ATTORNEY COLLECTION TURNOVER FORM

CLIENT NAME: _____

YOUR FILE NUMBER: _____

DEBTOR INFORMATION

NAME: _____

ADDRESS: _____

_____

PHONE NUMBER (_____) _____-_____ **OTHER PHONE NUMBER** (_____) _____-_____

PLACE OF EMPLOYMENT (POE):_____

POE ADDRESS: _____

_____

POE PHONE NUMBER (_____) _____-_____

SOCIAL SECURITY NUMBER _____-_____-_____

CO-DEBTOR INFORMATION

NAME: _____

ADDRESS: _____

_____

PHONE NUMBER (_____) _____-_____ **OTHER PHONE NUMBER** (_____) _____-_____

PLACE OF EMPLOYMENT (POE):_____

POE ADDRESS: _____

_____

POE PHONE NUMBER (_____) _____-_____

SOCIAL SECURITY NUMBER _____-_____-_____

	DESCRIPTION	**AMOUNT**
CHARGES	_____	_____
	_____	_____
	_____	_____
	_____	_____
	_____	_____
	_____	_____
	_____	_____
	_____	_____
	_____	_____
	SUBTOTAL	_____
	LESS SECURITY DEPOSIT	_____
	TOTAL AMOUNT OWED	

***ATTACH COPIES OF APPLICATION, AFFIDAVIT AND SIGNED CONTRACT. ALSO ATTACH ANY OTHER INFORMATION THAT MAY BE HELPFUL IN LOCATING THE DEBOTR(S).