

**INFORMATION STATEMENT FOR INDIVIDUALS**

*The information contained in this document will be treated as privileged and confidential information, intended only for the use in account(s) being collected by Constantino Law Office, P.C. This is an attempt to collect a debt, and any information obtained will be used for that purpose only.*

PERSONAL INFORMATION

- 1. Name \_\_\_\_\_
- 2. Other names or aliases \_\_\_\_\_
- 3. Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_
- 4. Social Security Number \_\_\_\_\_
- 5. Date of Birth \_\_\_\_\_
- 6. Marital Status \_\_\_\_\_
- 7. Spouse's Name \_\_\_\_\_
- 8. Spouse's SSN \_\_\_\_\_ Date of Birth \_\_\_\_\_
- 9. Home Address \_\_\_\_\_
- 10. Own/Rent \_\_\_\_\_ How Long \_\_\_\_\_
- 11. Landlord name, address, Phone # \_\_\_\_\_

	<u>Balance</u>	<u>Monthly Pmt.</u>	<u>Current?</u>
1 <sup>st</sup> Mort./Rent _____			
2 <sup>nd</sup> Mort. _____			

- 12. Fair Market Value: \$ \_\_\_\_\_
- 13. Name, address, phone # of next of kin or other reference.  
\_\_\_\_\_
- 14. Relationship \_\_\_\_\_
- 15. Previous addresses (last 5 years)

16. Age and relationship of dependents living in your household (exclude self and spouse):

<u>Name</u>	<u>Age</u>	<u>Relationship</u>

- 17. Last filed income tax return \_\_\_\_\_
- 18. Number of exemptions claimed \_\_\_\_\_
- 19. Adjusted gross income \_\_\_\_\_

EMPLOYMENT INFORMATION

20. Your Employer or Business

<u>Name</u>	<u>Address</u>	<u>Phone</u>
_____	_____	_____
_____	_____	_____

21. How long employed \_\_\_\_\_ years \_\_\_\_\_ months \$\_\_\_\_\_ per: hour/month/year

22. *Circle appropriate description:*      Full-Time or Part-Time

    Paydays    Salary/wage    Wage Earner    Partner    Sole proprietor

23. List all other sources of Income, and how much:

Child Support \_\_\_\_\_

SSI \_\_\_\_\_

Disability \_\_\_\_\_

Other \_\_\_\_\_

\_\_\_\_\_

SPOUSE'S EMPLOYMENT INFORMATION

24. Spouses Employer or business

<u>Name</u>	<u>Address</u>	<u>Phone</u>
_____	_____	_____
_____	_____	_____

25. How long employed \_\_\_\_\_ years \_\_\_\_\_ months \$\_\_\_\_\_ per: hour/month/year

26. *Circle appropriate description:*      Full-Time or Part-Time

    Paydays    Salary/wage    Wage Earner    Partner    Sole proprietor

GENERAL FINANCIAL INFORMATION

27. **Bank Accounts, LIST ALL** (checking, savings, IRA, retirement plans, CD's, etc)

<u>Name of Bank</u>	<u>City/State</u>	<u>Type of Account</u>	<u>Account No.</u>	<u>Balance</u>

28. ACCOUNTS RECEIVABLE (Bank Charge Cards & Other Credit Cards)

<u>Name of Financial Institution</u>	<u>Monthly Payment</u>	<u>Credit Limit</u>	<u>Amount Owed</u>	<u>Credit Available</u>	<u>Type of Account Or card</u>
<i>Wells Fargo Bank</i>	<i>\$50.00</i>	<i>\$2500</i>	<i>\$1200</i>	<i>\$500</i>	<i>Credit Card (example)</i>

29. REAL PROPERTY (Any property you have ownership with)

Address, description, ownership type (\*JT/Sole/TS) FMV: \_\_\_\_\_

Mortgage Balance \_\_\_\_\_

Monthly Payment \_\_\_\_\_

Current?      YES    NO

Total Owing \_\_\_\_\_

30. List all **Vehicles**, registered to you *and/or* your spouse

	<u>Model</u>	<u>Make</u>	<u>Year</u>	<u>License</u>	<u>Amount Owed</u>	<u>Monthly Payment</u>
1.	_____	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____	_____

Name & address of Lien holder(s) \_\_\_\_\_

31. Name of all businesses in which you have an ownership interest, address, nature of the interest, partners' names, etc.

32. Judgment creditors:

Name

Amount Owed

Payment per month

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33. Other information relating to your financial condition. If you circle the "yes" box, please give dates and explanation under additional information, the next question.

- a. Court proceedings YES NO
- b. Bankruptcies YES NO
- c. Recent transfer of assets for less than full value YES NO
- d. Repossessions YES NO
- e. Anticipated increase in income YES NO
- f. Participant or beneficiary to trust, estate, profit sharing, etc. YES NO

34. Additional information

35. If you are not going to pay this judgment in full today, what sort of **Monthly Payment or Settlement Offer** would you like to propose to pay to the Plaintiff?

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**Certification. Under penalty of perjury, I declare that this statement of assets, liabilities, and other information is true, correct, and complete.**

Your signature(s) \_\_\_\_\_ Date \_\_\_\_\_