Data Dictionary

New Field	Description	Required	Data Type	Sample Account
Info Attached	Whether or not bankruptcy has been filed	REQUIRED	Yes/No (No by default)	Yes
Case #	Case number of the bankruptcy	required (if applicable)	Text (10 char.)	7897897897
Date Filed	Date bankruptcy was filed	required (if applicable)	Date/Time (mm/dd/yyyy)	03/12/1999
State Filed	State in which bankruptcy was filed	required (if applicable)	Text (2 char.)	MD
Chapter	Type of bankruptcy: Chapter 7, 13, 11	required (if applicable)	Text (12 char.)	Chapter 13
Creditor Short Name	Your agency's 8 character short name, formerly the CUBS client number	REQUIRED	Text (50 char.)	CCU-Test, formerly 400101-000
Last Name	The debtor's last name	REQUIRED	Text (25 char.)	Smith
First Name	The debtor's first name	REQUIRED	Text (20 char.)	Bill
Middle Name	The debtor's middle name	desired	Text (15 char.)	
Address	The debtor's street address	REQUIRED	Text (45 char.)	20100 Frederick Road
City	The debtor's city	REQUIRED	Text (20 char.)	Baltimore
State	The debtor's state	REQUIRED	Text (2 char.)	MD
Zip Code	The debtor's zip (can be 5- or 9-digit zip)	REQUIRED	Text (10 char.)	20876
Bad Address	Whether or not the address you have for the debtor	REQUIRED	Yes/No (No by default)	No
Telephone #	The debtor's telephone number	desired	Text (14 char.)	(410) 111-1000
Date of Birth	The debtor's birthdate	desired	Date/Time (mm/dd/yyyy)	03/02/1978
Debt type	The type of debt: Individual or Corp	desired	Text (11 char.)	Individual
SSN	The debtor's Social Security Number	desired	Text (11 char.)	111-11-0000
License #	The debtor's driver's license (if known)	desired	Text (50 char.)	MD 000000000
Taxpayer ID#	The debtor's taxpayer ID# (FEIN) (if applicable)	desired	Text (10 char.)	
Principal	The principal amount of the debt	REQUIRED	Number (Single/Fixed)	6000.00
Assigned Interest	The amount of interest that accrued on the debt prior to submission to CCU	required (if applicable)	Number (Single/Fixed)	100.00
Collection Fee	Leave null (with nothing filled)	N/A	Number (Single/Fixed)	
Other	Some other amount charged/placed on top of the Principle	required (if applicable)	Number (Single/Fixed)	25.00
Agency Acct #/Creditor Reference #	Your agency's Reference # for the debtor	REQUIRED	Text (max 40 min 4 char.)	25009
Interest Rate	Ongoing interest rate on the Principal	required (if applicable)	Number (Single/General #)	5.00
Effective Date	The date on which CCU will begin to apply the Interest	required (if applicable)	Date/Time (mm/dd/yyyy)	06/22/1999
Nat/Cause of Debt	Description of the nature or cause of the debt	REQUIRED	Text (255 char.)	Area: 01-01;
Ag Contact Person	The person who is the contact at the agency	REQUIRED	Text (50 char.)	Jane Doe
Referral Date	The date on which the referral is made	REQUIRED	Date/Time (mm/dd/yyyy)	06/21/1999
Phone #	The phone number for the agency contact person	REQUIRED	Text (14 char.)	(410) 555-3380
Second Debtor Last Name	The last name of the person who will assume responsibility	desired	Text (25 char.)	Smith
Second Debtor First Name	The first name of the person who will assume responsibility	desired	Text (20 char.)	John
Second Debtor Middle Name	The middle name of the person who will assume responsibility	desired	Text (15 char.)	
Second Debtor Date of Birth	The date of birth for the person who will assume responsibility	desired	Date/Time (mm/dd/yyyy)	03/21/1952
Second Debtor SSN	The social security number for the person who will assume responsibility	desired	Text (11 char.)	111-22-0000
Second Debtor License #	The driver's license number for the person who will assume responsibility	desired	Text (50 char.)	MD 000000001
Date of Delinquency	Date this account was determined to be delinquent	REQUIRED	Date/Time (mm/dd/yyyy)	05/22/1999
Date of Charge	Date on which the debt occurred	REQUIRED	Date/Time (mm/dd/yyyy)	04/16/1999
Second Debtor Address	Address of second debtor	desired	Text (45 char.)	132 elm street
Second Debtor City	City of residence	desired	Text (20 char.)	Baltimore
Second Debtor State	State	desired	Text (2 char.)	MD
Second Debtor Zip Code	Zip Code	desired	Text (10 char.)	21208
Death Flag Primary Only	Whether or not the primary debtor is deceased	YES if deceased	Yes/ No (No by default)	yes/or no