YOU MUST BRING THE FOLLOWING REQUIRED DOCUMENTS TO YOUR CONSULTATION:

- ☐ **A COPY OF MOST RECENT FILED STATE AND FEDERAL TAX RETURNS.**

- ☐ **PAY STUBS FOR THE LAST 7 MONTHS–** If you are married, you will also need to bring your spouse's pay stubs, regardless if one or both of you are filing. If you do not have any pay stubs, you can ask your payroll office at your place of employment for copies of your checks or for a print-out of your wages. ****PLEASE REMEMBER: The last 7 months of stubs are required to file a bankruptcy. However, WE MUST HAVE AT LEAST YOUR MOST RECENT 2 MONTHS (CONSECUTIVE) OF PAY STUBS OR WE WILL BE UNABLE TO ADVISE YOU ON YOUR OPTIONS IN BANKRUPTCY! ****

- ☐ **SELF EMPLOYED–** If you are self employed, please bring your last year's tax return as proof of income and the most recent two months of business operating statements.

- ☐ **BANK STATEMENTS FOR THE LAST 2 MONTHS.**

- ☐ **PROOF OF OTHER INCOME –** Proof of any and all income such as social security, child support, retirement, disability, food stamps, etc.)

- ☐ **IF REAL ESTATE IS OWNED.** Bring a copy of the Deed and County/City Tax Assessment.

- ☐ **IF VEHICLES OR A MOBILE HOME IS OWNED.** Bring a copy of the personal property tax assessment from the city or county showing the assessed value of the property.

- ☐ **INSURANCE.** If you own an automobile, we need a copy of your auto insurance declarations page from your insurance policy. This document shows the total premium for your insurance and loss payee. If you do not have this document, please call your insurance agent.

- ☐ **CAR & HOUSE LOANS.** If you have any car or house loans, bring copies of your monthly payment reminder notices that include the total balances due under those loans.

OTHER THAN CAR AND HOUSE LOANS, PLEASE DO NOT BRING ANY BILLS WITH YOU. THERE ARE SPACES PROVIDED IN THE BACK TO LIST THE NAMES AND ADDRESSES OF YOUR OTHER CREDITORS



900 LAKESIDE DRIVE
LYNCHBURG, VA 24501
434-845-2600
434-845-0727 FAX

CLIENT CERTIFICATION REGARDING INFORMATION ON NEW CLIENT QUESTIONNAIRE

(Please bring this SIGNED document along with your NEW CLIENT QUESTIONNAIRE AND REQUIRED DOCUMENTS to your appointment with COX LAW GROUP, PLLC)

I (we) certify the following:

- All personal property and real property in my (our) possession or in someone else's possession is listed.
- All property that I (we) have partial interest in is listed.
- Everyone that I (we) owe or has a claim against me (us), even those creditors that I (we) want to continue to pay, is listed.
- Every bill that I (we) are cosigned on, whether I want to file bankruptcy against them or not, is listed.
- All information provided in this intake package is true and correct to the best of my (our) knowledge.

_____
Signature 1

_____
Signature 2

Date: _____

LAW GROUP PLLC

NEW CLIENT QUESTIONNAIRE

*** IF YOU ARE MARRIED OR SEPARATED AND YOUR SPOUSE IS NOT FILING, YOU MUST STILL COMPLETE ALL LINES ON THIS PAGE FOR YOUR SPOUSE***

_____ _____ _____ _____
First Name (Debtor 1) Full Middle Name Last Name Sr./Jr., etc.
Other names used by you in the past 8 years (if any): _____
Age: __ Social Security Number _____ Date of Birth: _____

_____ _____ _____
First Name (Debtor 2) Full Middle Name Last Name
Other names used by you in the past 8 years (if any): _____
Age: __ Social Security Number _____ Date of Birth: _____

Check marital status: ☐ MARRIED ☐ SINGLE ☐ SEPARATED ☐ DIVORCED ☐ WIDOWED
How did you hear about our law firm? _____

Home Address: _____ Apt. #_____

City _____ State ____ Zip _____ **COUNTY/CITY**_____

Mailing Address (if different):_____

City _____ State ____ Zip _____ Email_____

Home Phone _____ Cell (1) _____ _____ Work (1) _____
Cell (2) _____ Work (2) _____

