

Your Name: \_\_\_\_\_  
 Your Address: \_\_\_\_\_  
 Your City, State, Zip Code: \_\_\_\_\_  
 Your Telephone Number: \_\_\_\_\_  
 ATLAS Number (if applicable): \_\_\_\_\_  
 State Bar Number (if applicable): \_\_\_\_\_  
 Representing  Self (Without a Lawyer) or  Petitioner or  Respondent

**SUPERIOR COURT OF ARIZONA  
 MARICOPA COUNTY**

\_\_\_\_\_  
 Name of Petitioner Case No. \_\_\_\_\_

**AFFIDAVIT OF FINANCIAL INFORMATION**

AND  
 \_\_\_\_\_  
 Name of Respondent Affidavit of \_\_\_\_\_  
 (Name of Person Filling Out Affidavit)

**IMPORTANT INFORMATION ABOUT THIS DOCUMENT**

- 1. Rule 6.4:** Rule 6.4 of the Local Rules for the Superior Court of Maricopa County requires parties to file certain affidavits. This *"Affidavit of Financial Information"* meets the requirement of Rule 6.4.
- 2. WARNING TO BOTH PARTIES:** This Affidavit is an important document. You must fill out this Affidavit completely, and provide accurate information. You must provide copies of this Affidavit and all other required documents to the other party, and to the judge. If you do not do this, the court may order you to pay a fine.
- 3. SIGN THIS DOCUMENT IN FRONT OF A NOTARY PUBLIC:** After you fill in all the information you are asked to fill in this document, go to a Notary Public or to the Clerk of Court and sign the Affidavit in the space below. Do not sign this document until you are in front of the Notary Public or Clerk of Court. You will need picture identification when you sign.

State of Arizona                    )  
 County of Maricopa               )ss.

I have read the following document and know of my own knowledge that the facts and financial information stated below are true and correct, and that any false information may constitute perjury by me. I also understand that if I fail to provide the required information or give misinformation, the judge might order sanctions against me, including assessment of fees for fines under Rule 11 of the Arizona Rules of Civil Procedure.

\_\_\_\_\_  
 Signature of Person Making Affidavit

Sworn to before me on (date) \_\_\_\_\_, by \_\_\_\_\_

My Commission Expires: \_\_\_\_\_  
 Notary Public

## INSTRUCTIONS

1. **TO BOTH PARTIES:** Complete the entire Affidavit. If the spaces provided on this form are inadequate, use separate sheets of paper to complete the answers and attach them to the Affidavit. Answer every question completely! You must complete every blank. If you do not know the answer to a question or are guessing, please state that. If a question does not apply, write "NA" for "not applicable" to indicate you read the question. Round all amounts of money to the nearest dollar.
  
2. **TO BOTH PARTIES:** Answer the following statements **YES** or **NO**. If you mark **NO**, explain your answer on a separate piece of paper and file the explanation with the Affidavit.
  - YES  NO  1. I listed all sources of my income.
  - YES  NO  2. I attached copies of my two (2) most recent pay stubs.
  - YES  NO  3. I attached copies of my federal income tax return for the last three (3) years, and attached my W-2 and 1099 forms from all sources of income. I listed my tax form numbers.
  - YES  NO  4. I completed Section 9 because I am self-employed or I am employed by, or through a corporation, partnership, joint venture, or sole proprietorship.
  - YES  NO  5. I attached copies of all partnership and/or corporate tax returns.
  
3. **TO THE PERSON WHO IS FILING THE COURT PETITION:** Start with two (2) blank copies of this Affidavit. Complete one (1) copy of the Affidavit. File the original of your completed Affidavit with the Clerk of Court when you file your court Petition. Serve on the other party a **copy** of your **completed** Affidavit AND a **blank copy** of the Affidavit for him/ her to complete. Also give a copy of your completed Affidavit to the judge who is hearing the case.
  
4. **TO THE OTHER PARTY:** Complete the blank copy of this Affidavit. File the original with the Clerk of Court, and mail or hand-deliver a **copy** of the completed Affidavit to the judge who is hearing the case **and** to the party who filed the petition in court.

