## WALKER COUNTY COURT COLLECTIONS

1301 Sam Houston Ave. Suite 111 Huntsville, TX 77340 <u>collections@co.walker.tx.us</u> Collections Department 936 436-0220 OR 936 436-4935 Fax 936 436-0435

DOCKE	T / CAUSE #	COURT _	
ST NAME	FIRST NAME	DATE OF BIRTH	DRIVER'S LICENSE/ID
AILING ADDRESS		PHONE #	ALTERNATIVE PHONE #
TY, STATE, ZIP CODE		SOCIAL SECURITY #	E-MAIL ADDRESS
DB/EMPLOYER HOUSEHOLD IN	COME (monthly)	WORK ADDRESS HOUSEHOLD EXP	WORK PHONE # ENSES (monthly)
SALARY		RENT/MORTGAGE	
		INSURANCE	
OTHER INCOME*		AUTO PAYMENT	
*SOURCE		ELECTRIC/GAS	
(PARENTS, SPOUSE, SS DISABILITY)	l,	PHONE	
BIS/IBIEITT)		WATER/SEWER	
SAVINGS		CHILD CARE	
CHILD SUPPORT*		CHILD SUPPORT* *(YOU PAY)	
*(YOU RECEIVE)		FOOD	
		GASOLINE	
		PERSONAL EXPENSES*	
		(MEDICAL, CREDIT CARDS, ETC.)	
TOTAL		TOTAL _	
BANK INFORMA	ATION:		
CHECKING/SAVINGS ACCOUNT(S):	BANK NAME ONLY		BALANCE
CREDITOR INFO	RMATION:		
RENT/MORTGAGE:	COMPANY/OWNER		MO. PMNT
VEHICLE LOAN:	COMPANY/OWNER		MO. PMNT
CREDIT CARDS:	COMPANY		MIN. PMNT

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## **PERSONAL REFERENCES:** [ 2 Relatives and 2 <u>NON-Relatives</u> ex. friends, boss, roommate ]

ACT#1						
	LAST NAME	FIRST NAME	RELATIONSHIP	CITY	STATE	PHONE #
ACT#2						
	LAST NAME	FIRST NAME	RELATIONSHIP	CITY	STATE	PHONE #
ACT#3						
	LAST NAME	FIRST NAME	RELATIONSHIP	CITY	STATE	PHONE #
ACT#4						
	LAST NAME	FIRST NAME	RELATIONSHIP	CITY	STATE	PHONE #
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