BANKRUPTCY—ATTORNEY REFERRAL

TO: Monson Law Office P.C.

1865 NW 169th Place, Suite 208

Beaverton, OR 97006 Telephone: 503.828.1820 Facsimile: 503.828.1893

E-Mail: miles@monsonlawoffice.com or scott@monsonlawoffice.com

Website: www.monsonlawoffice.com

Complete one form for each debt claim (e.g., each note, credit card, loan, etc.). If you need more space to fill in all information, attach a separate sheet with the information.

Debtor:Address:	SSN:
Debtor:Address:	SSN:
Account Number(s): Bankruptcy filing date:	
Case No.:	Cnapter: 🗆 / 🗀 11 🗀 13
Part 2. Collateral Information (if app Collateral #1	plicable)
Description of Collateral:	
• Replacement Value: \$	
Date and Source of Value: (attack blue heads remarks arranged)	
(attach blue book reports, appraisal	S. CIC).
Estimated Liquidation Costs: \$	
Estimated Liquidation Costs: \$Any other known liens against Coll	lateral: □Yes (if so, list all known liens) □No
Any other known liens against Coll	
Any other known liens against Coll	lateral: □Yes (if so, list all known liens) □No

• Replacement Value: \$_____

• Date and Source of Value:	
(attach blue book reports, app	praisals, etc).
T 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	: \$ st Collateral: □Yes (if so, list all known liens) □No
Any other known liens again	st Collateral: \Box Yes (if so, list all known liens) \Box No
(If you have more collateral, atta	ch separate sheet with same information)
Part 3. Debt Information AS O	OF THE BANKRUPTCY FILING DATE
	F BANKRUPTCY FILING DATE:
Principal Balance as of banks	ruptcy filing date: \$
• Interest to bankruptcy filing	date: \$
 Late fees to bankruptcy filing 	g date: $\$$ (included in principal: \square Yes \square No)
 Insurance add ons before ban 	nkruptcy: $\$$ (included in principal: \square Yes \square No)
• Other add ons or amounts ow	ving: $\$$ (included in principal: \square Yes \square No)
• All add ons by date, amount	and purpose:
	_ Is rate □ fixed or □ variable
• Regular Monthly Payment A	mount is: \$
• Date of Last Payment	
Part 4. Breakdown of Past Due	e Payments AS OF THE BANKRUPTCY FILING DATE
Date payments due:	
Past Due Payments:	
Late Charges:	\$ \$
Other charges not included	
above – e.g., insurance:	\$
TOTAL PAST DUE	\$ \$
Have you received any paym	ents since the bankruptcy filing date: Yes No
Note: If you received payments a	after the bankruptcy filing date then please attach to this form a
separate list showing all paymen amount.	ts received after the bankruptcy filing date with date and
Part 5. Insurance Information	(if secured)
Is the collateral currently instructions.	ured? □Yes □No □Don't know
_	l insurance (lender's coverage)? □Yes □No
-	nce and amount of premium \$
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Part 6. Tell us what else you think we should know:	
1 at to. Ten us what else you think we should know.	
Part 7. IMPORTANT DOCUMENTS YOU NEED TO ATTACH	
• Note and/or loan agreement (signed copy, front and back of all pages)	
• Valuation / Appraisal information (even if it's old), if debt secured by collateral	
• Trust Deed (recorded copy), if real property account	
• Certificate(s) of title (copy), if vehicle account	
• Payment history	
Part 8. Actions Requested	
☐ File Objection to Chapter 13 Plan	
☐ File Proof of Claim	
☐ File Motion for Relief from Stay	
☐ Attend Reaffirmation Hearing	
☐ Send Dumont Letter	
☐ Pursue Nondischargeability of Debt	
☐ Attend Meeting of Creditors	
☐ Other:	
Part 9. Contact Information	
Contact/Rep:	
Phone No:	
Address:	
Fax No:	
Fax No:E-Mail:	
Date:	
Bv: /s/	