### 1. GENERAL INFORMATION:

A. Name: \_\_\_\_\_

B. Current Address: \_\_\_\_\_

C. Social Security Number: \_\_\_\_\_

D. Date of Birth: \_\_\_\_\_

E. Other Party's Social Security Number: \_\_\_\_\_

F. Other Party's Date of Birth: \_\_\_\_\_

G. Date of Marriage: \_\_\_\_\_

H. Full names of child(ren) common to the parties, their dates of birth and Social Security Number(s):

Name	Date of Birth	Social Security Number

- I. The name, date of birth, relationship to you and gross monthly income for each individual who lives in your household:

Name	Date of Birth	Relationship	Income

List name(s) of any other person(s) for whom you contribute support:

Name	Age	Relationship to you	Where person lives

**2. EMPLOYMENT INFORMATION ABOUT YOU**

- A. Your job/occupation/profession: \_\_\_\_\_
- B. Title: \_\_\_\_\_  
 Name and address of current employer: \_\_\_\_\_  
 Type of Business: \_\_\_\_\_  
 Date employment began: \_\_\_\_\_  
 Pay dates: \_\_\_\_\_  
 Weekly \_\_\_\_\_ Every-other week \_\_\_\_\_ Monthly \_\_\_\_\_ Twice a month \_\_\_\_\_ Other \_\_\_\_\_
- C. If you are not working, why not? \_\_\_\_\_
- D. Previous employer name and address: \_\_\_\_\_  
 Previous job/occupation/profession: \_\_\_\_\_  
 Title: \_\_\_\_\_  
 Date previous job began: \_\_\_\_\_  
 Date previous job ended: \_\_\_\_\_  
 Gross monthly pay at previous job: \_\_\_\_\_
- E. Total gross income from last three (3) years' tax returns (attach copies of page 1 and 2 of your federal income tax returns for the last three (3) years):  
 Year \_\_\_\_\_ \$ \_\_\_\_\_ Year \_\_\_\_\_ \$ \_\_\_\_\_ Year \_\_\_\_\_ \$ \_\_\_\_\_
- F. Your total gross income from January 1 of this year to the date of this Affidavit (year-to-date income): \$ \_\_\_\_\_

**3. YOUR EDUCATION/TRAINING: List name of school, length of time there, year of last attendance, and degree earned:**

- A. High School: \_\_\_\_\_
- B. College: \_\_\_\_\_
- C. Post-Graduate: \_\_\_\_\_
- D. Occupational Training: \_\_\_\_\_

**4. ATTORNEY'S FEES:** Attorneys' fees you paid, or are paying or are obligated to pay, in this case:

- A. Amount paid to date: \$ \_\_\_\_\_
- B. Source of payment: \_\_\_\_\_
- C. Amount owed (attach copy of retainer agreement or bill) \$ \_\_\_\_\_

**5. GIFTS YOU HAVE GIVEN OR RECEIVED:** List any gift(s) or transfer(s) of money or property, having a value exceeding \$500.00, to or from any person(s), other than your spouse, during the past six (6) months. List the person(s) and the value of the gift(s) or transfer(s). Use additional paper if necessary, and use the following format:

To whom given or from whom received	What given	What received	Value of gift	When given or received
_____	_____	_____	\$ _____	_____
_____	_____	_____	\$ _____	_____

**6. ASSETS:**

- A. Cash (including uncashed checks) \$ \_\_\_\_\_
- B. Traveler's checks \$ \_\_\_\_\_
- C. Cash in financial institutions/banks \$ \_\_\_\_\_
- D. Stocks, bonds, securities \$ \_\_\_\_\_
- E. Insurance policy cash surrender value \$ \_\_\_\_\_
- F. Severance pay \$ \_\_\_\_\_
- G. Accumulated/unused vacation pay \$ \_\_\_\_\_
- H. Lottery winnings \$ \_\_\_\_\_
- I. Funds owed to you by others (including accounts receivables) \$ \_\_\_\_\_
- J. Funds held for you by others (including inheritance(s) or trust(s)) \$ \_\_\_\_\_
- K. Unpaid bonus \$ \_\_\_\_\_
- L. Other \$ \_\_\_\_\_
- TOTAL:** \$ \_\_\_\_\_

**7. YOUR GROSS MONTHLY INCOME:** List all income you receive from any source, whether private or governmental, taxable or not, including, but not limited to, the following. Mark each space with the correct amount or with "0" if none. List all income payable to you individually or payable jointly to you and your spouse. Multiply weekly income and deductions by 4.3. Multiply biweekly income by 2.15 to arrive at the total amount for the month.

