

**APPLICATION FOR SPECIAL CONSIDERATION**

*Bessine Walterbach, LLP is a debt collector. This is an attempt to collect a debt & any information obtained will be used for that purpose.*

CASE NUMBER(S): \_\_\_\_\_ COUNTY: \_\_\_\_\_

FULL NAME: \_\_\_\_\_ SS#: \_\_\_\_\_

DOB: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ PHONE: \_\_\_\_\_

PRESENT ADDRESS: \_\_\_\_\_

EMAIL: \_\_\_\_\_ SPOUSE NAME: \_\_\_\_\_

AGE(S) OF CHILDREN: \_\_\_\_\_

PRESENT EMPLOYER: \_\_\_\_\_ TITLE: \_\_\_\_\_

EMPLOYER'S PHONE / ADDRESS: \_\_\_\_\_

HOURS PER WEEK: \_\_\_\_\_ WAGE: \_\_\_\_\_

SPOUSE'S EMPLOYER: \_\_\_\_\_ TITLE: \_\_\_\_\_

SPOUSE'S EMPLOYER'S PHONE / ADDRESS: \_\_\_\_\_

IF EITHER IS UNEMPLOYED, WHY? \_\_\_\_\_

HOW LONG? \_\_\_\_\_ PLAN FOR BASIC SUPPORT: \_\_\_\_\_

OTHER INCOME: \$ \_\_\_\_\_ PER \_\_\_\_\_ FROM: \_\_\_\_\_

BANK ACCOUNT BRANCH: \_\_\_\_\_

TYPE OF ACCOUNT: \_\_\_\_\_ NAME(S) ON ACCT: \_\_\_\_\_

CURRENT BALANCE: \$ \_\_\_\_\_ AVG MONTHLY BAL: \$ \_\_\_\_\_

ARE THERE ANY UNSATISFIED JUDGMENTS AGAINST YOU? \_\_\_ YES \_\_\_ NO

IF YES, PLEASE PROVIDE CASE NUMBER(S): \_\_\_\_\_

HAVE YOU EVER FILED BANKRUPTCY? \_\_\_ YES \_\_\_ NO IF YES, WHEN: \_\_\_\_\_

IS IT DIFFICULT FOR YOU TO MEET REGULAR MONTHLY EXPENSES? \_\_\_ YES \_\_\_ NO

IF SO, WHY? PLEASE TELL US IN YOUR OWN WORDS ABOUT YOUR SITUATION. Examples are single parent, recent divorce, chronic health problems, caring for sick or aging loved ones, etc. We are human & we understand you may be experiencing financial challenges bigger than just our case. We want the opportunity to evaluate that to see if we can work with you.

\_\_\_\_\_  
\_\_\_\_\_

**CURRENT REGULAR MONTHLY EXPENSES\***

CREDITOR	AMOUNT	WHEN PAID	PAST DUE?	COMMENTS / EXPLANATIONS

\*All regular monthly expenses should be listed, including but not limited to: mortgage/rent, utilities, vehicles, cell phones, insurance, groceries, cigarettes, expenses related to children & childcare, healthcare or medical expenses, clothing, home furnishings, credit card payments, IRS, etc.

I am requesting special consideration as follows (what you are asking us to do, such as reduce the required monthly payment, reduce the garnishment, etc.): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**DO NOT SIGN WITHOUT READING THIS PARAGRAPH:**

I have been informed & specifically understand this is for the purpose of attempting to collect a debt & the information I provide may be used by Bessine Walterbach, LLP for that purpose. I agree that permissible purposes include post-judgment execution. I have voluntarily completed this application & everything stated herein is correct & complete to the best of my knowledge & belief. You are authorized to contact me during regular business hours by any email, phone number, fax number or address provided herein, and to check my credit & employment history. I understand that this application may be denied, or any action taken by Bessine Walterbach, LLP in reliance on the information presented herein may be rescinded at any time without notice, as allowed by law. I understand this is an application only & no agreement by Bessine Walterbach, LLP has been made at the time of submission of this application. I understand an attorney or staff member must review my application to determine if special consideration is warranted under my circumstances. I understand this application must be fully completed or it will be rejected without thorough review.

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
DATE

LE Number(s): _____	<i>Office use only</i>	Date response made: _____	Method: _____
Result of Application: _____			Initial: _____