

CREDITOR: _____
ADDRESS: _____
Acct# _____

If Assigned to Collection Agency:
NAME: _____
ADDRESS: _____

Who owes this debt?: [] co-debtor; [] husband; [] wife; [] joint; or [] community.

AMOUNT OF CLAIM: \$ _____. APPROXIMATE DATE INCURRED: ____/____/____. Nature of claim: (e.g., loan, charge card, NSF check, medical bill, child support, taxes, lawsuit, Collection): _____

IF YOU HAVE BEEN SUED ON THIS ACCOUNT, PLEASE PROVIDE THE NAME AND ADDRESS OF THE ATTORNEY REPRESENTING THE CREDITOR: _____

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