- A. Gross salary/wages (attach copies of your two most recent pay stubs) \$ \_\_\_\_\_
- B. Expenses paid for by your employer:
  - 1. Automobile \$ \_\_\_\_\_
  - 2. Auto expenses, such as gas, repairs, insurance \$ \_\_\_\_\_
  - 3. Lodging \$ \_\_\_\_\_
  - 4. Other (Explain) \_\_\_\_\_ \$ \_\_\_\_\_
- C. Commissions \$ \_\_\_\_\_
- D. Tips \$ \_\_\_\_\_
- E. Bonuses \$ \_\_\_\_\_
- F. Dividends \$ \_\_\_\_\_
- G. Pension \$ \_\_\_\_\_
- H. Interest \$ \_\_\_\_\_
- I. Trust income \$ \_\_\_\_\_

J.	Annuities	\$ _____
K.	Social Security benefits	\$ _____
L.	Worker's compensation	\$ _____
M.	Unemployment compensation	\$ _____
N.	Disability income	\$ _____
O.	Gifts	\$ _____
P.	Prizes	\$ _____
Q.	Payments from prior spouse	\$ _____
R.	Rental income (net after expenses)	\$ _____
S.	Royalties	\$ _____
T.	Other self-employment income	\$ _____
U.	Contributions to household living expense by others	\$ _____
V.	Other (Explain:)	\$ _____
	<b>TOTAL:</b>	\$ _____

**8. MANDATORY MONTHLY DEDUCTIONS FROM YOUR INCOME:**

A.	Federal taxes and number of exemptions you claim:	\$ _____
B.	State tax	\$ _____
C.	Social Security/Medicare	\$ _____
D.	Mandatory retirement deduction	\$ _____
	Explain: _____	
E.	Other: (Explain) _____	\$ _____
	<b>TOTAL</b> (monthly deductions):	\$ _____

**TOTAL NET MONTHLY INCOME**  
(total gross income minus total mandatory deductions) \$ \_\_\_\_\_

**9. SELF-EMPLOYMENT INCOME (if applicable):** Answer these questions if you earn, or receive, any other income or other compensation, whether or not you receive the income in cash or by check. Sources of such income might include any business entity in which you have an equitable or beneficial interest, including a closely held corporation, professional corporation, partnership, joint venture, proprietorship, or any other form of self-employment.

- A. Name of business: \_\_\_\_\_
- B. Type of business entity: \_\_\_\_\_
- C. State and date of incorporation: \_\_\_\_\_
- D. Principal business address: \_\_\_\_\_
- E. Business telephone: \_\_\_\_\_
- F. Nature of your interest: \_\_\_\_\_
- Percent ownership: \_\_\_\_\_ %
- Number of shares of stock: \_\_\_\_\_
- Total issued and outstanding shares: \_\_\_\_\_
- G. Nature of business: \_\_\_\_\_
- H. Gross sales/revenue last 12 months: \_\_\_\_\_
- I. Necessary and ordinary business expenses for the last 12 months: \_\_\_\_\_
- J. Your annual salary/compensations: \_\_\_\_\_
- K. Your dividends or other profit distribution in last 12 months: \_\_\_\_\_
- L. Annual bonus if not included above: \_\_\_\_\_
- M. Annual value of perquisites ("perks"): \_\_\_\_\_

Specify perquisites: ("perks")

1. Do you use a company car for personal business?  
Yes  No  Monthly value: \$ \_\_\_\_\_
2. Does company pay your gas/oil/maintenance charges?  
Yes  No  Monthly value: \$ \_\_\_\_\_
3. Does the company pay your dues to any club or social organization?  
Yes  No  Value: \$ \_\_\_\_\_
4. Does the company own a home, residence, townhouse, or condominium that is, or may be, available for your use?  
Yes  No
5. Did your company have net earnings in the last fiscal year that were not distributed to owners or shareholders of the business?  
Yes  No  If so what was the total? \$ \_\_\_\_\_
6. Monthly premium for life insurance paid by business for your benefit: \$ \_\_\_\_\_
7. Annual travel expense (including lodging, travel, meals, etc.) for business promotion education, professional development, etc.: \$ \_\_\_\_\_

### INSTRUCTIONS

Both parties must answer item 10 if either party asks for child support. The phrase "children who are common" means one party is the birth/adoptive mother and the other is the birth/adoptive father of the child(ren). The phrase "children who are not common" means one party is the birth/adoptive parent of the child(ren) but the other is not the birth/adoptive parent.