Alternate/Emergency Contact Phone (Optional): _____

Have you lived in Virginia for the past two years continuously? ☐Yes ☐No
Length of time at present address: _____

If you are separated, list address of spouse: _____

Have you or your spouse ever filed Bankruptcy? ☐Yes ☐No If yes, where was the case filed? _____

Do you have any MINOR or DEPENDENT children? If so, please complete:

Circle Son or Daughter	Age	Does child live with you?	Do you pay child support?
Son or Daughter		Yes☐ No☐	☐Yes ☐No
Son or Daughter		Yes☐ No☐	☐Yes ☐No
Son or Daughter		Yes☐ No☐	☐Yes ☐No
Son or Daughter		Yes☐ No☐	☐Yes ☐No

Have your bank account(s) or wages been garnished in the last 60 days? Yes☐ No☐
Are there any judgments against you? Yes☐ No☐
If yes, what creditor(s)? _____
Is anyone trying to sue you at this time? Yes☐ No☐
If yes, what creditor(s)? _____
Do you have a foreclosure or repossession threatened at this time? Yes☐ No☐
If so, has a date been set for foreclosure? Yes☐ No☐ If yes, date: _____
Have you used your credit cards, borrowed any money, or taken any cash advances in the last 90 days?
Yes☐ No☐

Have you filed all state and federal tax returns in the last 4 years? Yes☐ No☐
If no, which year(s) were not filed? _____
Are you current on your personal property and/or real estate taxes? Yes☐ No☐

IF YOU OWE **ANY** TYPE OF TAXES, COMPLETE THE FOLLOWING TABLE.

Taxing Creditor (IRS, State, County, or City)	**Year**	**Type of Tax** (Income, real estate, personal property, etc.)	**Was that year's tax return filed on time?**	**Amount Due**
Example: Campbell Co	1978	Personal property	Yes☐ No☐ Not Applicable☐	$514.00
			Yes☐ No☐ Not Applicable☐	
			Yes☐ No☐ Not Applicable☐	
			Yes☐ No☐ Not Applicable☐	

Do you pay child support? Yes☐ No☐ Court Ordered? Yes☐ No☐
Do you owe back child support? Yes☐ No☐ If so how much? _____
Name and address of person you pay support to: _____
_____
_____

Do you have any student loans? YES☐ NO☐ If yes, please complete.

NAME OF CREDITOR	**BALANCE DUE**	**CREDITOR'S MAILING ADDRESS**

Do you have any co-signed debts/loans? YES☐ NO☐ If yes, please complete.

NAME OF CREDITOR	**COSIGNER'S NAME**	**COSIGNER'S ADDRESS**

DO YOU OWN OR ARE YOU BUYING YOUR HOME, LAND OR OTHER REAL ESTATE, INCLUDING TIMESHARES AND FAMILY LAND? Yes☐ No☐ (*if YES, complete the table below*)

Property Address	**VALUE**	**OWNER** **As listed on the DEED**
	Tax Assessed Value $_____ What do you think you could sell it for in today's market? $_____	☐ Debtor 1 and 2 jointly ☐ Debtor 1 only ☐ Debtor 2 only ☐ Other _____
Mortgage Information		
1st Mortgage Name & Address:	Account #_____ Date Opened: _____	Loan Balance: $_____ # of Months Behind: _____
2nd Mortgage Name & Address:	Account #_____ Date Opened: _____	Loan Balance: $_____ # of Months Behind: _____

Property Address	**VALUE**	**OWNER** **As listed on the DEED**
	Tax Assessed Value $_____ What do you think you could sell it for in today's market? $_____	☐ Debtor 1 and 2 jointly ☐ Debtor 1 only ☐ Debtor 2 only ☐ Other _____
Mortgage Information		
1st Mortgage Name & Address:	Account #_____ Date Opened: _____	Loan Balance: $_____ # of Months Behind: _____
2nd Mortgage Name & Address:	Account #_____ Date Opened: _____	Loan Balance: $_____ # of Months Behind: _____

