

~ BANKRUPTCY PACKET ~

BANKRUPTCY INFORMATION

You must list EVERYTHING you own and ALL of your debts. You cannot fail to list something because “I do not want to file on that.”

TAX DEBTS: Tax debts and liens are generally not discharged in Chapter 7. In a Chapter 13, taxes and liens must be paid off in the Chapter 13 Plan.

CHILD SUPPORT: Past due child support is never discharged in Chapter 7. In a Chapter 13, past child support must be paid off in the Chapter 13 Plan.

STUDENT LOANS: Student loans are almost never discharged in Chapter 7, and they will remain due and owing after a Chapter 13 is completed.

MORTGAGES: If you want to keep your home, you must make the ongoing mortgage payments!! Chapter 7 has no mechanism to cure past due mortgage payments, so you must bring the payments current immediately and keep them current. Past due mortgage payments can be cured in a Chapter 13 Plan as part of the Plan payment, but you must make all mortgage payments that come due after the case is filed!!

CHAPTER 7: On the day your case is filed with the Court, everything that you own becomes property of your bankruptcy case administered by a Bankruptcy Trustee who conceptually becomes the sole owner of everything (yes - *everything*, subject to limited exemptions that you need to ask us about) that you owned on the day you filed. The Chapter 7 Trustee may not want it, but it is the Trustee’s decision, not yours. **YOU CANNOT SELL OR GIVE AWAY ANYTHING** without the Trustee’s express permission until the Trustee “abandons” the property back to you - usually 3-4 months after you file.

EXEMPTIONS: There are exemptions in Bankruptcy to allow you to keep certain assets (ask us!):

Homestead: \$20,000 for each spouse who is an owner of the home and who lives in the home.

The ‘Homestead’ comes after Mortgages and Tax Liens, but before creditors.

Autos: \$2,500 per person in 1 vehicle. Again the exception is after car loans.

Others: Other Exemptions are for wedding rings (\$500) and normal furnishings and clothing.

CHAPTER 13: In a Chapter 13 you make payments for a minimum of 36 months, but usually (90% of cases) for 60 months. Chapter 13 is generally filed when you are behind on payments for a house or car or you have assets that a Chapter 7 Trustee would take. As in Chapter 7, **YOU CANNOT SELL OR GIVE AWAY ANYTHING** without permission of the Court, nor can you incur more debt.

CERTIFICATION: I have read and understand the foregoing, and I have truthfully and accurately listed or noted all of my assets and debts and information as requested in the BANKRUPTCY PACKET.

Signed:

Debtor 1

Debtor 2

IDENTITY AND CONTACT DATA

IF YOU CHANGE YOUR ADDRESS OR TELEPHONE NUMBER,
YOU MUST CALL US WITH YOUR NEW CONTACT INFORMATION.

	Debtor 1	Debtor 2
Name:		
Other names used over the past 8 years:		
Social Security Number:		
Address:		
Mailing (if different):		
Home Phone:		
Cell Phone:		
Work Phone:		
Email address:		
Emergency contact name:		
Emergency contact #:		

PLEASE MARK ONE

- 1. Have you lived in Utah for the entire past 2 years?** [] no [] yes

If no, when did you move to Utah? _____

Which state did you move from? _____

How long did you live there? From: _____ To: _____

- 2. Is your home in foreclosure?** [] no [] yes

If yes, please send a copy of the most recent notice you have received.

Sale date (if set): _____

- 3. Are you being garnished, or is anyone threatening to garnish?** [] no [] yes

If yes, who? _____

Name Number

Payroll contact: _____

Name Number

When is your next check? _____ How often are you paid? _____

- 4. Is anyone threatening to repossess your car?** [] no [] yes

If yes, who? _____

Name Number

Other Land / Houses

Location/Address:	
Owners (mark all that apply): <input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Other (specify below)	Value: \$
	Intent (pick one): <input type="checkbox"/> keep <input type="checkbox"/> surrender
Mortgage 1	Mortgage 2
Lender name & address:	Lender name & address:
Account number:	Account number:
Loan origination date:	Loan origination date:
Monthly payment: \$	Monthly payment: \$
Delinquent amount: \$	Delinquent amount: \$
Total amount owed: \$	Total amount owed: \$
Attorney/collection agency name & address (if any):	Attorney/collection agency name & address (if any):

