



ATTORNEY COLLECTION - TURNOVER FORM

CLIENT NAME: _____
YOUR FILE # _____

DEBTOR INFORMATION

NAME: _____

ADDRESS: _____

PLACE OF EMPLOYMENT(POE): _____

POE ADDRESS: _____

SOCIAL SECURITY NUMBER: _____ - _____ - _____

HOME PHONE: (____) _____ - _____

WORK PHONE:(____) _____ - _____

CO-DEBTOR INFORMATION

NAME: _____

ADDRESS: _____

PLACE OF EMPLOYMENT(POE): _____

POE ADDRESS: _____

SOCIAL SECURITY NUMBER: _____ - _____ - _____

HOME PHONE: (____) _____ - _____

WORK PHONE:(____) _____ - _____

	<u>DESCRIPTION</u>	<u>AMOUNT</u>
<u>RENT DUE</u>	_____	_____
	_____	_____
	_____	_____
	_____	_____
<u>CHARGES</u>	_____	_____
	_____	_____
<u>DAMAGES</u>	_____	_____
	_____	_____
	_____	_____
<u>OTHER</u>	_____	_____
	_____	_____

SUBTOTAL _____
Less Security Deposit _____
AMOUNT OWED _____

****ATTACH COPIES OF APPLICATION, AFFIDAVIT AND SIGNED LEASE. ALSO ATTACH ANY OTHER INFORMATION THAT MAY BE HELPFUL IN LOCATING DEBTORS (relatives, friends, neighbors, employers, etc.)**