Property Address	**VALUE**	**OWNER** **As listed on the DEED**
	Tax Assessed Value $_____ What do you think you could sell it for in today's market? $_____	☐ Debtor 1 and 2 jointly ☐ Debtor 1 only ☐ Debtor 2 only ☐ Other _____
Mortgage Information		
1st Mortgage Name & Address:	Account #_____ Date Opened: _____	Loan Balance: $_____ # of Months Behind: _____
2nd Mortgage Name & Address:	Account #_____ Date Opened: _____	Loan Balance: $_____ # of Months Behind: _____

* * * IMPORTANT: HAVE YOU TRANSFERRED ANY INTEREST IN A HOUSE OR LAND TO ANOTHER PERSON IN THE LAST 5 YEARS (THIS INCLUDES SALES OF PROPERTY, GIFTS, OR ANY TYPE OF TRANSFER YOU MIGHT HAVE MADE THROUGH A DEED)?
No☐ Yes☐ If yes, explain :_____

Are your parents still alive? (Debtor 1) Yes☐ No☐ (Debtor 2)Yes☐ No☐
If deceased, did they own any real estate while alive? (Debtor 1) Yes☐ No☐ (Debtor 2) Yes☐ No☐
Are you currently expecting to receive any inheritance, life insurance proceeds, or real estate from anyone's death? (Debtor 1) Yes☐ No☐ (Debtor 2) Yes ☐ No☐
Do you have a burial plot? (Debtor 1) Yes☐ No☐ (Debtor 2)Yes ☐ No☐ If yes, where? _____

Do you rent a house or apartment? Yes☐ No☐
If yes, list landlord's name and address: _____
Do you have a written lease? Yes☐ No☐ Is the lease month-to-month? Yes☐ No☐
Are you in a "rent-to-own" agreement? Yes☐ No☐

Do you rent a vehicle or furniture? Yes☐ No☐
If yes, what are you renting? _____
Name and address of the rental company: _____
How many payments are remaining (or when does it end) ? _____

LIST YOUR VEHICLES (*All of them—even if paid for or if "junk"*)

VEHICLE INFO	**OWNER As Listed on Title**	**APPROX VALUE**	**LIENHOLDER NAME and ADDRESS**	**LOAN INFO**
Year: _____ Make: _____ Model: _____ Mileage: _____ Date Purchased: _____	☐ Debtor 1 and 2 ☐ Debtor 1 only ☐ Debtor 2 only ☐ Joint with _____			Loan Payoff $_____ Monthly payments remaining: ____
Year: _____ Make: _____ Model: _____ Mileage: _____ Date Purchased: _____	☐ Debtor 1 and 2 ☐ Debtor 1 only ☐ Debtor 2 only ☐ Joint with _____			Loan Payoff $_____ Monthly payments remaining: ____
Year: _____ Make: _____ Model: _____ Mileage: _____ Date Purchased: _____	☐ Debtor 1 and 2 ☐ Debtor 1 only ☐ Debtor 2 only ☐ Joint with _____			Loan Payoff $_____ Monthly payments remaining: ____
Year: _____ Make: _____ Model: _____ Mileage: _____ Date Purchased: _____	☐ Debtor 1 and 2 ☐ Debtor 1 only ☐ Debtor 2 only ☐ Joint with _____			Loan Payoff $_____ Monthly payments remaining: ____

Do you have life insurance? (Debtor 1)Yes☐ No☐ (Debtor 2) Yes ☐ No☐
Does your life insurance have a cash value? Yes☐ No☐ What is the cash surrender value? $_____

Does anyone owe you money? (Debtor 1)Yes☐ No☐ (Debtor 2) Yes☐ No☐ How much? _____
Do you have the right to sue anyone for any reason? (Debtor 1)Yes☐ No☐ (Debtor 2) Yes☐ No☐
What type of case? ☐Personal Injury/Workers Comp ☐Prop Damage ☐Collection ☐Other _____
Who is your lawyer? _____

DO YOU RECEIVE A TAX REFUND? Yes☐ No☐ If yes, complete table below.

What was the amount of your last tax refund? _____ _____
FEDERAL STATE

How much do you expect next year? ☐More ☐Less or the ☐Same Amount

Amount of any tax refunds still owed to you (if any): _____ _____
FEDERAL STATE

DO YOU HAVE ANY BANK ACCOUNTS? Yes☐ No☐ If yes, complete table below.