**10. EXPENSES RELATED TO CHILD(REN):** All figures are to be given per month unless otherwise stated.

**A. HEALTH INSURANCE:**

1. Premium cost to insure child(ren) common to the parties: \$ \_\_\_\_\_
2. Cost to insure others, or child(ren) not common to the parties: \$ \_\_\_\_\_
3. List all people covered by your dependent coverage:  
\_\_\_\_\_  
\_\_\_\_\_
4. Name of insurance company:  
\_\_\_\_\_  
\_\_\_\_\_

**B. DENTAL INSURANCE:**

1. Premium cost to insure child(ren) common to the parties: \$ \_\_\_\_\_
2. Cost to insure others, or child(ren) not common to the parties: \$ \_\_\_\_\_
3. List all people covered by your dependent coverage:  
\_\_\_\_\_  
\_\_\_\_\_
4. Name of insurance company:  
\_\_\_\_\_  
\_\_\_\_\_

**C. UN-REIMBURSED MEDICAL AND DENTAL EXPENSES FOR CHILD(REN):**

Cost to you after, or in addition to, any insurance reimbursement:

- |               |                            |    |          |
|---------------|----------------------------|----|----------|
| 1.            | Doctor                     | \$ |          |
| 2.            | Dentist                    | \$ |          |
| 3.            | Drugs and medical supplies | \$ |          |
| 4.            | Deductible, if any         | \$ |          |
| <b>TOTAL:</b> |                            |    | \$ _____ |

**D. CHILD CARE COSTS:** \$ \_\_\_\_\_

1. Name(s) of child(ren), common to both parties, who are cared for:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Name(s) and address(es) of child care provider(s):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**E. EMPLOYER PROGRAM FOR PRETAX PAYMENT OF MEDICAL OR CHILD CARE EXPENSES:**

1. Do you participate in an employer pretax payment program? YES  NO   
If yes, please answer the following questions:
2. For what reason:  medical care only OR  child care only OR  both
3. What is the amount you authorize to be deducted per year? \$ \_\_\_\_\_
4. Name of the program: \_\_\_\_\_

**F. COURT ORDERED CHILD SUPPORT:**

1. Court ordered child support for child(ren) common to the parties for whom you pay court-ordered support and for whom your payments are current: \$ \_\_\_\_\_
2. Name(s) of child(ren) that you support or who live with you, but are **not** common to the parties:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**G. EXTRAORDINARY EXPENSES FOR CHILD(REN):**

1. Educational Expense \$ \_\_\_\_\_  
Explain: \_\_\_\_\_
2. Special Needs \$ \_\_\_\_\_  
Explain: \_\_\_\_\_
3. Other: \$ \_\_\_\_\_  
Explain: \_\_\_\_\_

**H. EXTRACURRICULAR EXPENSES FOR CHILD(REN):** \$ \_\_\_\_\_

Explain: \_\_\_\_\_  
\_\_\_\_\_

**INSTRUCTIONS**

Both parties must answer items 11 and 12 if either party has requested:

1. Spousal maintenance/support, OR
2. A division of income, OR
3. Any adjustment or deviation from child support guidelines.

The phrase "children who are common" means one party is the birth/adoptive mother and the other is birth/adoptive father of the child(ren). The phrase "children who are not common" means one party is the birth/adoptive parent, but the other party is not the birth/adoptive parent.

**11. SCHEDULE OF ALL MONTHLY EXPENSES: DO NOT LIST** any expenses for the party, or child(ren) who live with the other party, **unless** you are paying those expenses. Use a monthly average for items that vary from month to month. If you are listing anticipated expenses, indicate this by putting an asterisk (\*) next to the estimated amount.

**A. HOUSING EXPENSES:**

- |    |   |          |
|----|---|----------|
| 1. | House payment: First Mortgage                   | \$ _____ |
|    | Second Mortgage                                 | \$ _____ |
|    | Homeowners Association Fee                      | \$ _____ |
|    | Rent  | \$ _____ |
|    | <b>SUBTOTAL</b>                                 | \$ _____ |
| 2. | Repair & upkeep                                 | \$ _____ |
| 3. | Housekeeper                                     | \$ _____ |
| 4. | Yard work                                       | \$ _____ |
| 5. | Pool  | \$ _____ |
| 6. | Exterminator (Bug Person)                       | \$ _____ |
| 7. | Insurance & taxes not included in house payment | \$ _____ |
| 8. | Other (Explain) _____                           | \$ _____ |
|    | <b>TOTAL:</b>                                   | \$ _____ |

**B. UTILITIES:**

- |    |                        |          |
|----|------------------------|----------|
| 1. | Water and sewer        | \$ _____ |
| 2. | Electricity            | \$ _____ |
| 3. | Gas                    | \$ _____ |
| 4. | Telephone              | \$ _____ |
| 5. | Cable television       | \$ _____ |
| 6. | Garbage                | \$ _____ |
| 7. | Other (Explain:) _____ | \$ _____ |
|    | <b>TOTAL:</b>          | \$ _____ |

