\_\_\_  
 Real Estate Taxes \$ \_\_\_\_\_

**UTILITIES**  
 Electric & Heat \$ \_\_\_\_\_  
 Gas \$ \_\_\_\_\_  
 Water/Sewer \$ \_\_\_\_\_  
 Telephone \$ \_\_\_\_\_  
 Cell Phone \$ \_\_\_\_\_  
 Cable/Satellite \$ \_\_\_\_\_  
 Internet \$ \_\_\_\_\_

Home Maintenance \$ \_\_\_\_\_  
 Food \$ \_\_\_\_\_  
 Clothing \$ \_\_\_\_\_  
 Laundry/ Cleaning \$ \_\_\_\_\_  
 Medical/Dental Expense \$ \_\_\_\_\_  
 Transportation \$ \_\_\_\_\_  
 (Do not include car payments)  
 Recreation \$ \_\_\_\_\_  
 Charitable Contributions \$ \_\_\_\_\_

**INSURANCE** (Amount that is not already deducted from income)  
 Homeowner's \$ \_\_\_\_\_  
 Life \$ \_\_\_\_\_  
 Health \$ \_\_\_\_\_  
 Auto \$ \_\_\_\_\_  
 Other \$ \_\_\_\_\_

**INSTALLMENT PAYMENTS**  
 Auto \$ \_\_\_\_\_  
 Other \$ \_\_\_\_\_

Taxes (Not deducted from regular pay) \$ \_\_\_\_\_  
 Alimony/Maintenance \$ \_\_\_\_\_  
 Payments for Dependents \$ \_\_\_\_\_  
 (Not living at home)  
 Student Loans Payments \$ \_\_\_\_\_  
 Support (Not Court Ordered) \$ \_\_\_\_\_  
 Business Expenses \$ \_\_\_\_\_  
 Storage \$ \_\_\_\_\_  
 Pets \$ \_\_\_\_\_  
 Parking, Bank Fees \$ \_\_\_\_\_  
 School/Books/Education \$ \_\_\_\_\_

**LIST OF PROPERTY DESCRIPTIONS**

<b>WEARING APPAREL (All Members of the Family)</b>		\$
<b>FURS</b>		\$
<b>JEWELRY (Various Watches, Rings, Necklaces, Costume, Wedding Set, Etc.)</b>		\$
<b>HOUSEHOLD GOODS, SUPPLIES AND FURNISHINGS (VALUE)</b>		
<b>BEDROOMS</b>		Kitchen pots/pans/cookware
Beds	\$	Eating/cooking utensils
Dressers	\$	Small electric appliances
Nightstands(s)	\$	Hutch
Televisions	\$	<b>DINING ROOM</b>
Lamp(s)	\$	Dining Table, ___ chairs
Armoire	\$	Hutch
<b>LIVING ROOM</b>		Server
Sofa(s)	\$	China
Loveseat(s)	\$	
Lamp(s)	\$	<b>HOME OFFICE</b>
Living room chair(s)	\$	Desk
Coffee Tables	\$	Computer
End Tables	\$	Printer
Television	\$	Scanner
Entertainment Center	\$	Bookshelves
Curio Cabinet	\$	Books
Other	\$	Other
<b>KITCHEN</b>		<b>ELECTRONICS</b>
Stove	\$	Stereo/tuner/speakers
Dishwasher	\$	TV(s)
Microwave	\$	VCR(s) and/or DVD(s)
Table, ___ chairs	\$	Video games (i.e. PS3, Xbox, Wii)
Refrigerator	\$	Other (describe)
<b>PICTURES &amp; OTHER ART OBJECTS: OTHER COLLECTIONS (INDICATE RE-SALE VALUE)</b>		
Art objects	\$	Compact disc collection
Coin collection	\$	Tape collection
Pictures	\$	Record collection
Collectibles	\$	Stamp collection
Other (describe)	\$	Other (describe)
<b>FIREARMS, SPORTS, PHOTOGRAPHIC AND OTHER HOBBY EQUIPMENT (INDICATE RE-SALE VALUE)</b>		
Cameras/video recorders	\$	Bike(s)
Camping equipment	\$	Golf clubs
Bows and arrows	\$	Fishing equipment
Gardening tools	\$	Exercise equipment
Power/hand tools	\$	Sports equipment
Firearms (describe)	\$	Other:
Patio furniture	\$	Outdoor misc.
Pools/hot tubs	\$	Other (describe)