Other Land / Houses

Location/Address:	
Owners (mark all that apply): <input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Other (specify below)	Value: \$
	Intent (pick one): <input type="checkbox"/> keep <input type="checkbox"/> surrender
Mortgage 1	Mortgage 2
Lender name & address:	Lender name & address:
Account number:	Account number:
Loan origination date:	Loan origination date:
Monthly payment: \$	Monthly payment: \$
Delinquent amount: \$	Delinquent amount: \$
Total amount owed: \$	Total amount owed: \$
Attorney/collection agency name & address (if any):	Attorney/collection agency name & address (if any):

MOTOR VEHICLES / TITLED ASSETS

If you own any vehicles (including motorcycles, boats, ATV's, trailers, etc.) please describe them here. Also, please provide us with a copy of your most recent billing statement for each loan.

Vehicle No. 1	Year, Make, Model, Mileage	Value
		\$
Lender name & address:	Owners (mark all that apply): <input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Other (specify below)	
Loan origination date:	Account number:	
Attorney/collection agency name & address (if any):	Payoff amount: \$	
	Monthly payment: \$	
	Intent (pick one): <input type="checkbox"/> keep & pay directly <input type="checkbox"/> surrender <input type="checkbox"/> keep & pay thru Ch 13	

Vehicle No. 2	Year, Make, Model, Mileage	Value
		\$
Lender name & address:	Owners (mark all that apply): <input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Other (specify below)	
Loan origination date:	Account number:	
Attorney/collection agency name & address (if any):	Payoff amount: \$	
	Monthly payment: \$	
	Intent (pick one): <input type="checkbox"/> keep & pay directly <input type="checkbox"/> surrender <input type="checkbox"/> keep & pay thru Ch 13	

Vehicle No. 3	Year, Make, Model, Mileage	Value
		\$
Lender name & address:	Owners (mark all that apply): <input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Other (specify below)	
Loan origination date:	Account number:	
Attorney/collection agency name & address (if any):	Payoff amount: \$	
	Monthly payment: \$	
	Intent (pick one): <input type="checkbox"/> keep & pay directly <input type="checkbox"/> surrender <input type="checkbox"/> keep & pay thru Ch 13	

Vehicle No. 4		Year, Make, Model, Mileage	Value
			\$
Lender name & address:	Owners (mark all that apply): <input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Other (specify below)		
Loan origination date:	Account number:		
Attorney/collection agency name & address (if any):	Payoff amount:		\$
	Monthly payment:		\$
	Intent (pick one): <input type="checkbox"/> keep & pay directly <input type="checkbox"/> surrender <input type="checkbox"/> keep & pay thru Ch 13		

Other		Year, Make, Model, Mileage	Value
			\$
Lender name & address:	Owners (mark all that apply): <input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Other (specify below)		
Loan origination date:	Account number:		
Attorney/collection agency name & address (if any):	Payoff amount:		\$
	Monthly payment:		\$
	Intent (pick one): <input type="checkbox"/> keep & pay directly <input type="checkbox"/> surrender <input type="checkbox"/> keep & pay thru Ch 13		

Other		Year, Make, Model, Mileage	Value
			\$
Lender name & address:	Owners (mark all that apply): <input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Other (specify below)		
Loan origination date:	Account number:		
Attorney/collection agency name & address (if any):	Payoff amount:		\$
	Monthly payment:		\$
	Intent (pick one): <input type="checkbox"/> keep & pay directly <input type="checkbox"/> surrender <input type="checkbox"/> keep & pay thru Ch 13		

OTHER SECURED DEBTS

If you owe any money for other items (such as tires, furniture, jewelry or electronics) please describe them here. Also, please provide us with a copy of your most recent billing statement for each loan.

Item	Description	Value
		\$
Lender name & address:	Co-debtor name & address (if any):	
Loan origination date:	Account number:	
Attorney/collection agency name & address (if any):	Payoff amount:	\$
	Monthly payment:	\$
	Intent (pick one):	<input type="checkbox"/> keep & pay directly <input type="checkbox"/> surrender <input type="checkbox"/> keep & pay thru Ch 13

Item	Description	Value
		\$
Lender name & address:	Co-debtor name & address (if any):	
Loan origination date:	Account number:	
Attorney/collection agency name & address (if any):	Payoff amount:	\$
	Monthly payment:	\$
	Intent (pick one):	<input type="checkbox"/> keep & pay directly <input type="checkbox"/> surrender <input type="checkbox"/> keep & pay thru Ch 13

Item	Description	Value
		\$
Lender name & address:	Co-debtor name & address (if any):	
Loan origination date:	Account number:	
Attorney/collection agency name & address (if any):	Payoff amount:	\$
	Monthly payment:	\$
	Intent (pick one):	<input type="checkbox"/> keep & pay directly <input type="checkbox"/> surrender <input type="checkbox"/> keep & pay thru Ch 13

PERSONAL PROPERTY

We have attempted to help you itemize these items by providing the following tables. Please be sure to list a value for each item based upon it's current condition (garage sale values work best). If you owe any money for the item, please list that on the previous page.

