



TODAYS DATE	DATE YOU FILED BK	BANKRUPTCY CASE NUMBER	DATE DISCHARGED	ATTORNEY OF RECORD	FOR OFFICE USE ONLY <input type="checkbox"/> N/C <input type="checkbox"/> F/U/L
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PERSONAL INFORMATION

SPOUSE'S INFORMATION(if collecting against too)

FIRST NAME	MIDDLE	LAST	FIRST NAME	MIDDLE	LAST
STREET ADDRESS (RESIDENCE)			CITY	ZIP	
STREET ADDRESS (RESIDENCE)			<input type="checkbox"/> SAME AS SPOUSE		CITY
EMAIL ADDRESS(ES)			EMAIL ADDRESS		
DAY PHONE	WORK PHONE	CELL/PAGER	HOME PHONE	WORK PHONE	CELL/PAGER
() () ()	() () ()	() () ()	() () ()	() () ()	() () ()
Social Security Number	AGE	MARITAL STATUS (CIRCLE)	# OF DEPENDENTS	Social Security Number	AGE
Sin Mar Div Sep Wid					

- 1) Was Creditor or their Collection Company Listed in the Bankruptcy? _____
- 2) Has Creditor admitted they know about the Bankruptcy? _____
- 3) If you received any **phone calls**, please fill out the following: **PLEASE ATTACH PROOF OF CALLS**

Name of Creditor(s)	Creditor Employee Name(s)	Dates of all Calls	Phone Number Calling you
1)			
2)			
3)			
4)			
5)			

- 4) If you received any **letters or collection notices**, please fill out the following: **PLEASE PROVIDE LETTERS**

Name of Creditor(s)	Name of Collection Agent(s)	Dates of Correspondence	Account Number Referenced
1)			
2)			
3)			
4)			
5)			

- 5) Please list all **false statements on credit report**, creditor is making: **PLEASE PROVIDE CREDIT REPORT**

Creditor	Balance Owed	Amt Past Due	Last Upload	Late Dates	Charge Off?	BK Notated?	Other
1)							
2)							
3)							
4)							
5)							

6) **DAMAGES:** Please circle all the following that apply to you and then explain each on the back page:

NON ECONOMIC: Mental and Emotional Distress, Nervousness, Grief, Embarrassment, Loss of sleep, Anxiety, Worry, Mortification, Shock, Humiliation, Indignity, Pain and Suffering, Other.

ECONOMIC: Higher Interest Rate, Higher Monthly Payment, Denial of Credit, Cant Buy House, Cant Buy Car, Lower Credit Score, Gasoline costs to the law firm, Telephone call charges, Postage, Money was paid to them, Other.

OTHER: Saw a Doctor, Paid Doctor, Creditor contacted friend/family/employer, Creditor Sued You.

Approximate **Money Damages** You Suffered: \$ _____

Amount Of **Compensation** You Feel They Should Pay You: \$ _____

Please **Describe Damages** Circled in **Further Detail**(the greater the damages and details, the higher value your case has):

7) **ATTEMPTED CORRECTION:** Please describe all efforts made to get creditor to stop collections or fix credit report (cease and desist letter(s), phone call(s), hired credit repair company, sent out credit report dispute letter(s), etc.)

8) **OTHER:**

- a) Did creditor pull your credit report? When?(This info is listed under inquiries on credit report) _____
- b) Did original creditor stop collections, but then sell your account to new collection company? _____
- c) Did creditor or their agent fix credit reporting, but then submit false information again later? _____
- d) Describe any other relevant info: _____

DATE: _____

SIGNED _____

FOR OFFICE USE ONLY:

EVIDENCE CHECKLIST(Use N/A, checkmarks, and # of items)

CREDITOR	Verified Notice	Call Log	Letters	Credit Reports	FCRA Letter	Other (362, 524, RFDCPA, FCRA)	Damages Credit	Damages \$ Taken	Damages Medical	Retainer
1)										
2)										
3)										
4)										
5)										

CASE SUMMARY

CREDITOR	Post Petition Reporting?	Reporting plus Other Forms of Collection?	FCRA Attempts?	Damages?	Overall Value
1)					
2)					
3)					
4)					
5)					