

MICHAEL N. VAPORIS
Attorney at Law

Date: _____

Your name: _____

Street address: _____

Mailing address (if different): _____

City: _____ State: _____ Zip: _____

Telephone: Home: (____) _____ Cell: (____) _____

Work: (____) _____ Email: _____

Date of birth: _____ Soc. Sec.#: _____

Your employer: _____

Employer's address: _____

Spouse's name: _____

Street address (if different): _____

City: _____ State: _____ Zip: _____

Telephone: Home: (____) _____ Cell: (____) _____

Work: (____) _____ Email: _____

Date of birth: _____ Soc. Sec.#: _____

Spouse's Employer: _____

Employer's address: _____

How did you hear about us? (Please check as many as applicable):

Yellow Page Ads: Verizon Big Book Yellow Book

Internet listing State Bar Referral Individual: _____

Other: _____

1. Name & Address of Debt Collector you are having problems with:

In the past **one (1) month**, how many times have they called you:

At home? _____ At work? _____
Family Members? _____ Friends? _____
Neighbors? _____ Other? _____

Total number of calls in **one** day? _____

In the past month, how many times have they sent you something in writing? _____

In the past **six (6) months**, how many times have they called you:

At home? _____ At work? _____
Family Members? _____ Friends? _____
Neighbors? _____ Other? _____

Total number of calls in **one** day? _____

In the past month, how many times have they sent you something in writing? _____

In any of the calls or writings, did they threaten you with:

Yes No Wage Garnishment?
 Yes No Arrest or Jail?

Did you ask for verification (proof) of the debt they claim is owed? Yes No

If you said yes, Did they send it to you? Yes No