

Management Services

Date Originated:

Referral Source:

Client and Spouse Name:		Single Divorced	Regular Living Expenses			
Address:		How Long	Electric - Phone - Trash - Heat			
			Insurance - Auto			
Home Phone:		Bankrupt	Insurance - Health			
Cell Phone:		Children	Auto Expense			
Employer - Client:		How Long	Dry Cleaning / Laundry			
Address:		Pay Days	Groceries / Eating Out			
Phone #	Position:	Net Take Home	Rent	Mortgage		
			Child Support			
Employer - Spouse:		How Long	Prescriptions / Medical Co-pays			
Address:		Pay Days	Baby Sitting / Day Care			
Phone #	Position:	Net Take Home	Cable and Internet Access			
			Other			
Nearest Relative		Phone #				
Address:						
Misc. Info.:		Other Income	Total			
			Net Total Monthly Income			
Date of Birth - Client		Spouse	Remainder			
S.S.# - Client	Spouse					
Total Indebtedness: \$		Funds due in from Client:				
Number of Creditors:		Date	Amount \$			
First Disbursement Date:		Date	Amount \$			
Setup Fee To Be Paid:		Date	Amount \$			
Acceptance Letters Mailed:		Date	Amount \$			

<i>CREDITOR-ADDRESS-PHONE-CONTACT</i>	Interest Rate	Total Amount Due	Monthly Payment	Past Due Amount
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				
16.				
17.				
18.				
19.				
20.				
21.				
22.				
23.				
24.				
25.	Sub-Total			
	Plus Fee			
	Total			