

Your Name

## UNSECURED DEBTS

If you have any **medical bills, credit cards, department store cards** (which were not used for the purchase of furniture, appliances, stereo equipment, tools, etc.), or signature or personal loans where collateral was not required, list them here. Also, list any student loans in this section.

**LIST ANYONE AND EVERYONE WHO MIGHT SAY YOU OWE THEM.**

**REMINDER:** *If you fail to fill out any portion of this questionnaire completely, you risk the possible loss of property and/or assets!*

1. Creditor Name: \_\_\_\_\_

6. Balance: \$ \_\_\_\_\_

2. Address: \_\_\_\_\_

7. Date of debt: \_\_\_\_\_ / \_\_\_\_\_  
(month) (year)

(city, state, zip) \_\_\_\_\_

8. Whose debt? (circle one)

3. Account #: \_\_\_\_\_

HIS      HERS      BOTH

4. Collection Agent: \_\_\_\_\_

5. Address: \_\_\_\_\_  
(city, state, zip) \_\_\_\_\_

Account #: \_\_\_\_\_

Co-debtor (**other than spouse filing with you**):  
Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

<p><b><u>Office Use Only:</u></b> Intentions: Reaff / Disp / Cont / NDL Comments: _____ _____ _____  Credit Card, Medical bill Signature loan, Charge Account Student loan, Utility bill Auto Deficiency, Payday Loan</p>
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1. Creditor Name: \_\_\_\_\_

6. Balance: \$ \_\_\_\_\_

2. Address: \_\_\_\_\_

7. Date of debt: \_\_\_\_\_ / \_\_\_\_\_  
(month) (year)

(city, state, zip) \_\_\_\_\_

8. Whose debt? (circle one)

3. Account #: \_\_\_\_\_

HIS      HERS      BOTH

4. Collection Agent: \_\_\_\_\_

5. Address: \_\_\_\_\_  
(city, state, zip) \_\_\_\_\_

Account #: \_\_\_\_\_

Co-debtor (**other than spouse filing with you**):  
Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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