



# LEWIS LEGAL SERVICES PC

A Debt Relief Agency Helping Honest People File for Bankruptcy Relief

List of debts and creditors **CONFIDENTIAL – OFFICE USE ONLY**

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PLEASE READ CAREFULLY: You must list below (or otherwise provide equivalent information) all persons, businesses or other entities to which you owe money, even if you want to keep the debt (in some situations allowable) and even if it is the type of debt that will not go away in bankruptcy (non-dischargeable).

General Information		Debtor			Debtor Spouse		
First Name							
Full Middle Name							
Last Name							
1	Creditor/Debt Collector						Current Balance Due
							\$
	Debt Obligation <input type="checkbox"/> Individual <input type="checkbox"/> Joint or Co-signed <input type="checkbox"/> Husband Only <input type="checkbox"/> Wife Only		Date Opened	Date of Last Use	Account Number (last four digits)		Type of Debt (credit, medical)
	Creditor Address			City	State	ZIP Code	<input type="checkbox"/> Keep and Pay for It <input type="checkbox"/> Surrender or Discharge <input type="checkbox"/> Redemption at FMV
	Collateral Secured (if any, such as house, car, etc.)			Name of Collector, Collector Attorney or Law Firm or Lawsuit Case Number			
2	Creditor/Debt Collector						Current Balance Due
							\$
	Debt Obligation <input type="checkbox"/> Individual <input type="checkbox"/> Joint or Co-signed <input type="checkbox"/> Husband Only <input type="checkbox"/> Wife Only		Date Opened	Date of Last Use	Account Number (last four digits)		Type of Debt (credit, medical)
	Creditor Address			City	State	ZIP Code	<input type="checkbox"/> Keep and Pay for It <input type="checkbox"/> Surrender or Discharge <input type="checkbox"/> Redemption at FMV
	Collateral Secured (if any, such as house, car, etc.)			Name of Collector, Collector Attorney or Law Firm or Lawsuit Case Number			
3	Creditor/Debt Collector						Current Balance Due
							\$
	Debt Obligation <input type="checkbox"/> Individual <input type="checkbox"/> Joint or Co-signed <input type="checkbox"/> Husband Only <input type="checkbox"/> Wife Only		Date Opened	Date of Last Use	Account Number (last four digits)		Type of Debt (credit, medical)
	Creditor Address			City	State	ZIP Code	<input type="checkbox"/> Keep and Pay for It <input type="checkbox"/> Surrender or Discharge <input type="checkbox"/> Redemption at FMV
	Collateral Secured (if any, such as house, car, etc.)			Name of Collector, Collector Attorney or Law Firm or Lawsuit Case Number			

