



BANKRUPTCY REFERRAL FORM

CLIENT NAME: _____
STREET ADDRESS: _____
CITY, STATE, ZIP _____
TELEPHONE # _____
CONTACT NAME _____

BORROWER NAME	_____	CO-BORROWER NAME	_____
STREET ADDRESS	_____	STREET ADDRESS	_____
CITY, STATE, ZIP	_____	CITY, STATE, ZIP	_____
SOCIAL SECURITY #	_____	SOCIAL SECURITY #	_____

BANKRUPTCY CASE NO. _____

DEBT INFORMATION

CLIENT ACCOUNT # _____ ARREARAGE at time of bankruptcy filing
(real estate loan only) \$ _____

DATE OF CONTRACT OR SERVICES	_____	INTEREST RATE	_____
CURRENT PRINCIPAL BALANCE	\$ _____	DATE OF LAST PAYMENT	_____
ACCRUED INTEREST	\$ _____	DATE NEXT PAYMENT DUE	_____
LATE CHARGES	\$ _____	PAYMENT AMOUNT	_____
TOTAL DUE	\$ _____		

Please furnish the following for all new bankruptcy cases:

- A. Payment history (if filed in Western District of MO)
- B. Promissory note, Dealer Contract, or other debt instrument (if applicable)
- C. Vehicle title, Notice of Lien or Deed of Trust (if applicable)

INSTRUCTIONS TO ATTORNEY:

_____ File Proof of Claim
_____ Prepare and file Motion for Relief from Stay
_____ Prepare Reaffirmation Agreement. Please provide the following information (only for reaffs):
Payment amount _____
Date of next payment due _____
Balance on date bankruptcy was filed _____
Market value of collateral _____
Interest rate _____
Was the loan used to buy the collateral? _____ If so, what was the purchase price? _____

AUTHORIZED SIGNATURE

DATE OF REFERRAL