BANK NAME	TYPE OF ACCOUNT & BALANCE	OWNER
	☐Checking $ _____ ☐Savings $ _____ ☐Other: $_____	☐ Debtor 1 and 2 ☐ Debtor 1 only ☐ Debtor 2 only ☐ Joint with _____
	☐Checking $ _____ ☐Savings $ _____ ☐Other: _____	☐ Debtor 1 and 2 ☐ Debtor 1 only ☐ Debtor 2 only ☐ Joint with _____
	☐Checking $ _____ ☐Savings $ _____ ☐Other: _____	☐ Debtor 1 and 2 ☐ Debtor 1 only ☐ Debtor 2 only ☐ Joint with _____
	☐Checking $ _____ ☐Savings $ _____ ☐Other: _____	☐ Debtor 1 and 2 ☐ Debtor 1 only ☐ Debtor 2 only ☐ Joint with _____

- Note: If you have a credit card issued by a bank, and have a savings or checking account with that same bank, the bank may freeze your account upon filing of the bankruptcy. Therefore, we advise you to close the account or leave only a small amount of money in the account, before filing bankruptcy. PLEASE CLOSE ANY WELLS FARGO ACCOUNTS. THEY WILL FREEZE THE ACCOUNT.

What is the amount of cash you have that is not in a bank account: $_____

DO YOU HAVE ANY RETIREMENT OR FINANCIAL ACCOUNTS? Yes☐ No☐
If yes, please complete table below.

OWNER	TYPE OF ACCOUNT	CURRENT VALUE	DO YOU HAVE A LOAN AGAINST THE ACCOUNT?
☐ Debtor 1 ☐ Debtor 2	☐ 401k ☐IRA ☐ VRS ☐403B ☐ Stock ☐ Bonds ☐ CD's ☐ Other	$	Yes☐ No☐ If yes, Balance on Loan? $_____
☐ Debtor 1 ☐ Debtor 2	☐ 401k ☐IRA ☐ VRS ☐403B ☐ Stock ☐ Bonds ☐ CD's ☐ Other	$	Yes☐ No☐ If yes, Balance on Loan? $_____
☐ Debtor 1 ☐ Debtor 2	☐ 401k ☐IRA ☐ VRS ☐403B ☐ Stock ☐ Bonds ☐ CD's ☐ Other	$	Yes☐ No☐ If yes, Balance on Loan? $_____
☐ Debtor 1 ☐ Debtor 2	☐ 401k ☐IRA ☐ VRS ☐403B ☐ Stock ☐ Bonds ☐ CD's ☐ Other	$	Yes☐ No☐ If yes, Balance on Loan? $_____
☐ Debtor 1 ☐ Debtor 2	☐ 401k ☐IRA ☐ VRS ☐403B ☐ Stock ☐ Bonds ☐ CD's ☐ Other	$	Yes☐ No☐ If yes, Balance on Loan? $_____
☐ Debtor 1 ☐ Debtor 2	☐ 401k ☐IRA ☐ VRS ☐403B ☐ Stock ☐ Bonds ☐ CD's ☐ Other	$	Yes☐ No☐ If yes, Balance on Loan? $_____

PERSONAL PROPERTY

Please complete the chart below for all of your personal belongings. You must list the number of all items you own even if the item was a gift or has little or no value. The value of the item should be the value if you sold the item today at a garage sale.

Quantity (#)	Description	Garage Sale Value	Debtor 1 (1), Debtor 2 (2), or Joint (J)
1	EXAMPLE	**$75**	1
	Sofa/Couches		
	Love Seats		
	Dining Tables		
	Dining Chairs		
	Kitchen Tables		
	Kitchen Chairs		
	Stoves		
	Refrigerators		
	Dishwashers		
	Microwaves		
	Other Kitchen Major Appliances		
	Washers		
	Dryers		
	Recliner Chairs		
	Rocking Chairs		
	Other Chairs		
	Entertainment Centers		
	Desks		
	Coffee Tables		
	Other Tables		
	Nightstands		
	Dressers		
	Beds		
	Other Bedroom Furniture		
	TVs		
	VCRs		
	DVD Players		
	Stereos		
	Computers		
	Lamps		
	China Sets		
	Silverware Sets		
	Antiques. Describe:		