Financial Accounts	Name of institution	Current balance
checking	<i>list each</i>	\$
		\$
savings	<i>list each</i>	\$
		\$
401k, IRA	<i>list each</i>	\$
		\$
life insurance or burial policies	<i>list each</i>	\$
		\$
CD's		\$
Other accounts		\$

Living Room Items	Quantity	Description	Value
sofa, loveseats			\$
chairs			\$
coffee/end tables			\$
televisions			\$
other electronics	<i>list each</i>		\$
			\$
rug, lamps, etc.			\$
desks			\$
bookcase, books			\$
other items			\$
			\$

Bedroom Items	Quantity	Description	Value
beds, bedding			\$
dresser, night stands			\$
lamp, clocks, etc.			\$
other items			\$
			\$

Dining Room Items	Quantity	Description	Value
tables			\$
chairs			\$
hutch, cabinets			\$
china, flatware,			\$
other items			\$
			\$

Kitchen Items	Quantity	Description	Value
refrigerator			\$
stove/oven			\$
dishwasher			\$
microwave			\$
freezer			\$
small appliances			\$
pots, pans			\$
other items			\$
			\$

Personal/Household	Quantity	Description	Value
washer, dryer			\$
sewing machine			\$
iron, ironing board			\$
computers			\$
printer, fax, scanner			\$
personal clothing			\$
jewelry			\$
other items	<i>list each</i>		\$
			\$

Yard/Hobby Items	Quantity	Description	Value
piano, musical instruments	<i>list each</i>		\$
			\$
bicycles			\$
ski, camping, fishing	<i>list each</i>		\$
			\$
equipment guns	<i>list each</i>		\$
			\$
timeshares			\$
animals	<i>list each</i>		\$
			\$
lawn mower, etc.			\$
barbecue			\$
outdoor furniture			\$
power tools			\$
other items			\$
			\$

HOUSEHOLD / INCOME

Please provide the following information regarding your household and it's income.

Dependents

Name	Relationship	Age	Do they live with you?	Child Support Payment Amt?

Employment- list all jobs currently held (remember to provide all pay stubs received during the past 7 months).

<i>Husband</i>	<i>Wife</i>
Employer's name & address:	Employer's name & address:
Job Title:	Job Title:
Hire date:	Hire date:

* If you have more than one job, please attach a separate sheet.

PLEASE MARK ONE

5. Does anyone in your home receive social security benefits? [] no [] yes
If yes, when did it begin? _____ How much do you get? \$ _____
6. Do you, or your spouse, receive unemployment benefits? [] no [] yes
If yes, when did it begin? _____ How much do you get? \$ _____
7. Do you, or your spouse, receive food stamps? [] no [] yes
If yes, when did it begin? _____ How much do you get? \$ _____
8. Do you, or your spouse, receive child support? [] no [] yes
If yes, when did it begin? _____ How much do you get? \$ _____
9. Are you, or your spouse, owed back child support? [] no [] yes
If yes, how much are you owed? \$ _____ Is it collectable? [] no [] yes
10. Do you, or your spouse, receive rental income? [] no [] yes
If yes, when did it begin? _____ How much do you get? \$ _____
11. Have you, or your spouse, done any side-work during the past 7 months? [] no [] yes
12. Have you, or your spouse, had any other sources of income during the past 7 months? [] no [] yes
If yes, what was the source? _____

***** IF YOU ANSWERED 'YES' TO ANY OF THESE QUESTIONS,
PLEASE PROVIDE PROOF OF SUCH INCOME FOR THE PAST 7 MONTHS *****

MONTHLY EXPENSES

Please describe how you spend your money. If you and your spouse maintain separate households, use the second column to detail their expenses.

