

CREDITOR LISTING SHEET

Client Name: _____

PAGE ____.

INSTRUCTIONS: LIST THE NAME AND ADDRESS (INCLUDING ZIP CODE) OF EVERY PERSON OR COMPANY THAT YOU OWE MONEY OR WHO SAYS YOU OWE MONEY EVEN IF YOU DISAGREE. THEIR ADDRESS MUST BE CORRECT: IF THEY DO NOT GET NOTICE, YOU WILL STILL OWE THEM. BRING IN THE MOST RECENT MONTHLY STATEMENT AND BRING IN ALL OTHER CORRESPONDENCE OR PAPERS ABOUT THAT DEBT. EXPLAIN WHY YOU OWE THE MONEY, HOW MUCH YOU OWE (IF YOU DON'T KNOW, GUESS HIGH) AND IF THEY CAN REPOSSESS OR FORECLOSE SOMETHING IF YOU DON'T PAY THEM. IF THE CREDITOR CAN MAKE SOMEONE ELSE PAY IF YOU DON'T, PROVIDE THE NAME AND ADDRESS OF THAT OTHER PERSON (YOU CAN LIST THAT PERSON IS A CREDITOR). IF THEY'VE TURNED IT OVER TO A COLLECTION AGENCY, WE NEED THE NAME ADDRESS AND PHONE NUMBER OF THE COLLECTION AGENCY. IF YOU HAVE RECEIVED ANY COURT PAPERS, BRING THEM IN. IF YOU NEED MORE ROOM, USE PLAIN PAPER AND PUT IN ALL INFORMATION.

THE MORE WE KNOW, THE MORE WE CAN HELP. IF YOU HAVE QUESTIONS, PLEASE CALL OUR OFFICE.

#	CREDITOR NAME	REASON	DEBT	SECURITY	MISC INFO	COMMENT
1 P S U	NAME & ADDRESS OF CREDITOR	<input type="checkbox"/> MEDICAL	TOTAL OWED:	<input type="checkbox"/> LIEN ON PROPERTY: CAR -- REAL EST. -- OTHER (CIRCLE & DESCRIBE)	ANYONE ELSE LIABLE? <input type="checkbox"/> NO <input type="checkbox"/> YES <u>NAME</u>
		<input type="checkbox"/> CREDIT CARD	MONTHLY PAYMENT:		COLLECTION AGENCY? <input type="checkbox"/> NO <input type="checkbox"/> YES <u>NAME</u>
		<input type="checkbox"/> OTHER - EXPLAIN	ACCOUNT NUMBER:	VALUE OF PROPERTY:	LEGAL ACTION? <input type="checkbox"/> NO <input type="checkbox"/> YES BRING ALL PAPERS
	<input type="checkbox"/> STATEMENT/BILL ENCLOSED	DATE LAST USED:		KEEP? <input type="checkbox"/> YES <input type="checkbox"/> NO	
					
2 P S U	NAME & ADDRESS OF CREDITOR	<input type="checkbox"/> MEDICAL	TOTAL OWED:	<input type="checkbox"/> LIEN ON PROPERTY: CAR -- REAL EST. -- OTHER (CIRCLE & DESCRIBE)	ANYONE ELSE LIABLE? <input type="checkbox"/> NO <input type="checkbox"/> YES <u>NAME</u>
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	<input type="checkbox"/> STATEMENT/BILL ENCLOSED	DATE LAST USED:		KEEP? <input type="checkbox"/> YES <input type="checkbox"/> NO	
					
3 P S U	NAME & ADDRESS OF CREDITOR	<input type="checkbox"/> MEDICAL	TOTAL OWED:	<input type="checkbox"/> LIEN ON PROPERTY: CAR -- REAL EST. -- OTHER (CIRCLE & DESCRIBE)	ANYONE ELSE LIABLE? <input type="checkbox"/> NO <input type="checkbox"/> YES <u>NAME</u>
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