<b>4</b>	Creditor/Debt Collector				Current Balance Due	
				<b>\$</b>		
Debt Obligation <input type="checkbox"/> Individual <input type="checkbox"/> Joint or Co-signed <input type="checkbox"/> Husband Only <input type="checkbox"/> Wife Only		Date Opened	Date of Last Use	Account Number (last four digits)		Type of Debt (credit, medical)
Creditor Address			City	State	ZIP Code	<input type="checkbox"/> Keep and Pay for It <input type="checkbox"/> Surrender or Discharge <input type="checkbox"/> Redemption at FMV
Collateral Secured (if any, such as house, car, etc.)			Name of Collector, Collector Attorney or Law Firm or Lawsuit Case Number			
<b>5</b>	Creditor/Debt Collector				Current Balance Due	
				<b>\$</b>		
Debt Obligation <input type="checkbox"/> Individual <input type="checkbox"/> Joint or Co-signed <input type="checkbox"/> Husband Only <input type="checkbox"/> Wife Only		Date Opened	Date of Last Use	Account Number (last four digits)		Type of Debt (credit, medical)
Creditor Address			City	State	ZIP Code	<input type="checkbox"/> Keep and Pay for It <input type="checkbox"/> Surrender or Discharge <input type="checkbox"/> Redemption at FMV
Collateral Secured (if any, such as house, car, etc.)			Name of Collector, Collector Attorney or Law Firm or Lawsuit Case Number			
<b>6</b>	Creditor/Debt Collector				Current Balance Due	
				<b>\$</b>		
Debt Obligation <input type="checkbox"/> Individual <input type="checkbox"/> Joint or Co-signed <input type="checkbox"/> Husband Only <input type="checkbox"/> Wife Only		Date Opened	Date of Last Use	Account Number (last four digits)		Type of Debt (credit, medical)
Creditor Address			City	State	ZIP Code	<input type="checkbox"/> Keep and Pay for It <input type="checkbox"/> Surrender or Discharge <input type="checkbox"/> Redemption at FMV
Collateral Secured (if any, such as house, car, etc.)			Name of Collector, Collector Attorney or Law Firm or Lawsuit Case Number			
<b>7</b>	Creditor/Debt Collector				Current Balance Due	
				<b>\$</b>		
Debt Obligation <input type="checkbox"/> Individual <input type="checkbox"/> Joint or Co-signed <input type="checkbox"/> Husband Only <input type="checkbox"/> Wife Only		Date Opened	Date of Last Use	Account Number (last four digits)		Type of Debt (credit, medical)
Creditor Address			City	State	ZIP Code	<input type="checkbox"/> Keep and Pay for It <input type="checkbox"/> Surrender or Discharge <input type="checkbox"/> Redemption at FMV
Collateral Secured (if any, such as house, car, etc.)			Name of Collector, Collector Attorney or Law Firm or Lawsuit Case Number			

8	Creditor/Debt Collector				Current Balance Due		
					\$		
	Debt Obligation <input type="checkbox"/> Individual <input type="checkbox"/> Joint or Co-signed <input type="checkbox"/> Husband Only <input type="checkbox"/> Wife Only		Date Opened	Date of Last Use	Account Number (last four digits)		Type of Debt (credit, medical)
	Creditor Address		City	State	ZIP Code	<input type="checkbox"/> Keep and Pay for It <input type="checkbox"/> Surrender or Discharge <input type="checkbox"/> Redemption at FMV	
	Collateral Secured (if any, such as house, car, etc.)		Name of Collector, Collector Attorney or Law Firm or Lawsuit Case Number				
9	Creditor/Debt Collector				Current Balance Due		
					\$		
	Debt Obligation <input type="checkbox"/> Individual <input type="checkbox"/> Joint or Co-signed <input type="checkbox"/> Husband Only <input type="checkbox"/> Wife Only		Date Opened	Date of Last Use	Account Number (last four digits)		Type of Debt (credit, medical)
	Creditor Address		City	State	ZIP Code	<input type="checkbox"/> Keep and Pay for It <input type="checkbox"/> Surrender or Discharge <input type="checkbox"/> Redemption at FMV	
	Collateral Secured (if any, such as house, car, etc.)		Name of Collector, Collector Attorney or Law Firm or Lawsuit Case Number				
10	Creditor/Debt Collector				Current Balance Due		
					\$		
	Debt Obligation <input type="checkbox"/> Individual <input type="checkbox"/> Joint or Co-signed <input type="checkbox"/> Husband Only <input type="checkbox"/> Wife Only		Date Opened	Date of Last Use	Account Number (last four digits)		Type of Debt (credit, medical)
	Creditor Address		City	State	ZIP Code	<input type="checkbox"/> Keep and Pay for It <input type="checkbox"/> Surrender or Discharge <input type="checkbox"/> Redemption at FMV	
	Collateral Secured (if any, such as house, car, etc.)		Name of Collector, Collector Attorney or Law Firm or Lawsuit Case Number				
11	Creditor/Debt Collector				Current Balance Due		
					\$		
	Debt Obligation <input type="checkbox"/> Individual <input type="checkbox"/> Joint or Co-signed <input type="checkbox"/> Husband Only <input type="checkbox"/> Wife Only		Date Opened	Date of Last Use	Account Number (last four digits)		Type of Debt (credit, medical)
	Creditor Address		City	State	ZIP Code	<input type="checkbox"/> Keep and Pay for It <input type="checkbox"/> Surrender or Discharge <input type="checkbox"/> Redemption at FMV	
	Collateral Secured (if any, such as house, car, etc.)		Name of Collector, Collector Attorney or Law Firm or Lawsuit Case Number				

