Supreme Court of Wisconsin

BOARD OF BAR EXAMINERS
110 EAST MAIN STREET, SUITE 715
P.O. BOX 2748
MADISON, WI 53701-2748
TELEPHONE: (608) 266-9760

DEBTS

To be used with question #31 (must be typewritten or computer generated).
A separate form should be completed for each applicable debt.

Name _____
(first, middle, last)

Social security number _____

Type of debt:

- ◯ Credit card
- ◯ Student loan
- ◯ Other/specify: _____

Account number: _____

Date of delinquency		Original amount of debt	
Current or final balance		Date of last payment	
Frequency of payments		Current status of this debt	

Name of entity extending credit _____

Address _____

City _____ State _____ Zip _____

If different from above, current creditor on this debt _____

Address _____

City _____ State _____ Zip _____

In the space provided below, please discuss the history of this debt, including any actions taken to collect the debt. Please indicate what steps are being taken to correct outstanding debts.