## **Client Credit Report Questionnaire**

Last Name	First	Middle	
Current address			
Social Security #		/ Date of Birth	
Spouse Name			
Spouse Social # (if or	n any accounts jointly)/	/ Spouse Date of Birth	//
Home Phone (	)	Cell Phone ()	<del>-</del>
Office Phone (	)		
It is more expedient	and efficient to communicate v	vith you regarding your case via emai	l. Can we communicate with you
through email?	Email Address		
Employer			
known) to our first meeting	It will	When? Case more than the constraint of the work of the constraint	our bankruptcy documentation
• •	d to correct the credit report low?	error on your own	
Have you ordered	your credit report within the	past 12 months?When_	
Are you and your s	pouse both applying for a lo	an? Circle one Just me of	r Both of us are applying
How long does our deadlines?		ssist you regarding this matter? Ar re your deadlines	

Can you pay the attorney retainer fee for our services?\_\_\_\_\_ Would you like to take advantage of our ACH Debit program where our fees are paid over time and is automatically deducted monthly from your bank account?\_\_\_\_\_

If yes, then complete the enclosed ACH DEBIT form and the Attorney will discuss the details of this program at our first meeting.

## Please complete this page for each account:

You may require additional pages. Please Copy this page if you have several accounts that you would like our firm to research for you. Please be specific as possible when describing your problem with the account as reported by the credit reporting bureaus.

Creditor (or company listed on your credit report)
Account #
Address
Creditor's Phone# ()Extension
Creditor's Fax# (if known) ()
Name of representative you have communicated regarding your account:
Creditor Representative's email address (if known)
Is this a joint account? (if yes) Joint account holder's name
Approximate date of last communication with creditor regarding this account//
When was this account opened?//
If you Defaulted on this account, what is the <b><u>FIRST month and year</u></b> you stopped making payments?//
When did you make your last payment regarding this account?/ To whom did you make this payment. Example (original creditor's name) or (collection company)
Have you entered into any payment plans with the creditor regarding this account (after default)? Please describe plan and dates of payment
Was this account sold or transferred by the original creditor to a collection company? To Whom was it transferred to?
Describe your problem with this account as it has been reported by the credit bureaus and what you have done to remedy the problem?

Please contact our office prior to our first meeting to discuss any questions you may have and to **<u>confirm our scheduled</u> <u>meeting time</u>**. Please bring all relevant documentation regarding this account to our first meeting.