	Debtor		Spouse	
	1 st \$	2 nd \$	1 st \$	2 nd \$
Mortgage/rent- include lot rental				
Property taxes & insurance	\$ _____ taxes/yr [] incl w/mtg		\$ _____ taxes/yr [] incl w/mtg	
	\$ _____ insur/yr [] incl w/mtg		\$ _____ insur/yr [] incl w/mtg	
Electricity and heating fuel	\$		\$	
Water and sewer	\$		\$	
Telephone	\$		\$	
Cellular phone	\$		\$	
Internet	\$		\$	
Cable/satellite	\$		\$	
Other utility (describe):	\$		\$	
Home maintenance	\$		\$	
Food	\$		\$	
Clothing	\$		\$	
Laundry and dry cleaning	\$		\$	
Medical and dental expenses	\$		\$	
Transportation (do not include loan)	\$		\$	
Recreation, clubs, entertainment	\$		\$	
Charitable contributions	\$		\$	
Renter's insurance (if not above)	\$		\$	
Life insurance (out-of-pocket)	\$		\$	
Health insurance (out-of-pocket)	\$		\$	
Auto insurance	\$		\$	
Other insurance (specify):	\$		\$	
Auto payment	\$		\$	
Auto payment 2	\$		\$	
Childcare	\$		\$	
Other payments/expenses (specify):	\$		\$	
Other payments/expenses (specify):	\$		\$	
Other payments/expenses (specify):	\$		\$	
Other payments/expenses (specify):	\$		\$	

Please answer the following questions regarding your financial situation. Many of these questions may not apply; however, it is very important to *read* and answer each question. If any do not apply, please mark 'no'. If we have not provided enough space for you to complete the necessary information, please attach a separate sheet with the question number and your answer.

PLEASE MARK ONE

- 13. Have you previously filed bankruptcy within past 8 years?** [] no [] yes
If yes, in what state? _____
- 14. Do you have a spouse or business partner who is currently in bankruptcy?** [] no [] yes
If yes, who? _____
- 15. Is anyone suing you, or have you been sued at all during the past year?** [] no [] yes
If yes, please provide a copy of the court papers.
- 16. Are you suing anyone?** (i.e. personal injury, class action, small claims, etc.) [] no [] yes
If yes, who? _____
- 17. Does anyone owe you money?** [] no [] yes
If yes, who? _____ How much? \$ _____
- 18. Have you been divorced within past 6 years?** [] no [] yes
If yes, please provide a copy of your divorce decree.
- 19. Do you, or are you required to, pay child support or alimony?** [] no [] yes
If yes, who is the custodial parent? _____
Provide their full address: _____
Provide their telephone number: _____
- 20. Has anyone garnished or seized any of your belongings in the past year?** [] no [] yes
If yes, who? _____
What was taken? _____
When did it happen? _____
- 21. Has anything been foreclosed, repossessed or surrendered in the past year?** [] no [] yes
If yes, who? _____
What was taken? _____
When did it happen? _____ What was it worth? \$ _____
- 22. Has anything been lost in the past year?** (i.e. fire, gambling, theft, auto accident, etc.) [] no [] yes
If yes, what did you lose? _____
Why did it happen? _____
When did it happen? _____ What was it worth? \$ _____
Was it covered by insurance? [] no [] yes

PLEASE MARK ONE

23. Have you paid anyone else for debt counseling or services in the past year? [] no [] yes
If yes, who? _____
How much did you pay? \$ _____ When? _____
24. Have you given anything away in the past 2 years? [] no [] yes
If yes, who did you give it to? _____
Where do they live? _____
What did you give away? _____
When? _____ What was it worth? \$ _____
25. Have you given out any gifts or charity (including friends/family) in the past year? [] no [] yes
If yes, who? _____
What did you give? _____
When? _____ What was it worth? \$ _____
26. Have you sold any land or vehicles during the past 2 years? [] no [] yes
If yes, who did you sell it to? _____
Where do they live? _____
What did you sell? _____
When? _____
Sale price? \$ _____ Loan payoff? \$ _____
27. Have you sold any of your belongings during the past 2 years? [] no [] yes
If yes, who did you sell it to? _____
Where do they live? _____
What did you sell? _____
Sale price? \$ _____ When? _____
28. Have you traded-in any vehicles during the past 2 years? [] no [] yes
If yes, which dealership? _____
Description of trade-in? _____
Trade-in credit? \$ _____ When? _____
29. Is there anything in your possession that belongs to someone else? [] no [] yes
If yes, what is it? _____
Who owns it? _____
Where do they live? _____
30. Have you moved at all during the past 3 years? [] no [] yes
If yes, provide your old address(es)? _____
Date moved in? _____ Date moved out? _____
Use an additional sheet if you resided anywhere else during the past 3 years.

