

**CREDITOR LIST Law Offices of Peter Francis Geraci** READ THESE INSTRUCTIONS AND INITIAL EACH ONE

- \_\_\_1. List ALL debts *whether you want to keep them or not!!!* Put a star next to number if "keeping" You must be current unless a 13.
- \_\_\_2. You can't keep credit cards unless with credit union secured w/other debts. List debts you dispute, debts you owe friends, etc.
- \_\_\_3. First list debts with collateral like mortgages, vehicles, credit unions, finance companies; ALL SECURED DEBTS FIRST!
- \_\_\_4. List any child support agency you owe, and tax debts. List credit cards, medical, payday loans, unsecured debts etc. last.
- \_\_\_5. Get the name of the creditor right! List the co-signer, collector or attorney in the space for Collection Agency
- \_\_\_6. If you don't know the CREDITOR ADDRESS, go on Google (free at library) and FIND IT.
- \_\_\_7. FILL IN ALL BLANKS & list the date originally opened & the date last used. Joint filers must specify Husb,wife, joint, community.
- \_\_\_8. **Failure to list any debt is fraudulent!!** If you have more than 15 creditors, make a copy of page 2 and re-number it.

<b>1</b>	<b>Creditor</b>	Address	City	State	Zip
A D E F H	Date opened / / Date last used / /	What for	Account #		<b>BAL \$</b>
<input type="checkbox"/> Husb-indiv <input type="checkbox"/> wife <input type="checkbox"/> Joint <input type="checkbox"/> Community	<b>Describe collateral</b> (house, vehicle, cr union Personal property account pension) or NONE	Collection agency Co-signer Collector or attorney name, address, acct #			
<b>2</b>	<b>Creditor</b>	Address	City	State	Zip
A D E F H	Date opened / / Date last used / /	What for	Account #		<b>BAL \$</b>
<input type="checkbox"/> Husb-indiv <input type="checkbox"/> wife <input type="checkbox"/> Joint <input type="checkbox"/> Community	<b>Describe collateral</b> (house, vehicle, cr union Personal property account pension) or NONE	Collection agency Co-signer Collector or attorney name, address, acct #			
<b>3</b>	<b>Creditor</b>	Address	City	State	Zip
A D E F H	Date opened / / Date last used / /	What for	Account #		<b>BAL \$</b>
<input type="checkbox"/> Husb-indiv <input type="checkbox"/> wife <input type="checkbox"/> Joint <input type="checkbox"/> Community	<b>Describe collateral</b> (house, vehicle, cr union Personal property account pension) or NONE	Collection agency Co-signer Collector or attorney name, address, acct #			
<b>4</b>	<b>Creditor</b>	Address	City	State	Zip
A D E F H	Date opened / / Date last used / /	What for	Account #		<b>BAL \$</b>
<input type="checkbox"/> Husb-indiv <input type="checkbox"/> wife <input type="checkbox"/> Joint <input type="checkbox"/> Community	<b>Describe collateral</b> (house, vehicle, cr union Personal property account pension) or NONE	Collection agency Co-signer Collector or attorney name, address, acct #			
<b>5</b>	<b>Creditor</b>	Address	City	State	Zip
A D E F H	Date opened / / Date last used / /	What for	Account #		<b>BAL \$</b>
<input type="checkbox"/> Husb-indiv <input type="checkbox"/> wife <input type="checkbox"/> Joint <input type="checkbox"/> Community	<b>Describe collateral</b> (house, vehicle, cr union Personal property account pension) or NONE	Collection agency Co-signer Collector or attorney name, address, acct #			
<b>6</b>	<b>Creditor</b>	Address	City	State	Zip
A D E F H	Date opened / / Date last used / /	What for	Account #		<b>BAL \$</b>
<input type="checkbox"/> Husb-indiv <input type="checkbox"/> wife <input type="checkbox"/> Joint <input type="checkbox"/> Community	<b>Describe collateral</b> (house, vehicle, cr union Personal property account pension) or NONE	Collection agency Co-signer Collector or attorney name, address, acct #			
<b>7</b>	<b>Creditor</b>	Address	City	State	Zip
A D E F H	Date opened / / Date last used / /	What for	Account #		<b>BAL \$</b>
<input type="checkbox"/> Husb-indiv <input type="checkbox"/> wife <input type="checkbox"/> Joint <input type="checkbox"/> Community	<b>Describe collateral</b> (house, vehicle, cr union Personal property account pension) or NONE	Collection agency Co-signer Collector or attorney name, address, acct #			