Quantity (#)	Description	Garage Sale Value	Debtor 1 (1), Debtor 2 (2), or Joint (J)
	Collectibles. Describe:		
	Golf Clubs		
	Weight Lifting Set		
	Treadmill		
	Other Exercise Equip of Value		
	Riding Mowers		
	Push Mowers		
	Weed Eaters		
	Tractors		
	Hand Tools		
	Power Tools		
	Lawn Furniture		
	Guns / Firearms: Make & Model_____		
	Video Games		
	Game Systems		
	Camera		
	Camera Accessories		
	Pets		
	Show Quality Animals of Value		
	Other Animals or Livestock		
	Wedding Rings (Real or Costume)		
	Other Rings (Real or Costume)		
	Watches (Real or Costume)		
	Earrings (Real or Costume)		
	Necklaces (Real or Costume)		
	Bracelets (Real or Costume)		
	Other Jewelry (Real or Costume)		
	Fur Coats		
	Other Special Clothing		
	Eyeglasses		
	Medical Equipment		
	Pre-paid Funeral Policies		
	Boat		
	Camper		
	Trailer		
	4 Wheeler		
	Other Misc. Describe:		

DEBTOR 1'S INCOME

IF YOU ARE EMPLOYED, where do you work? _____
What is your Payroll Address? _____
What is your title or position? _____ How long have you worked there? _____
How often are you paid? ☐Weekly ☐Biweekly ☐Semimonthly or ☐Monthly

IF YOU ARE NOT EMPLOYED, do you receive ☐ Unemployment or ☐ Disability ?
How much do you receive? $_____. How often? ☐Weekly ☐Bi-weekly ☐Semi-monthly or ☐Monthly
When does it end? __ __/_____/_____

DO YOU RECEIVE A PENSION OR RETIREMENT INCOME? Yes☐ No☐
If yes, how much per month: $_____

DO YOU RECEIVE SOCIAL SECURITY INCOME: Yes☐ No☐
If yes, how much per month: $_____

DO YOU RECEIVE SPOUSAL OR CHILD SUPPORT? Yes☐ No☐
If yes, how much per month: $_____court ordered? Yes☐ No☐

DO YOU HAVE A PART TIME JOB? Yes☐ No☐ If yes, where do you work_____
What is your Payroll Address? _____
What is your title or position? _____ How long have you worked there? _____
How often are you paid? ☐Weekly ☐Biweekly ☐Semimonthly or ☐Monthly

DEBTOR 2'S INCOME

IF YOU ARE EMPLOYED, where do you work? _____
What is your Payroll Address? _____
What is your title or position? _____ How long have you worked there? _____
How often are you paid? ☐Weekly ☐Biweekly ☐Semimonthly or ☐Monthly

IF YOU ARE NOT EMPLOYED, do you receive ☐ Unemployment or ☐ Disability ?
How much do you receive? $_____. How often? ☐Weekly ☐Bi-weekly ☐Semimonthly or ☐Monthly
When does it end? __ __/_____/_____

DO YOU RECEIVE A PENSION OR RETIREMENT INCOME? Yes☐ No☐
If yes, how much per month: $_____

DO YOU RECEIVE SOCIAL SECURITY INCOME: Yes☐ No☐
If yes, how much per month: $_____

DO YOU RECEIVE SPOUSAL OR CHILD SUPPORT? Yes☐ No☐
If yes, how much per month: $_____court ordered? Yes☐ No☐

DO YOU HAVE A PART TIME JOB? Yes☐ No☐ If yes, where do you work_____
What is your Payroll Address? _____
What is your title or position? _____ How long have you worked there? _____
How often are you paid? ☐Weekly ☐Biweekly ☐Semimonthly or ☐Monthly

