

KAYDEN & VAPORIS, LLC

Date: _____

Your Name: _____

Street address: _____

Mailing address (if different): _____

City: _____ State: _____ Zip: _____

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

Work: (____) _____ Email: _____

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

County of residence: _____

Employer's name & address employer: _____

Spouse's Name: _____

Street address: _____

Mailing address (if different): _____

City: _____ State: _____ Zip: _____

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

Work: (____) _____ Email: _____

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

Employer's name & address employer: _____

Have you used the office's services in the past? Yes No

What led you seek the services of this firm? (Please check as many as applicable):

Internet: vaporislaw.com Internet Search Lawyers.com Other _____

Yellow Page Ads: Verizon EZ to use Yellow Book Other: _____

Referrals: State Bar Attorney Court Administrator Individual Referred by: _____

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