

## AFFIDAVIT OF DEBT

Comes now affiant, and states:

I \_\_\_\_\_ am \_\_\_ Plaintiff

OR

\_\_\_ a designated full-time employee of \_\_\_\_\_ (Plaintiff).

I am of adult age and am fully authorized by Plaintiff to make the following representations. I am familiar with the recordkeeping practices of Plaintiff. The following representations are true according to documents kept in the normal course of Plaintiff's business and/or my personal knowledge:

Plaintiff:

\_\_\_ is the original owner of this debt.

OR

\_\_\_ has obtained this debt from \_\_\_\_\_ and the original owner of this debt was \_\_\_\_\_.

\_\_\_\_\_, Defendant, has an unpaid balance of \$ \_\_\_\_\_ on account \_\_\_\_\_. That amount is due and owing to Plaintiff. This account was opened on \_\_\_\_\_. The last payment from Defendant was received on \_\_\_\_\_ in the amount of \$ \_\_\_\_\_.

The type of account is:

- Credit card account (i.e. Visa, Mastercard, Department Store, etc.) List the name of the Company/Store issuing credit card: \_\_\_\_\_
- Account for utilities (i.e. telephone, electric, sewer, etc.)
- Medical bill account (i.e. doctor, dentist, hospital, etc.)
- Account for services (i.e. attorney fees, mechanic fees, etc.)
- Judgment issued by a court (a copy of the judgment is required to be attached)
- Other: (Please explain)

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

This account balance includes:

- Late fees in the amount of \$ \_\_\_\_\_ as of \_\_\_\_\_.
- Other (Explain \_\_\_\_\_)
- Interest at a rate of \_\_\_\_\_ % beginning on \_\_\_\_\_.

Plaintiff:

\_\_\_ is seeking attorney's fees and additional evidence will be presented to the court prior to entry

of judgment on attorney's fees.

OR

\_\_\_ is not seeking attorney's fees

Plaintiff believes that Defendant is not now nor was not at any relevant time a member of the United States Military and is not known to be a minor or incompetent. I swear or affirm under the penalties of perjury that the foregoing representations are true.

\_\_\_\_\_

\_\_\_\_\_, Affiant

STATE OF \_\_\_\_\_ )

) SS:

COUNTY OF \_\_\_\_\_ )

\_\_\_\_\_ did personally appear before me, a notary public of the above county and state, and did affix that person's signature under oath this \_\_\_\_ day of \_\_\_\_\_, 2010.

My Commission Expires:

\_\_\_\_\_

\_\_\_\_\_  
Notary Public

County of Residence:

\_\_\_\_\_

Printed Name:

\_\_\_\_\_