

Your Name: \_\_\_\_\_

CREDITOR'S NAME: \_\_\_\_\_

STREET/P.O. BOX ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

ACCOUNT NUMBER: \_\_\_\_\_ WHO IS LIABLE?  Husband  Wife  Both

TOTAL BALANCE OWED: \$ \_\_\_\_\_ DATE(S) BALANCE INCURRED: \_\_\_/\_\_\_/\_\_\_ - \_\_\_/\_\_\_/\_\_\_

Monthly payment: \$ \_\_\_\_\_ Interest Rate: \_\_\_\_\_ % Months in arrears: \_\_\_\_\_

If anyone has cosigned or guaranteed this debt with you, list each and every cosigner:  
COSIGNER'S NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_

TYPE OF DEBT:  Personal loan  NSF check  Overdraft  Line of credit  
 Utilities  Medical/Dental  Services  Business purchase  Fine  
 Child support  Alimony/Maintenance  Marital debt for which you are responsible under divorce decree  
 Credit card charges for:  Purchases  Cash advances (List all charges made within last 90 days)  
Date \_\_\_/\_\_\_/\_\_\_ Description \_\_\_\_\_ Amount \$ \_\_\_\_\_  
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 Auto/Furniture: Description \_\_\_\_\_ Value \$ \_\_\_\_\_  
 Mortgage: Description \_\_\_\_\_ Value \$ \_\_\_\_\_  
(1st/2nd/3rd) \_\_\_\_\_ mortgage. If foreclosure is pending, give: Foreclosure # \_\_\_\_\_ & sale date \_\_\_/\_\_\_/\_\_\_  
 Taxes: Yr(s) \_\_\_\_\_  Colorado income  Federal income  Other: \_\_\_\_\_  
List years in which tax returns were not filed on time: \_\_\_\_\_  
If tax liens have been filed, give details: \_\_\_\_\_  
 Student loan: 1st payment due \_\_\_/\_\_\_/\_\_\_ Any payment suspensions?  Yes/  No If yes, how long? \_\_\_\_\_  
 Civil judgment: Date entered \_\_\_/\_\_\_/\_\_\_ Court \_\_\_\_\_ Case # \_\_\_\_\_  
 Criminal restitution: Date \_\_\_/\_\_\_/\_\_\_ Court \_\_\_\_\_ Case # \_\_\_\_\_  
 Other (explain): \_\_\_\_\_

Do you DISPUTE this debt?  Yes/  No If yes, give details: \_\_\_\_\_

<b>FOR OFFICE USE</b>
<input type="checkbox"/> Contingent
<input type="checkbox"/> Unliquidated

If the creditor has referred this debt to a collection agency or attorney, list all:  
COLLECTION AGENCY/ATTORNEY: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
COLLECTION AGENCY/ATTORNEY: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_

Complete and exact information is necessary, including full addresses with correct ZIP codes; otherwise, office research may be billed at an hourly rate in excess of the firm's normal fees.