

**LEGAL DOCUMENT
MANAGEMENT, INC.**

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ACCOUNTING

DATE CLIENT PD:

CHECK #: _____

AMOUNT \$ _____

CASE CLOSED

LDM #: _____

RESIDENTIAL EVICTION DATA SHEET

1) CLIENT _____
2) CONTACT NAME _____
3) ADDRESS _____
4) CITY, STATE, ZIP _____, IL
5) (BUS.) TEL # () - FAX # () -
6) (CELL) # () - E-MAIL: _____
7) PLAINTEXT: _____
8) TITLEHOLDER OR AGENT? _____ 9) OWNER-OCCUPIED 2-6 APTS []
10) TENANT (NAME ALL OVER 18 YR): _____
11) ADDRESS: _____ APT # _____
CITY: _____ ZIP: _____ 12) GARAGE [] STORAGE []
13) MONTHLY RENT \$ _____ 14) DATE DUE: _____
15) AMOUNT OWED @ NOTICE DATE \$ _____
16) FOR MONTHS (ITEMIZE) _____
17) LATE CHARGES INCL ? (ITEMIZE) \$ _____
18) SECURITY DEPOSIT PD \$ _____ 19) LEASE TERMINATION DATE _____
20) TYPE OF NOTICE GIVEN (CIRCLE) 5 10 30 60 WAIVER
21) DATE NOTICE WAS SERVED _____ 22) WHO WAS SERVED? _____
23) WHO SERVED THE NOTICE? _____ 24) INFO FOR SHERIFF: _____
25) BEST TIME TO SERVE? _____
NAME/ APT OF RESIDENT JANITOR/ TENANT _____
TENANT WORKING? YES NO
EASIER TO SERVE ON JOB? YES NO WORK HOURS: _____
JOB INFO: COMPANY: _____ TITLE: _____
ADDRESS: _____ SUPERVISOR: _____
PHONE # () _____
SECTION 8 TENANT? YES NO CHAC PAYS \$ TENANT PAYS \$
26) TENANT WITHHOLDING \$ FOR REPAIRS? YES NO IF YES, EXPLAIN
27) OK TO DROP \$ FOR POSSESSION IF CASE CONTESTED YES NO
28) PHYSICAL DESCR. OF TENANT: RACE: SEX: AGE: Height: WEIGHT:
HAIR: FACIAL HAIR: EYES: GLASSES:
DISTINGUISHING MARKS (tattoos, Scars): _____
28) ANY DISABILITIES: _____ 29) OTHER: _____