**F.M. COLLECTION SHEET:**

ATTACH FRONT AND REVERSE SIDE OF YOUR SOCIAL SECURITY CARD(S)

ANY/ALL JUDGMENTS FROM ANY CIVIL/CRIMINAL CASES OR COMPLAINTS/INDICTMENTS OF CURRENT CASES:

NAME:  
  
GENDER:  
  
DATE OF BIRTH:  
  
18TH BDAY:  
  
COUNTY YOU LIVE AT:  
  
STATE YOU LIVE AT:  
  
COURT CASE NO’S DEALING W NOW:  
  
NAME OF COURT:  
  
COURT ADDRESS:

PROSECUTOR NAME:  
  
PROSECUTOR ADDRESS:  
  
UCC#:  
  
STATE WHERE UCC FILED:  
  
BAILOR TRUST #:  
  
APOSTILLE # ON LND:  
  
PHOTO ID, INCLUDE

Name & Current address your using Now:

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OFFICE OF THE GOVERNOR OF YOUR STATE – NAME AND ADDRESS:  
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OFFICE OF THE SECRETARY OF STATE – NAME AND ADDRESS:  
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OFFICE OF THE ATTORNEY GENREAL OF YOUR STATE – NAME AND ADDRESS:  
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HOSPITAL YOU WERE BORN IN , NAME AND ADDRESS:  
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STATE REGISTRAR OF YOUR BIRTH STATE:  
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Need Ten Certified Mail Numbers that you’re going to use

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
6. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
7. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
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9. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
10. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PROFESSIONAL REFERENCE LETTER RECEIVED FROM: BANKER, NOTARY, ATTORNEY, JUDGE, CPA, OR ELECTED OFFICIAL  
  
Letter of Good Standing from your Bank Representative

PROOF OF ADDRESS (MEDICAL BILL, UTILITY BILL, PHONE BILL, CABLE, GAS/ELECTRIC, BANK LETTER OR STATEMENT)