



Debt Collection Attorney for the Day  
INTAKE FORM

COURT: \_\_\_\_\_ LAWYER NAME(S): \_\_\_\_\_

DOCKET NUMBER: \_\_\_\_\_ DATE: \_\_\_\_\_

CLIENT NAME: \_\_\_\_\_ Plaintiff: \_\_\_\_\_

Phone Number: \_\_\_\_\_ P's Attorney: \_\_\_\_\_

Email: \_\_\_\_\_ P's Law Firm: \_\_\_\_\_

Alternate Phone #: \_\_\_\_\_ Original Creditor: \_\_\_\_\_

\*May GBLS send you text messages? \_\_\_\_ Yes \_\_\_\_ No

Address: \_\_\_\_\_  
Street City/State Zip

Date of Birth: \_\_\_\_\_ Household Size: \_\_\_\_\_ # of Dependents: \_\_\_\_\_ Home: Rent or Own (Pymt: \_\_\_\_\_)

Ethnicity: \_\_\_\_\_ Interpreter Needed: \_\_ YES \_\_ NO Language: \_\_\_\_\_

INCOME		Occupation: _____	ASSETS	
\$ _____	per _____	Gross Wages/Salary	\$ _____	Bank Accounts ( only if > \$2,500)
\$ _____	per _____	Benefits (see types below)	\$ _____	Stocks, Bonds, Funds, Trusts, Etc.
\$ _____	per _____	Other Income	\$ _____	House(s) / Real Estate
			\$ _____	Car
			\$ _____	Other
\$ _____	per _____	<b>TOTAL INCOME</b>	\$ _____	<b>TOTAL ASSETS</b>

Other notes on income/assets: \_\_\_\_\_

Cash Assistance \_\_\_\_ Food Stamps/SNAP \_\_\_\_ Social Security \_\_\_\_ Disability \_\_\_\_ Mass Health \_\_\_\_ Veterans' Benefits \_\_\_\_

<p><b>**DEBT INFORMATION: (Critical)</b></p> <p><b>\$\$ Plaintiff is seeking:</b> _____</p> <p>Date card was opened: _____</p> <p>Date of last payment: _____</p> <p>Client owes debt? <b>YES/ NO/ UNSURE</b></p> <p><input type="checkbox"/> <b>Balance Incorrect</b></p> <p><input type="checkbox"/> <b>Never Had Card</b></p> <p><input type="checkbox"/> <b>Paid/Settled</b></p>	<p><b>CALL INFORMATION:</b></p> <p>Has anyone called the client about this debt?</p> <p>_____ <b>YES</b> _____ <b>NO</b></p> <p>How many times per <b>week</b>? _____</p> <p>How long have you had your #? _____</p> <p>Has anyone called someone you know about this debt? _____ <b>YES</b> _____ <b>NO</b></p> <p>How many times per month? _____</p>	<p><b>ARREST/REPOSESSION:</b></p> <p>Has anyone threatened to arrest you or take your property away?</p> <p>_____ <b>YES</b> _____ <b>NO</b></p> <p><b>Who and when:</b> _____</p> <p>_____</p>
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Explain/Other: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**\*\*SETTLEMENT: (Critical)**

Affordable Payment: Monthly \$ \_\_\_\_\_ or Lump Sum \$ \_\_\_\_\_ Start Date: \_\_\_\_\_

Received Statement of Small Claim? **YES/NO/UNSURE**

Received letter from Attorney General's Office? **YES/NO/UNSURE**

**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:                      Date:                      Date:                      Date:

Are any of the bills of sale above missing exhibits? \_\_\_\_\_ **YES** \_\_\_\_\_ **NO** If yes, which ones? \_\_\_\_\_  
\_\_\_\_\_

Are any of the bills of sale redacted? \_\_\_\_\_ **YES** \_\_\_\_\_ **NO** If yes, which ones? \_\_\_\_\_  
\_\_\_\_\_

Do any of the bills of sale contain information about the client or their account? \_\_\_\_\_ **YES** \_\_\_\_\_ **NO** If yes, which ones? \_\_\_\_\_  
\_\_\_\_\_

**Datasheet:**

Is there a datasheet with the client’s information on it? \_\_\_\_\_ **YES** \_\_\_\_\_ **NO**  
If there is a datasheet, does the information on it match the client’s? \_\_\_\_\_ **YES** \_\_\_\_\_ **NO**  
If there is a datasheet, who supplied the information to create it (write “unknown” if it is not apparent) \_\_\_\_\_

**Statements:**

How many statements did the plaintiff produce? \_\_\_\_\_  
Earliest Statement Date \_\_\_\_\_ Balance on this date \_\_\_\_\_  
Latest Statement Date \_\_\_\_\_ Balance on this date \_\_\_\_\_  
Charge Off Date: \_\_\_\_\_

Other Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_