LIST ALL ADULT MEMBERS OF YOUR HOUSEHOLD & THEIR RELATIONSHIP TO YOU

FIRST NAME	AGE	RELATIONSHIP	CONTRIBUTES INCOME TO HOUSEHOLD?
			Yes☐ No☐
			Yes☐ No☐

EXPENSES	Average MONTHLY Amount
Rent / Mortgage Payment Includes Real Estate Taxes Yes☐ No☐ Includes Property Insurance Yes☐ No☐ Lot Rent (if any) $_____	1st Mortgage $_____ 2nd Mortgage $_____ Rent $_____
Average electricity and heating fuel	$
Water & Sewer	$
Telephone: $_____ Cell Phone: $_____	*Fill out spaces to the Left*
Cable / Satellite: $_____ Internet: $_____	*Fill out spaces to the Left*
Other Utilities — specify: _____	$
Home Maintenance, repairs & upkeep	$
Food / Groceries	$
Clothing	$
Laundry and dry cleaning	$
Medical and dental expenses not covered by insurance Prescriptions (must be able to support with proof, like receipts)	$_____ $_____
Transportation (gas, repairs, cab & bus fare if any)	$
Recreation, clubs, entertainment, newspapers, etc.	$
Charitable contributions (must have proof of all contributions)	$
Homeowner's or Renter's Insurance	$
Life Insurance	$
Health Insurance (ONLY IF NOT PAYROLL DEDUCTED)	$
Auto Insurance	$
Personal Property Taxes (Per YEAR: $_____)	$
Real Estate Taxes (Per YEAR: $_____)	$
Secured Payments: (list name of creditor in line provided) Car/Truck Payments : _____ Car/Truck Payments : _____ Jewelry Store Payments: _____ Furniture Payments: _____	 $_____ $_____ $_____ $_____
Monthly Divorce or Child Support Paid by You	$
Regular Payments to Elderly Family or Dependents for Care	$
Hair care & Grooming	$
Pet care / food	$
Day Care Expenses (Year Round or Seasonal? Circle One)	$

Please list all of your other SECURED CREDITORS on this page.
This includes all title loans, furniture loans, computer loans, etc… not already listed on previous pages.

IMPORTANT INSTRUCTIONS: Please list the address the creditor has provided you, within the last 60 days, for written notices/correspondence. Do not use the "payment address" unless no other address has been provided or is available for written notices/correspondence. Also, you must list EVERY CREDITOR you owe money to. The Attorney will advise you of how these creditors will be affected by the bankruptcy, should you choose to file.

Name & Address Account # _____	Whose Debt- check one: ☐ Debtor 1 and 2 (joint) ☐ Debtor 1 ☐ Debtor 2 ☐ Cosigned w/ _____ Date Opened: ___/___/____ Balance: $_____	# of Months Behind: What item(s) were purchased or given as collateral for this loan?
Name & Address Account # _____	Whose Debt- check one: ☐ Debtor 1 and 2 (joint) ☐ Debtor 1 ☐ Debtor 2 ☐ Cosigned w/ _____ Date Opened: ___/___/____ Balance: $_____	# of Months Behind: What item(s) were purchased or given as collateral for this loan?
Name & Address Account # _____	Whose Debt- check one: ☐ Debtor 1 and 2 (joint) ☐ Debtor 1 ☐ Debtor 2 ☐ Cosigned w/ _____ Date Opened: ___/___/____ Balance: $_____	# of Months Behind: What item(s) were purchased or given as collateral for this loan?
Name & Address Account # _____	Whose Debt- check one: ☐ Debtor 1 and 2 (joint) ☐ Debtor 1 ☐ Debtor 2 ☐ Cosigned w/ _____ Date Opened: ___/___/____ Balance: $_____	# of Months Behind: What item(s) were purchased or given as collateral for this loan?
Name & Address Account # _____	Whose Debt- check one: ☐ Debtor 1 and 2 (joint) ☐ Debtor 1 ☐ Debtor 2 ☐ Cosigned w/ _____ Date Opened: ___/___/____ Balance: $_____	# of Months Behind: What item(s) were purchased or given as collateral for this loan?

UNSECURED CREDITORS
(Some Examples of Unsecured Creditors are: Medical Bills, Credit Cards, Unsecured Loans, and Personal Loans, etc…)

Please list the address the creditor has provided you, within the last 60 days, for written notices/correspondence. Do not use the "payment address" unless no other address has been provided or is available for written notices/correspondence

Name & Address	Account #	Date Opened: ___/___/____
	Whose Debt- check one: ☐ Debtor 1 and 2 (joint) ☐ Debtor 1 ☐ Debtor 2 ☐ Cosigned w/ _____	Balance: $_____
Name & Address	Account #	Date Opened: ___/___/____
	Whose Debt- check one: ☐ Debtor 1 and 2 (joint) ☐ Debtor 1 ☐ Debtor 2 ☐ Cosigned w/ _____	Balance: $_____
Name & Address	Account #	Date Opened: ___/___/____
	Whose Debt- check one: ☐ Debtor 1 and 2 (joint) ☐ Debtor 1 ☐ Debtor 2 ☐ Cosigned w/ _____	Balance: $_____
Name & Address	Account #	Date Opened: ___/___/____
	Whose Debt- check one: ☐ Debtor 1 and 2 (joint) ☐ Debtor 1 ☐ Debtor 2 ☐ Cosigned w/ _____	Balance: $_____
Name & Address	Account #	Date Opened: ___/___/____
	Whose Debt- check one: ☐ Debtor 1 and 2 (joint) ☐ Debtor 1 ☐ Debtor 2 ☐ Cosigned w/ _____	Balance: $_____

UNSECURED CREDITORS
(Some Examples of Unsecured Creditors are: Medical Bills, Credit Cards, Unsecured Loans, and Personal Loans, etc…)

Please list the address the creditor has provided you, within the last 60 days, for written notices/correspondence. Do not use the "payment address" unless no other address has been provided or is available for written notices/correspondence

Name & Address	Account #	Date Opened: ___/___/____
	Whose Debt- check one: ☐ Debtor 1 and 2 (joint) ☐ Debtor 1 ☐ Debtor 2 ☐ Cosigned w/ _____	Balance: $_____
Name & Address	Account #	Date Opened: ___/___/____
	Whose Debt- check one: ☐ Debtor 1 and 2 (joint) ☐ Debtor 1 ☐ Debtor 2 ☐ Cosigned w/ _____	Balance: $_____
Name & Address	Account #	Date Opened: ___/___/____
	Whose Debt- check one: ☐ Debtor 1 and 2 (joint) ☐ Debtor 1 ☐ Debtor 2 ☐ Cosigned w/ _____	Balance: $_____
Name & Address	Account #	Date Opened: ___/___/____
	Whose Debt- check one: ☐ Debtor 1 and 2 (joint) ☐ Debtor 1 ☐ Debtor 2 ☐ Cosigned w/ _____	Balance: $_____
Name & Address	Account #	Date Opened: ___/___/____
	Whose Debt- check one: ☐ Debtor 1 and 2 (joint) ☐ Debtor 1 ☐ Debtor 2 ☐ Cosigned w/ _____	Balance: $_____

UNSECURED CREDITORS
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Name & Address	Account #	Date Opened: ___/___/____
	Whose Debt- check one: ☐ Debtor 1 and 2 (joint) ☐ Debtor 1 ☐ Debtor 2 ☐ Cosigned w/ _____	Balance: $_____
Name & Address	Account #	Date Opened: ___/___/____
	Whose Debt- check one: ☐ Debtor 1 and 2 (joint) ☐ Debtor 1 ☐ Debtor 2 ☐ Cosigned w/ _____	Balance: $_____
Name & Address	Account #	Date Opened: ___/___/____
	Whose Debt- check one: ☐ Debtor 1 and 2 (joint) ☐ Debtor 1 ☐ Debtor 2 ☐ Cosigned w/ _____	Balance: $_____
Name & Address	Account #	Date Opened: ___/___/____
	Whose Debt- check one: ☐ Debtor 1 and 2 (joint) ☐ Debtor 1 ☐ Debtor 2 ☐ Cosigned w/ _____	Balance: $_____
Name & Address	Account #	Date Opened: ___/___/____
	Whose Debt- check one: ☐ Debtor 1 and 2 (joint) ☐ Debtor 1 ☐ Debtor 2 ☐ Cosigned w/ _____	Balance: $_____