

Debt Collection Attorney for the Day INTAKE FORM

COURT:	LAW	YER NAME(S):	
DOCKET NUMBER:		DATE:	
CLIENT NAME: Phone Number: Email: Alternate Phone #: *May GBLS send you text messages? YesNo		P's Attorney:P's Law Firm:	
Address:Street Date of Birth: Household Size	: # of Dependents:		nt or Own (Pymt:)
Ethnicity: I	nterpreter Needed:YES	NO	Language:
\$ per Gross Wages/S \$ per Benefits (see ty \$ per Other Income \$ per TOTAL INCO Other notes on income/assets: Cash Assistance Food Stamps/SNAP	pes below) ME	\$ \$ \$ \$ \$ Mass Health	Bank Accounts (only if > \$2,500) Stocks, Bonds, Funds, Trusts, Etc. House(s) / RealEstate Car Other TOTAL ASSETS Veterans' Benefits
CALL INFORMATION: (S Plaintiff is seeking: Date card was opened: Date of last payment: Client owes debt? YES/ NO/ UNSURE Balance Incorrect Never Had Card Paid/Settled CALL INFORMATION: Has anyone called the client about this de YESNO How many times per week? How long have you had your #? Has anyone called someone you know ab this debt?YESNO How many times per month?		r#?you know aboutNO	ARREST/REPOSESSION: Has anyone threatened to arrest you or take your property away? YESNO Who and when:
Explain/Other:			
**SETTLEMENT: (Critical) Affordable Payment: Monthly \$ or	Lump Sum \$	Start Date:	

ASSIGNMENT:

Please draw out the chain of title, with dates, here. To obtain the chain of title, reference the bills of sale and any exhibits:

Original Creditor

Date: Date: