



3501 N. Causeway Blvd Suite 800
 Metairie, LA 70002
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**THIS COMMUNICATION IS FROM A DEBT COLLECTOR
 THIS IS AN ATTEMPT TO COLLECT A DEBT AND ALL INFORMATION WILL BE USED FOR THAT PURPOSE**

File No. _____				
Proposed Monthly Payment _____	Proposed Start Date _____			
Name of Debtor _____				
Home Address: _____	Phone Number: _____ Date of Birth _____			
Social Security Num. _____	Driver's License Number & State _____ Marital Status _____ No. & Age of Children Living With You _____			
Occupation _____	Employer's Name & Address _____ How long with employer? _____			
Income	Assets (list value of all assets)			
Your Gross Pay: \$ _____ per week	Real Estate you own or co-own Residence _____ Other _____			
Your Take- Home Pay: \$ _____ per week	Address: _____			
Spouse's Take-Home Pay \$ _____ per week	Other Owner(s): _____			
Child Support Income \$ _____ per week	Mortgage balance: \$ _____ \$ _____			
Pension: \$ _____ per week	Fair Market Value: \$ _____ \$ _____			
AFDC/SSI \$ _____ per week	Rental Income: \$ _____ \$ _____			
Other (itemize on back) \$ _____ per week	Vehicle(s)/Boats(s) you own Vehicle #1 _____ Vehicle #2 _____			
Expenses	Year/Make & Model: _____			
Rent/Mortgage \$ _____ per week	Purchase Year: _____			
Utilities: \$ _____ per week	Purchase Price: \$ _____ \$ _____			
Food: \$ _____ per week	Amount Owed: \$ _____ \$ _____			
Alimony/Child Support: \$ _____ per week	Bank Accounts Checking _____ Saving _____			
Transportation: \$ _____ per week	Bank/Credit Union: _____			
Insurance: \$ _____ per week	Account Number: _____			
Entertainment (including cable) \$ _____ per week	Balance: \$ _____ \$ _____			
Other (itemize on back) \$ _____ per week	Expected Tax Refund: _____			
Total Weekly Expenses: \$ _____ per week	How much money do you have in cash? \$ _____			
Have you disposed of any transferred any assets since this claim was brought? (If so, explain on back) _____ No _____ Yes				
(List on back anything of value not listed above that you own or co-own, or that is held for you by another)				
DEBTS (list all debts not included above in your expenses- e.g. credit card debts)				
Creditor	Nature of Debt	Date of Origin	Total Due	Weekly Payment
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____

Signature _____	Date _____
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In the event you would like to advise us of information related to your current financial situation, please describe below. **Your submission of payment offers are subject to client approval. Please understand that our clients are not required to accept your offers or requests.**

Please Print Legibly:

A large rectangular box with a black border, containing horizontal lines for writing, intended for the debtor to provide details about their financial situation.

Signature _____ Date _____