



# 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 \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

	MONTH	AMOUNT
<b>RENT DUE</b>	_____	_____
	_____	_____
	_____	_____
<b>LATE FEES</b>	_____	_____
	_____	_____
	_____	_____
<b>OTHER CHARGES</b>	_____	_____
	_____	_____
	_____	_____
	SUBTOTAL	_____
	LESS SECURITY DEPOSIT	_____
	<b>TOTAL AMOUNT OWED</b>	

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