

**SPECIAL CONSIDERATION APPLICATION**

Bessine Walterbach, LLP is a debt collector. This is an attempt to collect a debt & any information obtained will be used for that purpose. **You are NOT required to fill out this form.** You may dispute the debt, tell us to cease & desist, communicate only when convenient for you, defend any legal action, &/or seek your own attorney for advice. You may communicate with us to resolve your case without providing personal or financial information. Or you may take some other action, or no action at all, rather than submitting this form.

YOUR NAME: \_\_\_\_\_ DOB: \_\_\_\_\_

CASE NUMBER(S): \_\_\_\_\_ LAST 4 OF SSN: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

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

AGE(S) OF CHILDREN LIVING AT HOME: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_ YOUR POSITION: \_\_\_\_\_

IF UNEMPLOYED, MONTH & YEAR YOU LAST WORKED: \_\_\_\_\_

BANK: \_\_\_\_\_ JUDGMENTS AGAINST YOU? \_\_\_ YES \_\_\_ NO

IF YES, GIVE ANY DETAILS YOU KNOW: \_\_\_\_\_

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

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

TELL US ABOUT YOUR SITUATION. We understand you may be a single parent, had a recent divorce, have chronic health problems, are caring for sick or aging loved ones, etc. We want to provide our client the opportunity to evaluate that to see if we can work with you by making an exception to normal parameters.

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

What you are wanting our client to do, reduce the required monthly payment or settle the debt, & how/when:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**DO NOT SIGN WITHOUT READING THIS PARAGRAPH:** I understand this is for the purpose of attempting to collect a debt & the information provided may be used for that purpose. I have voluntarily completed this application after considering other options. Everything stated above is truthful to my best belief. I understand this is an application only & no agreement by Bessine Walterbach, LLP has been made yet.

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

Office use only LE Number(s): \_\_\_\_\_ Result: \_\_\_\_\_  
How/when applicant notified: \_\_\_\_\_ Initial: \_\_\_\_\_