

Date		S.O.L.	
Intake By		RCP Score	
Name		Client File No.	
Address		City, St ZIP	
County		Home Phone	
Spouse		Spouse Phone	
Emerg'cy Contact		Emerg'cy Phone	
Employer		Employer Phone	
Occupation		Cell Phone	
DOB		Birthplace	
SSN		DL & State	
E-Mail		Referral Source	
Case Type		State Claims	
Tape Recording		Other Notes	
Creditor		Amount of Debt	
Date Incurred		Type of Debt	
Amount of Damage		Type of Damage	
Defendant #1		Defendant #2	
Witness #1		Witness #2	
Was this debt anything but personal, family or household in nature?			<input type="checkbox"/> NO
Any criminal history including felonies and misdemeanors?			<input type="checkbox"/> NO
Did you get a Summons & Complaint?			<input type="checkbox"/> NO
Have you ever filed a lawsuit for anything?			<input type="checkbox"/> NO
Are you currently or have you ever been employed by a collection agency?			<input type="checkbox"/> NO
Any family or friends currently or previously employed by a collection agency?			<input type="checkbox"/> NO
Do you personally know the collector we are going to sue?			<input type="checkbox"/> NO
Have you ever filed for bankruptcy?			<input type="checkbox"/> NO
Are you considering filing bankruptcy?			<input type="checkbox"/> NO
Does client need to be verbally advised of consequences of filing bankruptcy or claims?			<input type="checkbox"/> NO
Does client need to be verbally advised of Statute of Limitations?			<input type="checkbox"/> NO
Does client need to be verbally advised to save all new collection letters and voice mail messages?			<input type="checkbox"/> NO
Have you received any other collection activity?			<input type="checkbox"/> NO
Do you have more collection letters or papers?			<input type="checkbox"/> NO
Do you need a tape recording device for your phone?			<input type="checkbox"/> NO
Are family or friends being collected on?			<input type="checkbox"/> NO
Client To Drop Off More Letters	Client Will Provide More Docs	Install Tape Recorder Device	Transcribe & Digitize Tapes 8TRK
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			Rooker-Feldman Issues
			<input type="checkbox"/>
			Send Out Togstad
			<input type="checkbox"/>
			Refer For State Court Defense
			<input type="checkbox"/>