**AUTOMOBILE/MOTORCYCLE/RV INFORMATION**

List **all** CARS, TRUCKS, MOTORCYCLES, TRAILERS, RECREATIONAL VEHICLES whether PAID OR NOT, IN YOUR NAME OR NOT \* Use Blue Book values (kbb.com), retail and private party \* Provide a Copy of all Vehicle Titles (if Available)

Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ VIN#: \_\_\_\_\_ Mileage: \_\_\_\_\_

Condition: Excellent / Good / Fair / Poor Fair Market Value: \_\_\_\_\_ Date of Purchase: \_\_\_\_\_

Lender (if any): \_\_\_\_\_ Balance Owed: \_\_\_\_\_ Monthly Payment: \_\_\_\_\_ Interest Rate: \_\_\_\_\_

Are the Payments Current? Yes / No If Not, List # of Payments Behind: \_\_\_\_\_

Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ VIN#: \_\_\_\_\_ Mileage: \_\_\_\_\_

Condition: Excellent / Good / Fair / Poor Fair Market Value: \_\_\_\_\_ Date of Purchase: \_\_\_\_\_

Lender (if any): \_\_\_\_\_ Balance Owed: \_\_\_\_\_ Monthly Payment: \_\_\_\_\_ Interest Rate: \_\_\_\_\_

Are the Payments Current? Yes / No If Not, List # of Payments Behind: \_\_\_\_\_

Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ VIN#: \_\_\_\_\_ Mileage: \_\_\_\_\_

Condition: Excellent / Good / Fair / Poor Fair Market Value: \_\_\_\_\_ Date of Purchase: \_\_\_\_\_

Lender (if any): \_\_\_\_\_ Balance Owed: \_\_\_\_\_ Monthly Payment: \_\_\_\_\_ Interest Rate: \_\_\_\_\_

Are the Payments Current? Yes / No If Not, List # of Payments Behind: \_\_\_\_\_

**DO YOU OR YOUR SPOUSE OWN ANY REAL ESTATE?**  YES  NO (if no, skip)

Description (House, Condo Vacant Land): \_\_\_\_\_

Address: \_\_\_\_\_ Date of Purchase: \_\_\_\_\_

Fair Market Value (Tax Assessor Value / Comps / Appraisal): \_\_\_\_\_

Lender 1<sup>st</sup> Mortgage: \_\_\_\_\_ Balance Owed: \_\_\_\_\_ Monthly Payment: \_\_\_\_\_

Interest Rate: \_\_\_\_\_ Are the Payments Current? Yes / No If Not, List # of Payments Behind: \_\_\_\_\_

Lender 2nd Mortgage (if any): \_\_\_\_\_ Balance Owed: \_\_\_\_\_ Monthly Payment: \_\_\_\_\_

Interest Rate: \_\_\_\_\_ Are the Payments Current? Yes / No If Not, List # of Payments Behind: \_\_\_\_\_

**Is the property occupied by someone other than you?** Yes / No If so, please provide Name and Relationship: \_\_\_\_\_

Please Provide a Copy of **recorded** mortgage and deed showing the Register of Deeds dated recording stamp, upper right hand corner (copies from your closing packet without the stamp will not do) **YOU CAN GO TO THE REGISTER OF DEEDS OFFICE IN YOUR COUNTY TO GET COPIES**

Please provide Copy of MOST RECENT **real estate tax statements showing tax assessed fair market value (FMV)**

**PERSONAL PROPERTY**

Total of ALL cash on hand? \$ \_\_\_\_\_ Debtor  
\$ \_\_\_\_\_ Spouse

Machinery, Tools, Fixtures, Equipment and Supplies used in Work  
 If NONE, check here  
\_\_\_\_\_ Debtor  
\_\_\_\_\_ Spouse