<b>12</b>	Creditor/Debt Collector				Current Balance Due	
				<b>\$</b>		
Debt Obligation <input type="checkbox"/> Individual <input type="checkbox"/> Joint or Co-signed <input type="checkbox"/> Husband Only <input type="checkbox"/> Wife Only		Date Opened	Date of Last Use	Account Number (last four digits)		Type of Debt (credit, medical)
Creditor Address			City	State	ZIP Code	<input type="checkbox"/> Keep and Pay for It <input type="checkbox"/> Surrender or Discharge <input type="checkbox"/> Redemption at FMV
Collateral Secured (if any, such as house, car, etc.)			Name of Collector, Collector Attorney or Law Firm or Lawsuit Case Number			
<b>13</b>	Creditor/Debt Collector				Current Balance Due	
				<b>\$</b>		
Debt Obligation <input type="checkbox"/> Individual <input type="checkbox"/> Joint or Co-signed <input type="checkbox"/> Husband Only <input type="checkbox"/> Wife Only		Date Opened	Date of Last Use	Account Number (last four digits)		Type of Debt (credit, medical)
Creditor Address			City	State	ZIP Code	<input type="checkbox"/> Keep and Pay for It <input type="checkbox"/> Surrender or Discharge <input type="checkbox"/> Redemption at FMV
Collateral Secured (if any, such as house, car, etc.)			Name of Collector, Collector Attorney or Law Firm or Lawsuit Case Number			
<b>14</b>	Creditor/Debt Collector				Current Balance Due	
				<b>\$</b>		
Debt Obligation <input type="checkbox"/> Individual <input type="checkbox"/> Joint or Co-signed <input type="checkbox"/> Husband Only <input type="checkbox"/> Wife Only		Date Opened	Date of Last Use	Account Number (last four digits)		Type of Debt (credit, medical)
Creditor Address			City	State	ZIP Code	<input type="checkbox"/> Keep and Pay for It <input type="checkbox"/> Surrender or Discharge <input type="checkbox"/> Redemption at FMV
Collateral Secured (if any, such as house, car, etc.)			Name of Collector, Collector Attorney or Law Firm or Lawsuit Case Number			
<b>15</b>	Creditor/Debt Collector				Current Balance Due	
				<b>\$</b>		
Debt Obligation <input type="checkbox"/> Individual <input type="checkbox"/> Joint or Co-signed <input type="checkbox"/> Husband Only <input type="checkbox"/> Wife Only		Date Opened	Date of Last Use	Account Number (last four digits)		Type of Debt (credit, medical)
Creditor Address			City	State	ZIP Code	<input type="checkbox"/> Keep and Pay for It <input type="checkbox"/> Surrender or Discharge <input type="checkbox"/> Redemption at FMV
Collateral Secured (if any, such as house, car, etc.)			Name of Collector, Collector Attorney or Law Firm or Lawsuit Case Number			