<b>8</b>	<b>Creditor</b>		Address		City	State	Zip
	A D E F H	Date opened / /	Date last used / /	What for	Account #	BAL \$	
	<input type="checkbox"/> Husb-indiv <input type="checkbox"/> wife <input type="checkbox"/> Joint <input type="checkbox"/> Community	Describe collateral or NONE		Collection agency Co-signer Collector or attorney name, address, acct #			
<b>9</b>	<b>Creditor</b>		Address		City	State	Zip
	A D E F H	Date opened / /	Date last used / /	What for	Account #	BAL \$	
	<input type="checkbox"/> Husb-indiv <input type="checkbox"/> wife <input type="checkbox"/> Joint <input type="checkbox"/> Community	Describe collateral or NONE		Collection agency Co-signer Collector or attorney name, address, acct #			
<b>10</b>	<b>Creditor</b>		Address		City	State	Zip
	A D E F H	Date opened / /	Date last used / /	What for	Account #	BAL \$	
	<input type="checkbox"/> Husb-indiv <input type="checkbox"/> wife <input type="checkbox"/> Joint <input type="checkbox"/> Community	Describe collateral or NONE		Collection agency Co-signer Collector or attorney name, address, acct #			
<b>11</b>	<b>Creditor</b>		Address		City	State	Zip
	A D E F H	Date opened / /	Date last used / /	What for	Account #	BAL \$	
	<input type="checkbox"/> Husb-indiv <input type="checkbox"/> wife <input type="checkbox"/> Joint <input type="checkbox"/> Community	Describe collateral or NONE		Collection agency Co-signer Collector or attorney name, address, acct #			
<b>12</b>	<b>Creditor</b>		Address		City	State	Zip
	A D E F H	Date opened / /	Date last used / /	What for	Account #	BAL \$	
	<input type="checkbox"/> Husb-indiv <input type="checkbox"/> wife <input type="checkbox"/> Joint <input type="checkbox"/> Community	Describe collateral or NONE		Collection agency Co-signer Collector or attorney name, address, acct #			
<b>13</b>	<b>Creditor</b>		Address		City	State	Zip
	A D E F H	Date opened / /	Date last used / /	What for	Account #	BAL \$	
	<input type="checkbox"/> Husb-indiv <input type="checkbox"/> wife <input type="checkbox"/> Joint <input type="checkbox"/> Community	Describe collateral or NONE		Collection agency Co-signer Collector or attorney name, address, acct #			
<b>14</b>	<b>Creditor</b>		Address		City	State	Zip
	A D E F H	Date opened / /	Date last used / /	What for	Account #	BAL \$	
	<input type="checkbox"/> Husb-indiv <input type="checkbox"/> wife <input type="checkbox"/> Joint <input type="checkbox"/> Community	Describe collateral or NONE		Collection agency Co-signer Collector or attorney name, address, acct #			
<b>15</b>	<b>Creditor</b>		Address		City	State	Zip
	A D E F H	Date opened / /	Date last used / /	What for	Account #	BAL \$	
	<input type="checkbox"/> Husb-indiv <input type="checkbox"/> wife <input type="checkbox"/> Joint <input type="checkbox"/> Community	Describe collateral or NONE		Collection agency Co-signer Collector or attorney name, address, acct #			

I/We have  15 debts or less  \_\_\_ more debts, see next page  
 x \_\_\_\_\_ x \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_