

SKIP-TRACE WORKSHEET

SECTION I

SKIP-TRACER'S NAME: _____ DATE STARTED: _____

ACCOUNT NUMBER: _____ DATE COMPLETED: _____

PRESENT BALANCE: _____ LAST PAYMENT: _____

BORROWER'S NAME SOCIAL SECURITY NUM. DOB

LAST KNOWN ADDRESS CITY STATE ZIP

LAST PLACE OF EMPLOYMENT & JOB TITLE () PHONE NUMBER

SPOUSE'S NAME SOCIAL SECURITY NUM. DOB

SPOUSE'S LAST PLACE OF EMPLOYMENT AND JOB TITLE () PHONE NUMBER

SECTION II

A. RELATIVES/REFERENCES CHECKED

1. NAME _____ RELATIONSHIP _____

ADDRESS _____ CITY _____ ST _____ ZIP _____

RESPONSE _____

2. NAME _____ RELATIONSHIP _____

ADDRESS _____ CITY _____ ST _____ ZIP _____

RESPONSE _____

3. NAME _____ RELATIONSHIP _____

ADDRESS _____ CITY _____ ST _____ ZIP _____

RESPONSE _____

4. NAME _____ RELATIONSHIP _____

ADDRESS _____ CITY _____ ST _____ ZIP _____

RESPONSE _____