

**DEBT TRIAGE FORM****DATE:****TIME:****WORKER:** ON SYSTEM**Enquiry from****Heard about us from****Enquiry Dealt with by****Details** An Organisation Leaflet Information An Individual Directory One off Advice Internet Advice to Org.**Enquiry by** Passing by Casework by Phone Other (what) Case taken on Phone Appointment made Email/Fax/Letter Drop In Referred by:- Referred to:- Streetwise Appt. Outreach Appt. Outreach Contact Court Duty Signposted by:- Signposted to:- Other**Time:****Date:****Venue:****Did Client attend?**  Yes  No  Not Known**Follow Up after missed appointment: -****Caller gave permission to keep personal data for one year.**  Yes  No**Details of Caller****Details of Person requiring Advice if different****Contact Name****Name:****Address**

Address

**Postcode**

Same as caller

Postcode

**Borough**

Borough Sutton

 Male  Female**Age Band** Under 16 16-19 20-25 26-59 60+ Not Known

D.O.B:

Age:

 Male  Female

Age:

Tel	OK to call here?	Tel	OK to call here?
Email/Fax		Email/Fax	

Debt Problem		Description of Problem	
<input type="checkbox"/> <b>Priority</b>		<input type="checkbox"/> <b>Non-Priority</b>	
<input type="checkbox"/> Rent/Mortgage Arrears <input type="checkbox"/> Council Tax Arrears <input type="checkbox"/> Gas Debt <input type="checkbox"/> Electricity Debt <input type="checkbox"/> Welfare Benefits Debts <input type="checkbox"/> Secured loan	<input type="checkbox"/> County Court Judgment <input type="checkbox"/> Magistrates Court Fines <input type="checkbox"/> TV licence <input type="checkbox"/> Child Maintenance <input type="checkbox"/>	<input type="checkbox"/> Hire purchase or logbook loan <input type="checkbox"/> Administration orders/Time orders <input type="checkbox"/> Bankruptcy/ DRO <input type="checkbox"/> Other (what)	<input type="checkbox"/> Credit Card <input type="checkbox"/> Loan <input type="checkbox"/> Bank Overdraft <input type="checkbox"/> Catalogue Debt <input type="checkbox"/> Gas Debt <input type="checkbox"/> Electricity Debt <input type="checkbox"/> Mobile phone debt <input type="checkbox"/> Water arrears <input type="checkbox"/> Payday loans <input type="checkbox"/> Penalty charge notices <input type="checkbox"/> Student finance debts

**Details Debt/ Money Matter Enquiry**

**Key Date?**

Name of Creditor	Amount	Type of Debt	Level of Recovery/Creditor Comments

**Emergency Issues:**

Additional Details (optional): –		Family Status / Details of Dependants or Carer
Emp/Education Status	Housing Status	Single Married / Co-habiting / Civil Partnership Separated but legally married Divorced / Civil Partnership dissolved Others (please specify:

<p><b>Details of income/savings</b></p> <p><b>Assets/Savings:</b></p> <p><b>Benefit check:</b></p>	<p><b>Ethnic Group</b></p> <p><input type="checkbox"/> White (British)</p> <p><input type="checkbox"/> White (Irish)</p> <p><input type="checkbox"/> White (Other)</p> <p><input type="checkbox"/> Black (Caribbean)</p> <p><input type="checkbox"/> Mixed (White &amp; Asian)</p> <p><input type="checkbox"/> Mixed (Other)</p> <p><input type="checkbox"/> Asian (Indian)</p> <p><input type="checkbox"/> Asian (Pakistani)</p> <p><input type="checkbox"/> Black (African)</p> <p><input type="checkbox"/> Black (Other)</p> <p><input type="checkbox"/> Mixed (White &amp; Caribbean)</p> <p><input type="checkbox"/> Mixed (White &amp; African)</p> <p><input type="checkbox"/> Asian (Bangladeshi)</p> <p><input type="checkbox"/> Asian (Other)</p> <p><input type="checkbox"/> Chinese</p> <p><input type="checkbox"/> Other</p> <p><input type="checkbox"/> Prefer not to say</p>	<p><b>Disability</b></p> <p><input type="checkbox"/> Not considered disabled</p> <p><input type="checkbox"/> Physical Impairment</p> <p><input type="checkbox"/> Sensory Impairment</p> <p><input type="checkbox"/> Learning Disability/Difficulty</p> <p><input type="checkbox"/> Mental Health condition</p> <p><input type="checkbox"/> Cognitive Impairment</p> <p><input type="checkbox"/> Long standing illness or health condition</p> <p><input type="checkbox"/> Other</p> <p><input type="checkbox"/> Unknown</p> <p><input type="checkbox"/> Prefer not to say</p>	<p><b>Is an interpreter needed?</b></p> <p><b>Language</b></p> <p><b>Papers Client advised to bring: -</b></p> <p><b>Proof of income</b></p> <p><b>Debts Documents with references and addresses</b></p> <p><b>Details of any special needs</b></p>
<p><b>Appointment Offered?</b></p> <p>Date &amp; Time of Appointment</p>	<p><b>Health Condition</b></p> <p>Any disability?</p>		