**C. FOOD:**

- |    |                                    |          |
|----|------------------------------------|----------|
| 1. | Food, milk and household supplies: | \$ _____ |
| 2. | School lunches:                    | \$ _____ |
| 3. | Meals outside home:                | \$ _____ |
|    | <b>TOTAL:</b>                      | \$ _____ |

**D. CLOTHING:**

- |    |  |          |
|----|--|----------|
| 1. | Clothing for you:                      | \$ _____ |
| 2. | Uniforms or special work clothes:      | \$ _____ |
| 3. | Clothing for children living with you: | \$ _____ |
| 4. | Laundry and cleaning:                  | \$ _____ |
|    | <b>TOTAL:</b>                          | \$ _____ |

**E. HEALTH INSURANCE:**

- |    |                                  |          |
|----|----------------------------------|----------|
| 1. | Total cost of premium:           | \$ _____ |
| 2. | Premium cost to insure yourself: | \$ _____ |

**Answer the following ONLY if you did NOT answer Item 10, part A:**

3. Premium cost to insure child(ren) common to the parties \$ \_\_\_\_\_
4. Cost to insure others/child(ren) not common to the parties \$ \_\_\_\_\_
5. List all people covered by your dependent coverage:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
6. Name of Insurance company:  
\_\_\_\_\_

**F. DENTAL INSURANCE:**

1. Total cost of premium: \$ \_\_\_\_\_
2. Premium cost to insure yourself: \$ \_\_\_\_\_

**Answer the following only if you did not answer Item 10, part B:**

3. Premium cost to insure child(ren) common to the parties: \$ \_\_\_\_\_
4. Cost to insure others/child(ren) not common to the parties: \$ \_\_\_\_\_
5. List all people covered by your dependent coverage:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
6. Name of Insurance company:  
\_\_\_\_\_

**G. UNREIMBURSED MEDICAL AND DENTAL EXPENSES FOR YOURSELF:**

(Cost to you after, or in addition to, any insurance reimbursement)

1. Doctor \$ \_\_\_\_\_
  2. Dentist \$ \_\_\_\_\_
  3. Drugs and medical supplies \$ \_\_\_\_\_
  4. Deductible, if any \$ \_\_\_\_\_
- TOTAL:** \$ \_\_\_\_\_

**H. CHILD CARE COSTS:**

1. Child care costs: \$ \_\_\_\_\_
2. Name(s) of child(ren) cared for:  
\_\_\_\_\_
3. Name(s) and address(es) of child care provider(s):  
\_\_\_\_\_  
\_\_\_\_\_

**I. COURT ORDERED SPOUSAL MAINTENANCE/SUPPORT (Alimony):**

1. Court ordered spousal maintenance/support you actually pay to previous spouse: \$ \_\_\_\_\_

**J. COURT ORDERED CHILD SUPPORT**

- 1. Court ordered child support for child(ren) common to both parties and for whom you actually make payments and for whom your payments are current. \$ \_\_\_\_\_
- 2. Name(s) of child(ren) you support, or who lives with you, but are not common to both parties:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**K. EXTRAORDINARY EXPENSES FOR YOURSELF:**

Explain: \_\_\_\_\_ \$ \_\_\_\_\_

**L. TRANSPORTATION OR AUTOMOBILE EXPENSES:**

- 1. Car insurance \$ \_\_\_\_\_
  - 2. List all cars and individuals covered:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
  - 3. Car payment, if any \$ \_\_\_\_\_
  - 4. Car repair and maintenance \$ \_\_\_\_\_
  - 5. Gas and oil \$ \_\_\_\_\_
  - 6. Bus fare/parking fees \$ \_\_\_\_\_
  - 7. Other (explain): \_\_\_\_\_ \$ \_\_\_\_\_
- TOTAL:** \$ \_\_\_\_\_