PLEASE MARK ONE

31. Do you have a safe deposit box? [] no [] yes
If yes, where?
What is in it?
Who has access?

32. Have you closed any accounts in the past year? (i.e. bank, investment, etc.) [] no [] yes
If yes, which bank?
What kind of account? [] checking [] savings [] other
When was it closed?

33. Have you ever violated, or been accused of violating, an environment law? [] no [] yes

34. During the past 6 years, have you been self-employed, or owned a business? [] no [] yes
If yes, what was/is the business name?
Nature of business:
Dates of operation:
Other partner(s):
Tax ID Number (if any):
Bookkeeper:
Name Number

35. During the past 6 years, have you been an officer/executive of any company? [] no [] yes
If yes, what was/is the business name?
Nature of business:
Dates of operation:
Tax ID Number (if any):
Bookkeeper:
Name Number

36. During the past 90 days, have you paid \$600 or more to any creditor? (This may include, but is not limited to: mortgage payments, auto loans, credit cards, child support payments to friends or family, etc.) [] no [] yes
If yes, who:
Name Reason Total Paid
Add'l payee:
Name Reason Total Paid
Add'l payee:
Name Reason Total Paid

37. Simply described, a 'setoff' is when someone owes you money and you owe them money, so you decide to call it even. Have any setoff's occurred during the past year? [] no [] yes
If yes, who did you give it to?
How much was offset? \$ When?

CONTRACTS, LEASES, RENT-TO-OWN, ETC.

If you are still under contract for services or equipment, please list those here. Typical contracts may include an apartment lease, auto lease, cell phone service contract, business equipment lease, rent-to-own furniture, etc.

Creditor name & address:	Monthly payment amount: \$
	Total months of the contract:
	Beginning date:
	Buyout option: <input type="checkbox"/> no <input type="checkbox"/> yes
	Intent (pick one): <input type="checkbox"/> keep <input type="checkbox"/> surrender
Creditor name & address:	Monthly payment amount: \$
	Total months of the contract:
	Beginning date:
	Buyout option: <input type="checkbox"/> no <input type="checkbox"/> yes
	Intent (pick one): <input type="checkbox"/> keep <input type="checkbox"/> surrender
Creditor name & address:	Monthly payment amount: \$
	Total months of the contract:
	Beginning date:
	Buyout option: <input type="checkbox"/> no <input type="checkbox"/> yes
	Intent (pick one): <input type="checkbox"/> keep <input type="checkbox"/> surrender
Creditor name & address:	Monthly payment amount: \$
	Total months of the contract:
	Beginning date:
	Buyout option: <input type="checkbox"/> no <input type="checkbox"/> yes
	Intent (pick one): <input type="checkbox"/> keep <input type="checkbox"/> surrender
Creditor name & address:	Monthly payment amount: \$
	Total months of the contract:
	Beginning date:
	Buyout option: <input type="checkbox"/> no <input type="checkbox"/> yes
	Intent (pick one): <input type="checkbox"/> keep <input type="checkbox"/> surrender

ALL OTHER DEBTS

This section is for any other debts you owe for which the creditor cannot take anything away from you for failure to repay the debt. These debts are typically credit card, medical, signature loans, returned checks, etc. Please note that some “store charge cards,” such as RC Willey, Boulevard Home Furnishings, Best Buy, and Les Schwab may still repossess the items purchased and should be listed in the ‘Other Secured Debts’ section a few pages back. If we have not provided enough space for you to complete the necessary information, please attach a separate sheet with the requested creditor information.