16	Creditor/Debt Collector						Current Balance Due	
							\$	
	Debt Obligation <input type="checkbox"/> Individual <input type="checkbox"/> Joint or Co-signed <input type="checkbox"/> Husband Only <input type="checkbox"/> Wife Only		Date Opened	Date of Last Use	Account Number (last four digits)		Type of Debt (credit, medical)	
	Creditor Address			City	State	ZIP Code	<input type="checkbox"/> Keep and Pay for It <input type="checkbox"/> Surrender or Discharge <input type="checkbox"/> Redemption at FMV	
	Collateral Secured (if any, such as house, car, etc.)			Name of Collector, Collector Attorney or Law Firm or Lawsuit Case Number				
17	Creditor/Debt Collector						Current Balance Due	
							\$	
	Debt Obligation <input type="checkbox"/> Individual <input type="checkbox"/> Joint or Co-signed <input type="checkbox"/> Husband Only <input type="checkbox"/> Wife Only		Date Opened	Date of Last Use	Account Number (last four digits)		Type of Debt (credit, medical)	
	Creditor Address			City	State	ZIP Code	<input type="checkbox"/> Keep and Pay for It <input type="checkbox"/> Surrender or Discharge <input type="checkbox"/> Redemption at FMV	
	Collateral Secured (if any, such as house, car, etc.)			Name of Collector, Collector Attorney or Law Firm or Lawsuit Case Number				
18	Creditor/Debt Collector						Current Balance Due	
							\$	
	Debt Obligation <input type="checkbox"/> Individual <input type="checkbox"/> Joint or Co-signed <input type="checkbox"/> Husband Only <input type="checkbox"/> Wife Only		Date Opened	Date of Last Use	Account Number (last four digits)		Type of Debt (credit, medical)	
	Creditor Address			City	State	ZIP Code	<input type="checkbox"/> Keep and Pay for It <input type="checkbox"/> Surrender or Discharge <input type="checkbox"/> Redemption at FMV	
	Collateral Secured (if any, such as house, car, etc.)			Name of Collector, Collector Attorney or Law Firm or Lawsuit Case Number				
19	Creditor/Debt Collector						Current Balance Due	
							\$	
	Debt Obligation <input type="checkbox"/> Individual <input type="checkbox"/> Joint or Co-signed <input type="checkbox"/> Husband Only <input type="checkbox"/> Wife Only		Date Opened	Date of Last Use	Account Number (last four digits)		Type of Debt (credit, medical)	
	Creditor Address			City	State	ZIP Code	<input type="checkbox"/> Keep and Pay for It <input type="checkbox"/> Surrender or Discharge <input type="checkbox"/> Redemption at FMV	
	Collateral Secured (if any, such as house, car, etc.)			Name of Collector, Collector Attorney or Law Firm or Lawsuit Case Number				

<b>20</b>	Creditor/Debt Collector				Current Balance Due
					\$
Debt Obligation <input type="checkbox"/> Individual <input type="checkbox"/> Joint or Co-signed <input type="checkbox"/> Husband Only <input type="checkbox"/> Wife Only		Date Opened	Date of Last Use	Account Number (last four digits)	Type of Debt (credit, medical)
Creditor Address			City	State	ZIP Code
					<input type="checkbox"/> Keep and Pay for It <input type="checkbox"/> Surrender or Discharge <input type="checkbox"/> Redemption at FMV
Collateral Secured (if any, such as house, car, etc.)			Name of Collector, Collector Attorney or Law Firm or Lawsuit Case Number		

NOTE: If you have more than twenty (20) creditors please copy page two as many times as necessary, re-number, and attach to this page. Remember also, pursuant to the Fair Credit Reporting Act, you may obtain a copy of your credit report for free from all three credit reporting bureaus. This may help to ensure that you are not missing any creditors. Visit [www.annualcreditreport.com](http://www.annualcreditreport.com) or call 1-877-322-8228.

### READ CAREFULLY AND SIGN BELOW

I/We have provided a complete and truthful list of all debts owed and creditors to the best of our ability. If I/We have not provided all creditors' information as requested above, I/We will supplement that information to my attorney before my bankruptcy petition is filed with the court. I/We acknowledge that to add any creditors post-petition (after the case has already been filed) it will cost more in attorney and court amendment fees.

\_\_\_\_\_

\_\_\_\_\_

Printed Name \_\_\_\_\_

Printed Name \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_