CCU Electronic Referral File Template								
Info Attached	Case #	Date Filed	State Filed	Chapter	Client #	Last Name	First Name	Middle Name
Address	City	State	Zip Code	Bad Address	Telephone #	Date of Birth	Debt type	SSN
License #	Taxpayer ID#	Principal	Interest	collection Fee	Other	Agency Acc#	Interest Rate	Effective Date
Nat/Cause of Debt	Ag Contact Person	Referral Date	Phone #	Second Debtor Last Name	Second Debtor First Name	Second Debtor Middle Name	Second Debtor Date of Birth	Second Debtor SSN
Second Debtor License #	Date of delinquency	Date of Charge	Date Sent					