

Debt Schedule

INSTRUCTIONS: PRINT NEATLY AND USE A BALL POINT PEN: List every debt (including mortgages, taxes, auto loans, etc.) you own in the spaces provided below. Use one blank for each debt, include all information asked for or the Court may not grant your bankruptcy. Write "0" in any space that does not apply. Make copies of this sheet if you need more space.

CREDITOR:

Name:

Address:

City, State, Zip

Account #

CO-SIGNER:(who is not filing with you)

Name:

Address:

City, State, Zip

Relationship to you:

THE DEBT:

When did you incur this debt, or if a credit card, when did you last use it?

Month Amount
& Year: you owe \$

COLLECTION AGENCY:

List any collection agency or attorney that is collecting for the above creditor only:

Name:

Address:

City,St,Zip

ATTORNEY USE ONLY!

Priority	Secured	Unsecured
Consideration:		
Revolving Charge		Medical Service
Utility		Signature Loan
Bad Check		Pay day Loan
Telephone		Cable
R/E 1 R/E 2		Student Loan
Property Taxes		Income Taxes
		Merchandise

Other:
Intention: Exempt__ Surrender__ Reaffirm __

CREDITOR:

Name:

Address:

City, State, Zip

Account #

CO-SIGNER:(who is not filing with you)

Name:

Address:

City, State, Zip

Relationship to you:

THE DEBT:

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& Year: you owe \$

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