

(Please complete ahead of time and turn in when you come to see me.)

CREDIT REPORT ORDER FORM AND CONSENT RELEASE

(Please print legibly)

Debtor's Full Name: _____ Social Security #: _____

Street Address: _____ Date of Birth: _____

City: _____ State: Wisconsin Zip Code: _____ Former Address (in last 2 years):

Street: _____ City: _____ County: _____ State: _____

In what state was Social Security card issued?: _____

Regarding primary care you drive: Year: _____ Make/Model: _____

Color: _____ Plate Number: _____ If car has a lien on it, name of
lender: _____

Co-debtor's Full Name: _____ Social Security #: _____

Street Address: _____ Date of Birth: _____

City: _____ State: Wisconsin Zip Code: _____ Former Address (in last 2 years):

Street: _____ City: _____ County: _____ State: _____

In what state was Social Security card issued?: _____

Regarding primary care you drive: Year: _____ Make/Model: _____

Color: _____ Plate Number: _____ If car has a lien on it, name of
lender: _____

I give authorization for Online Credit Reporting Corporation to access my credit report information including all medical information reported. I understand that OCR will mail my credit report back to the address shown by the credit bureau(s). I also give my authorization to provide the data from Experian and Trans Union to my attorney. By signing this document you are verifying all the information is correct.

X _____
Debtor Signature Date

X _____
Co-Debtor Signature Date