Possible Inheritance (Briefly Describe) \_\_\_\_\_ Debtor  
 If NONE, check here

Possible Inheritance (Briefly Describe) \_\_\_\_\_ Spouse  
 If NONE, check here

The Bankruptcy Code requires you to provide statements for ALL accounts for the past six (6) months

Identify Each and Every Financial Account, (EVEN IF CLOSED) you had the ability to withdraw funds from (Checking/Savings) anytime during the past two (2) years.  
 If NONE, check here

Name of Bank: \_\_\_\_\_ if closed list date \_\_\_\_\_

Type of Account:  Checking  Savings Account # \_\_\_\_\_

Account Owner: Debtor/Spouse Co-Owner (if any) \_\_\_\_\_

Balance in Account: \$ \_\_\_\_\_

Name of Bank: \_\_\_\_\_ if closed list date \_\_\_\_\_

Type of Account:  Checking  Savings Account # \_\_\_\_\_

Account Owner: Debtor/Spouse Co-Owner (if any) \_\_\_\_\_

Balance in Account: \$ \_\_\_\_\_

Name of Bank: \_\_\_\_\_ if closed list date \_\_\_\_\_

Type of Account:  Checking  Savings Account # \_\_\_\_\_

Account Owner: Debtor/Spouse Co-Owner (if any) \_\_\_\_\_

Balance in Account: \$ \_\_\_\_\_



The Bankruptcy Code requires you to provide statements for ALL accounts for the past six (6) months

- Identify each and every Stock, Bond, Mutual Fund, or Brokerage Account.
- If NONE, check here

Name of Bank: \_\_\_\_\_  
Type of Account:  Checking  Savings Account # \_\_\_\_\_  
Account Owner: Debtor/Spouse Co-Owner (if any) \_\_\_\_\_  
Balance in Account: \$ \_\_\_\_\_

Name of Bank: \_\_\_\_\_  
Type of Account:  Checking  Savings Account # \_\_\_\_\_  
Account Owner: Debtor/Spouse Co-Owner (if any) \_\_\_\_\_  
Balance in Account: \$ \_\_\_\_\_

- Identify each and every UN-REFUNDED DEPOSIT with PUBLIC UTILITIES, TELEPHONE COMPANIES, LANDLORDS and others. (Use additional sheet if necessary)
- If NONE, check here

Name of Holder: \_\_\_\_\_  
Address: \_\_\_\_\_  
Type of account (landlord, utility, etc.): \_\_\_\_\_  
Who deposited funds? Debtor/Spouse  
Balance in Account: \$ \_\_\_\_\_

Name of Holder: \_\_\_\_\_  
Address: \_\_\_\_\_  
Type of account (landlord, utility, etc.): \_\_\_\_\_  
Who deposited funds? Debtor/Spouse  
Balance in Account: \$ \_\_\_\_\_

Name of Holder: \_\_\_\_\_  
Address: \_\_\_\_\_  
Type of account (landlord, utility, etc.): \_\_\_\_\_  
Who deposited funds? Debtor/Spouse  
Balance in Account: \$ \_\_\_\_\_

- Life Insurance Policies with Cash Surrender Value**
- If NONE, check here

*Company Name:* \_\_\_\_\_

*Address:* \_\_\_\_\_

*Policy Number:* \_\_\_\_\_ *Date of Purchase:* \_\_\_\_\_

*Face Amount of Policy:* \$ \_\_\_\_\_ *Cash Sum Value* \$ \_\_\_\_\_

*Premium Amount and Date Payable:* \_\_\_\_\_

*Policy Loans Outstanding:* \_\_\_\_\_

- Annuities** Itemize and name each issuer
- If NONE, check here

*Owner of Annuity:* \_\_\_\_\_

*Name of Issuer:* \_\_\_\_\_

*Account Number:* \_\_\_\_\_

*Value of Annuity:* \$ \_\_\_\_\_ *as of what date?* \_\_\_\_\_

- Stock and interests in incorporated and unincorporated businesses**
- If NONE, check here

*Name of Business:* \_\_\_\_\_ *as of what date?* \_\_\_\_\_

*Name of Business:* \_\_\_\_\_ *as of what date?* \_\_\_\_\_

List below any and all leases or contracts that are you are a party to:

Include Residential, Car and Business LEASES, and Service or Business CONTRACTS. (i.e. Cell Phone Contracts, Cable/Satellite Contracts, Apartment Leases, Auto Leases, Rent to Own Agreements, etc.)