Creditor name & address:	Type of debt: <input type="checkbox"/> credit card <input type="checkbox"/> medical <input type="checkbox"/> other
	Account number:
	Year(s) debt arose:
	Balance owed: \$
Attorney/collection agency name & address (if any):	Co-debtor name & address (if any):
Creditor name & address:	Type of debt: <input type="checkbox"/> credit card <input type="checkbox"/> medical <input type="checkbox"/> other
	Account number:
	Year(s) debt arose:
	Balance owed: \$
Attorney/collection agency name & address (if any):	Co-debtor name & address (if any):
Creditor name & address:	Type of debt: <input type="checkbox"/> credit card <input type="checkbox"/> medical <input type="checkbox"/> other
	Account number:
	Year(s) debt arose:
	Balance owed: \$
Attorney/collection agency name & address (if any):	Co-debtor name & address (if any):

Creditor name & address:	Type of debt: <input type="checkbox"/> credit card <input type="checkbox"/> medical <input type="checkbox"/> other
	Account number:
	Year(s) debt arose:
	Balance owed: \$
Attorney/collection agency name & address (if any):	Co-debtor name & address (if any):
Creditor name & address:	Type of debt: <input type="checkbox"/> credit card <input type="checkbox"/> medical <input type="checkbox"/> other
	Account number:
	Year(s) debt arose:
	Balance owed: \$
Attorney/collection agency name & address (if any):	Co-debtor name & address (if any):
Creditor name & address:	Type of debt: <input type="checkbox"/> credit card <input type="checkbox"/> medical <input type="checkbox"/> other
	Account number:
	Year(s) debt arose:
	Balance owed: \$
Attorney/collection agency name & address (if any):	Co-debtor name & address (if any):
Creditor name & address:	Type of debt: <input type="checkbox"/> credit card <input type="checkbox"/> medical <input type="checkbox"/> other
	Account number:
	Year(s) debt arose:
	Balance owed: \$
Attorney/collection agency name & address (if any):	Co-debtor name & address (if any):

Creditor name & address:	Type of debt: <input type="checkbox"/> credit card <input type="checkbox"/> medical <input type="checkbox"/> other
	Account number:
	Year(s) debt arose:
	Balance owed: \$
Attorney/collection agency name & address (if any):	Co-debtor name & address (if any):
Creditor name & address:	Type of debt: <input type="checkbox"/> credit card <input type="checkbox"/> medical <input type="checkbox"/> other
	Account number:
	Year(s) debt arose:
	Balance owed: \$
Attorney/collection agency name & address (if any):	Co-debtor name & address (if any):
Creditor name & address:	Type of debt: <input type="checkbox"/> credit card <input type="checkbox"/> medical <input type="checkbox"/> other
	Account number:
	Year(s) debt arose:
	Balance owed: \$
Attorney/collection agency name & address (if any):	Co-debtor name & address (if any):
Creditor name & address:	Type of debt: <input type="checkbox"/> credit card <input type="checkbox"/> medical <input type="checkbox"/> other
	Account number:
	Year(s) debt arose:
	Balance owed: \$
Attorney/collection agency name & address (if any):	Co-debtor name & address (if any):

Creditor name & address:	Type of debt: <input type="checkbox"/> credit card <input type="checkbox"/> medical <input type="checkbox"/> other
	Account number:
	Year(s) debt arose:
	Balance owed: \$
Attorney/collection agency name & address (if any):	Co-debtor name & address (if any):
Creditor name & address:	Type of debt: <input type="checkbox"/> credit card <input type="checkbox"/> medical <input type="checkbox"/> other
	Account number:
	Year(s) debt arose:
	Balance owed: \$
Attorney/collection agency name & address (if any):	Co-debtor name & address (if any):
Creditor name & address:	Type of debt: <input type="checkbox"/> credit card <input type="checkbox"/> medical <input type="checkbox"/> other
	Account number:
	Year(s) debt arose:
	Balance owed: \$
Attorney/collection agency name & address (if any):	Co-debtor name & address (if any):
Creditor name & address:	Type of debt: <input type="checkbox"/> credit card <input type="checkbox"/> medical <input type="checkbox"/> other
	Account number:
	Year(s) debt arose:
	Balance owed: \$
Attorney/collection agency name & address (if any):	Co-debtor name & address (if any):

PLEASE ATTACH ALL YOUR
PROOF OF INCOME
TO THIS SHEET

PLEASE ATTACH ALL YOUR
TAX DOCUMENTS
TO THIS SHEET

PLEASE ATTACH ALL YOUR
BILLING STATEMENTS
TO THIS SHEET

PLEASE ATTACH ALL YOUR
CREDIT REPORTS
TO THIS SHEET

PLEASE ATTACH ALL YOUR
LAW SUIT PAPERS
TO THIS SHEET

PLEASE ATTACH ALL YOUR
PROOF OF AUTO INSURANCE
TO THIS SHEET

PLEASE ATTACH ALL YOUR
ALL OTHER DOCUMENTS
TO THIS SHEET