**M. MISCELLANEOUS:**

- 1. School and school supplies \$ \_\_\_\_\_
  - 2. School activities or fees \$ \_\_\_\_\_
  - 3. Extracurricular activity(ies) of child(ren) \$ \_\_\_\_\_
  - 4. Church/contributions \$ \_\_\_\_\_
  - 5. Newspapers, magazines and books \$ \_\_\_\_\_
  - 6. Barber and beauty shop \$ \_\_\_\_\_
    - Child(ren) \$ \_\_\_\_\_
    - Self \$ \_\_\_\_\_
    - Pets \$ \_\_\_\_\_
  - 7. Life insurance (beneficiary: \_\_\_\_\_) \$ \_\_\_\_\_
  - 8. Disability insurance \$ \_\_\_\_\_
  - 9. Recreation/entertainment \$ \_\_\_\_\_
  - 10. Child(ren)'s allowance(s) \$ \_\_\_\_\_
  - 11. Union/Professional dues \$ \_\_\_\_\_
  - 12. Voluntary retirement contributions and savings deductions \$ \_\_\_\_\_
  - 13. Family gifts \$ \_\_\_\_\_
  - 14. Pretax deductions for day care, med., etc. \$ \_\_\_\_\_
  - 15. Other (explain): \_\_\_\_\_ \$ \_\_\_\_\_
- TOTAL:** \$ \_\_\_\_\_

**12. OUTSTANDING DEBTS AND ACCOUNTS:** List all debts and installment payments you currently owe, but do not include items listed in Item 11 "Monthly Schedule of Expenses". If you do not know whether your spouse pays the debt, list the item in your schedule. Follow the format below. Use additional paper if necessary:

Name of Creditor: \_\_\_\_\_  
Account Number: \_\_\_\_\_  
Item Purchased: \_\_\_\_\_  
Unpaid Balance: \_\_\_\_\_  
Minimum Monthly Payment: \_\_\_\_\_  
Date of Last Payment: \_\_\_\_\_  
Last Payment Made & by Whom \_\_\_\_\_

Name of Creditor: \_\_\_\_\_  
Account Number: \_\_\_\_\_  
Item Purchased: \_\_\_\_\_  
Unpaid Balance: \_\_\_\_\_  
Minimum Monthly Payment: \_\_\_\_\_  
Date of Last Payment: \_\_\_\_\_  
Last Payment Made & by Whom: \_\_\_\_\_

Name of Creditor: \_\_\_\_\_  
Account Number: \_\_\_\_\_  
Item Purchased: \_\_\_\_\_  
Unpaid Balance: \_\_\_\_\_  
Minimum Monthly Payment: \_\_\_\_\_  
Date of Last Payment: \_\_\_\_\_  
Last Payment Made & by Whom: \_\_\_\_\_

Name of Creditor: \_\_\_\_\_  
Account Number: \_\_\_\_\_  
Item Purchased: \_\_\_\_\_  
Unpaid Balance: \_\_\_\_\_  
Minimum Monthly Payment: \_\_\_\_\_  
Date of Last Payment: \_\_\_\_\_  
Last Payment Made & by Whom: \_\_\_\_\_

Name of Creditor: \_\_\_\_\_  
Account Number: \_\_\_\_\_  
Item Purchased: \_\_\_\_\_  
Unpaid Balance: \_\_\_\_\_  
Minimum Monthly Payment: \_\_\_\_\_  
Date of Last Payment: \_\_\_\_\_  
Last Payment Made & by Whom: \_\_\_\_\_

Name of Creditor: \_\_\_\_\_  
Account Number: \_\_\_\_\_  
Item Purchased: \_\_\_\_\_  
Unpaid Balance: \_\_\_\_\_  
Minimum Monthly Payment: \_\_\_\_\_  
Date of Last Payment: \_\_\_\_\_  
Last Payment Made & by Whom: \_\_\_\_\_

Name of Creditor: \_\_\_\_\_  
Account Number: \_\_\_\_\_  
Item Purchased: \_\_\_\_\_  
Unpaid Balance: \_\_\_\_\_  
Minimum Monthly Payment: \_\_\_\_\_  
Date of Last Payment: \_\_\_\_\_  
Last Payment Made & by Whom: \_\_\_\_\_

Name of Creditor: \_\_\_\_\_  
Account Number: \_\_\_\_\_  
Item Purchased: \_\_\_\_\_  
Unpaid Balance: \_\_\_\_\_  
Minimum Monthly Payment: \_\_\_\_\_  
Date of Last Payment: \_\_\_\_\_  
Last Payment Made & by Whom: \_\_\_\_\_

Name of Creditor: \_\_\_\_\_  
Account Number: \_\_\_\_\_  
Item Purchased: \_\_\_\_\_  
Unpaid Balance: \_\_\_\_\_  
Minimum Monthly Payment: \_\_\_\_\_  
Date of Last Payment: \_\_\_\_\_  
Last Payment Made & by Whom: \_\_\_\_\_