Nature and Description of Contract	Name and Address of Other Party or Parties
Residential Rental Agreement	Landlord Name _____ Landlord Address _____ Landlord Phone # _____

**List All Debts That You Owe**

Home Loans/Mortgages \* Car Loans \* Other Bank Loans \* Personal Loans \* Student Loans \* Major Credit Card (Visa, Am Ex, MasterCard, Discover) \* Department Store Credit Cards \* Other Credit Cards (Gas Cards, Phone Cards, etc.) \* Unpaid Medical Bills \* Unpaid Utility Bills

Credit Reports are available for **FREE** at [www.annualcreditreport.com](http://www.annualcreditreport.com) you can obtain all 3 reports. Prefer a minimum of your TransUnion credit report (includes full account numbers).

<b>Type of Debt</b> See Above List	<b>Creditor Name and Address</b>	<b>Account Information</b>
	<b>Creditor Name:</b> <b>Contact:</b> <b>Address:</b>	<b>Account Number:</b>  <b>Date Incurred:</b>  <b>Amount:</b>
	<b>Creditor Name:</b> <b>Contact:</b> <b>Address:</b>	<b>Account Number:</b>  <b>Date Incurred:</b>  <b>Amount:</b>
	<b>Creditor Name:</b> <b>Contact:</b> <b>Address:</b>	<b>Account Number:</b>  <b>Date Incurred:</b>  <b>Amount:</b>
	<b>Creditor Name:</b> <b>Contact:</b> <b>Address:</b>	<b>Account Number:</b>  <b>Date Incurred:</b>  <b>Amount:</b>
	<b>Creditor Name:</b> <b>Contact:</b> <b>Address:</b>	<b>Account Number:</b>  <b>Date Incurred:</b>  <b>Amount:</b>

1. Are there any Co-Debtor(s)/Co-Signor(s) associated with any of the above debts? (If so, Please list the Name and Address of co-debtor.)
  
2. Are any of the above debts secured by Property (ex. House, Car)? (If so, please list monthly payment and number of months left.)
  
3. Do you dispute any of the above debts?

In order to expedite your case complete before our Initial Consult

**List All Debts That You Owe**

Home Loans/Mortgages \* Car Loans \* Other Bank Loans \* Personal Loans \* Student Loans \* Major Credit Card (Visa, Am Ex, MasterCard, Discover) \* Department Store Credit Cards \* Other Credit Cards (Gas Cards, Phone Cards, etc.) \* Unpaid Medical Bills \* Unpaid Utility Bills

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Type of Debt See Above List	Creditor Name and Address	Account Information
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	<b>Creditor Name:</b> <b>Contact:</b> <b>Address:</b>	<b>Account Number:</b>  <b>Date Incurred:</b>  <b>Amount:</b>
	<b>Creditor Name:</b> <b>Contact:</b> <b>Address:</b>	<b>Account Number:</b>  <b>Date Incurred:</b>  <b>Amount:</b>

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Home Loans/Mortgages \* Car Loans \* Other Bank Loans \* Personal Loans \* Student Loans \* Major Credit Card (Visa, Am Ex, MasterCard, Discover) \* Department Store Credit Cards \* Other Credit Cards (Gas Cards, Phone Cards, etc.) \* Unpaid Medical Bills \* Unpaid Utility Bills

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	<b>Creditor Name:</b> <b>Contact:</b> <b>Address:</b>	<b>Account Number:</b>  <b>Date Incurred:</b>  <b>Amount:</b>
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