

PLEASE MAKE A LIST OF ALL YOUR DEBTS

LIST ALL DEBTS, INCLUDING DEBTS YOU WISH TO KEEP PAYING ON
(Do Not Include Your Current Utility Bills Which Are Paid Monthly)

Name Of Creditor	Approximate Amount Owed	Nature of Debt (such as: mortgage, auto, medical, charge card, loan, etc..)
1. _____	\$ _____	_____
2. _____	\$ _____	_____
3. _____	\$ _____	_____
4. _____	\$ _____	_____
5. _____	\$ _____	_____
6. _____	\$ _____	_____
7. _____	\$ _____	_____
8. _____	\$ _____	_____
9. _____	\$ _____	_____
10. _____	\$ _____	_____
11. _____	\$ _____	_____
12. _____	\$ _____	_____
13. _____	\$ _____	_____
14. _____	\$ _____	_____
15. _____	\$ _____	_____
16. _____	\$ _____	_____
17. _____	\$ _____	_____
18. _____	\$ _____	_____
19. _____	\$ _____	_____
20. _____	\$ _____	_____
21. _____	\$ _____	_____
22. _____	\$ _____	_____
23. _____	\$ _____	_____
24. _____	\$ _____	_____
25. _____	\$ _____	_____

IF YOU NEED MORE SPACE, PLEASE ASK OUR RECEPTIONIST FOR ANOTHER SHEET LIKE THIS ONE