

Please complete all applicable areas IN FULL

### DEBT DETAILS

Account Number <b>C</b>	Balance Owing <b>\$</b>
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### PERSONAL STATUS

Name (Surname)	(First)	(Middle)
Address (Street, R.R. #, P.O. Box)	(City/Town)	(Province) (Postal Code)
Social Insurance Number	Birthdate (mm/dd/yyyy)	Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Common-Law
Home Phone Number	Number of Dependents and Ages	

### RESIDENTIAL DETAILS

A. Landlord's Name	Monthly Rent <b>\$</b>
Landlord's Address (Street, R.R. #, P.O. Box)	(City/Town) (Province) (Postal Code)
B. Mortgage Company	Monthly Mortgage Payments (P.I.) <b>\$</b>
Address (Street, R.R. #, P.O. Box)	(City/Town) (Province) (Postal Code) Monthly Balance <b>\$</b>
C. Approximate Property Value <b>\$</b>	Equity <b>\$</b>

### FAMILY INCOME

Client's Place of Employment	Position	Monthly Salary (Net) <b>\$</b>
Address of Employment	Length of Employment	Phone Number
Other Source(s) and Amount(s) of Income (i.e. GST, child support, Child Tax Credit, rental income, disability pension, Workers Compensation Benefit, etc.) Source Name(s) and Amount(s):		

### This section to be completed only with the authorization of the Spouse

Spouse's Name (Surname)	(First)	(Initial)	Social Insurance Number	Birthdate (mm/dd/yyyy)
Spouse's Place of Employment	Address of Employment			
Position	Length of Employment	Phone Number	Monthly Salary (Net) <b>\$</b>	
Position	Date (mm/dd/yyyy)	This information will be used by our Collections Officer to ensure that a fair and equitable payment arrangement is reached with the client.		

Personal information is collected on this form in accordance with section 32(c) of the Freedom of Information and Protection of Privacy Act. Questions about the collection of this information should be directed to:

**Collections Officer**

**Justice  
Motor Vehicle Accident Recoveries  
P.O. Box 11421  
Edmonton, AB T5J 3K6**

Phone: (780) 422-5458  
 Fax: (780) 427-9549  
 If calling long distance within Alberta, call 310-0000 then enter 422-5458

**MONTHLY EXPENSES**

<i>Type of Expense</i>	<i>Specify Details (i.e. company name, type of expense, etc.)</i>	<i>Payment</i>	<i>Balance Outstanding</i>
Debt owing to Provincial Government		\$	\$
Bank Loan / Finance Company		\$	\$
Charge Card(s)		\$	\$
Charge Card(s)		\$	\$
Rent / Mortgage / Taxes		\$	\$
Utilities (power, water, gas, telephone, cable)		\$	\$
Food		\$	\$
Insurance (Home / Vehicle)		\$	\$
Child Care / Support		\$	\$
Clothing		\$	\$
Transportation (bus, gas)		\$	\$
Other		\$	\$
<b>TOTAL</b>		\$	\$

**ASSETS**

Vehicle Owned	Make	Model
Vehicle Leased	Make	Model
Other	Make	Model
Property owned (other than present address)	Motor Vehicle Identification Number (MVID)	

**REFERENCES**

Relatives / Friends	Telephone Number
Relatives / Friends	Telephone Number

**FINANCIAL INSTITUTION INFORMATION**

Bank Name and Address	Savings Account Number	Balance \$
	Personal Chequing Account	Balance \$
RRSP Amount \$	Have you ever declared bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes", specify name of Trustee
		Discharge Date

I certify that the information contained in this form is accurate and fairly states the current market value of my real and personal property. In addition, I hereby authorize my employer, any credit bureau, and any other person to provide credit information about me to Motor Vehicle Accident Recoveries. I understand the information on this form and obtained from third parties will be used for the purpose of collecting amounts owed by me to the Government of Alberta.

Signature of Debtor: \_\_\_\_\_ Date: \_\_\_\_\_