

DEBT COLLECTION CLINIC CHECK LIST and APPOINTMENT SHEET:

In your packet you will find the following documents. Please follow the instructions for each document.

Questionnaire: Please answer the questions on page 2 to the best of your ability, and bring documents as requested. This will help the attorney to help you.

REQUEST TO WAIVE COURT FEES - FW-001

1. Fill out your information.
2. Fill out information about your job
3. Leave blank because you represent yourself.
4. Mark the first box - Superior Court
5. Choose box a, b or c.
 - a - if you receive public benefits
 - b - if your income is less than the amount shown **fill out the left side of the back.**
 - c - if, after paying your expenses, there is not enough money left with which to pay the fees, **fill out all of the back.**

ORDER ON FEE WAIVER: - FW-003

Fill out your information on no. 1. Leave the rest blank.

ANSWER - PLD-C-010

Fill out your name and address in the upper left hand corner.

PROOF OF SERVICE BY MAIL - POS-030

Fill out your name and address in the upper left hand corner.

The above referenced forms can be obtained at www.courtinfo.ca.gov under Forms.

Federal Trade Commission publication explaining your rights about Fair Debt Collection Practices. Review this publication to see if you have questions about your experience with the debt collection process, and whether or not you have any action against the person suing you.

Publication and form for requesting a report on your credit in case you have other matters that may need your attention before they get to the litigation stage.

These publications can be obtained at www.ftc.gov

Your appointment for the clinic is Friday, _____ at _____ a.m.
The clinic will be held at 3055 Cleveland Avenue, Santa Rosa, CA 95403.

IF YOU CANNOT ATTEND PLEASE CALL 521-6578 TO LEAVE A MESSAGE.

PLEASE BE PREPARED TO ANSWER THESE QUESTIONS AT THE TIME OF YOUR APPOINTMENT

1. Do you know who the Plaintiff is? Do you have a credit account with them?
2. Do you agree with the amount of money that the Complaint alleges that you owe?
3. Do you have other accounts? What are the balances? (Please list on a separate piece of paper).
4. Have you worked with any attorneys or debt consolidation organizations on this specific debt, or any other debts? Bring any papers you have from the attorney or organization.
5. Please bring your monthly statements for the debt which is the subject of this Complaint.
6. How long have you had this credit account?
7. What percentage of the balance you owe is related to late fees or interest?
8. When did you make your last payment on this account?
9. If you stopped paying on this account, in what county were you living when you stopped?
10. Did you receive any letters or phone calls about this debt, and who from?