

DEBT DETAILS

Account Number C	Balance Owing \$
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Please complete all applicable areas IN FULL

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 Telephone Number	Number of Dependents and Ages	

RESIDENTIAL DETAILS

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

FAMILY INCOME

Client's Place of Employment	Position	Monthly Salary (Net) \$
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):		

Personal information is collected on this form in accordance with section 33(c) of the *Freedom of Information and Protection of Privacy Act*. Questions about the collection of this information should be directed to:

**Recoveries Specialist
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			
TOTAL			

ASSETS

Vehicle Owned	Make	Model
Vehicle Owned	Make	Model
Other	Make	Model

Property owned (other than present address)

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: _____