

**CLIENT INFORMATION**

Date: \_\_\_\_\_

**\*\*\*Please show Driver license/Social Security Card\*\*\***

Name: \_\_\_\_\_  
(FIRST) (MIDDLE) (LAST)

Street address: \_\_\_\_\_  
(NUMBER) (STREET) (APARTMENT #)

\_\_\_\_\_  
(CITY) (STATE) (ZIP CODE) (COUNTY)

Mailing Address (if different): \_\_\_\_\_

\_\_\_\_\_  
(CITY) (STATE) (ZIP CODE)

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Spouse's name \_\_\_\_\_  
(FIRST) (MIDDLE) (LAST)

Street address: \_\_\_\_\_  
(NUMBER) (STREET) (APARTMENT #)

\_\_\_\_\_  
(CITY) (STATE) (ZIP CODE) (COUNTY)

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

Spouse's Date of Birth: \_\_\_\_\_ Spouse's Social Security #: \_\_\_\_\_

AKA \_\_\_\_\_

**Number of children:** \_\_\_\_\_ **(minor children)**

Boys ( ) Ages ( ) Girls ( ) Ages ( )

Others living in your care: Relationship \_\_\_\_\_

**INCOME AND EMPLOYMENT INFORMATION**

**Your Employer:** \_\_\_\_\_ Length of Employment: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Employer Phone Number: \_\_\_\_\_ Job Description: \_\_\_\_\_

Gross Pay: (weekly, biweekly, semi-monthly, monthly) \_\_\_\_\_

Take Home Pay: \_\_\_\_\_

**LIST THE AMOUNT OF ANY OTHER SOURCES OF INCOME**

Social Security _____	Disability _____
Unemployment _____	Child Support _____
Workers Comp _____	Family Contribution _____
Rent Income _____	Part-Time Work _____
Other (explain) _____	

**Spouse's Employer** \_\_\_\_\_ Employer phone number \_\_\_\_\_

Employer address \_\_\_\_\_

Job description \_\_\_\_\_ when did you start this job? \_\_\_\_\_ (month or year)

Gross Pay (weekly, bi-weekly, semi-monthly, monthly) \_\_\_\_\_

Take home pay \_\_\_\_\_

Retirement: \_\_\_\_\_ Disability/Social Security: \_\_\_\_\_

**LIST THE AMOUNT OF ANY OTHER SOURCES OF INCOME**

Social Security _____	Disability _____
Unemployment _____	Child Support _____
Workers Comp _____	Family Contribution _____
Rent Income _____	Part-Time Work _____
Other (explain) _____	

**(BRING IN 6 MONTHS OF PAY STUBS WHEN  
COMING IN FOR APPOINTMENT)**

**1. Automobiles or Motorcycles that you OWN:**

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_

VIN#: \_\_\_\_\_ Mileage: \_\_\_\_\_ Date Purchased: \_\_\_\_\_

---

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_

VIN#: \_\_\_\_\_ Mileage: \_\_\_\_\_ Date Purchased: \_\_\_\_\_

\*List on back of sheet additional vehicles that you own\*

**2. Automobiles or Motorcycles that you OWE: (creditor is holding the title as collateral)**

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_

VIN# \_\_\_\_\_ Mileage: \_\_\_\_\_ Date Purchased: \_\_\_\_\_

Creditor Name: \_\_\_\_\_

Address of creditor: \_\_\_\_\_

Account #: \_\_\_\_\_ Pay off: \_\_\_\_\_ Payment \_\_\_\_\_ (weekly/biweekly/monthly)

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_

VIN# \_\_\_\_\_ Mileage: \_\_\_\_\_ Date Purchased: \_\_\_\_\_

Creditor Name: \_\_\_\_\_

Address of creditor: \_\_\_\_\_

Account #: \_\_\_\_\_ Pay off: \_\_\_\_\_ Payment \_\_\_\_\_ (weekly/biweekly/monthly)

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_

VIN# \_\_\_\_\_ Mileage: \_\_\_\_\_ Date Purchased: \_\_\_\_\_

Creditor Name: \_\_\_\_\_

Address of creditor: \_\_\_\_\_

Account #: \_\_\_\_\_ Pay off: \_\_\_\_\_ Payment \_\_\_\_\_ (weekly/biweekly/monthly)

**3. ATV's: (paid for or financed)**

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_

Creditor Name: \_\_\_\_\_ Date Purchased: \_\_\_\_\_

Address of creditor: \_\_\_\_\_

Account #: \_\_\_\_\_ Pay off: \_\_\_\_\_

**4. Boat/Trailer: (paid for or financed)**

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_

VIN# \_\_\_\_\_ Mileage: \_\_\_\_\_ Date Purchased: \_\_\_\_\_

Creditor Name: \_\_\_\_\_

Address of creditor: \_\_\_\_\_

Account #: \_\_\_\_\_ Pay off: \_\_\_\_\_

**5. Mobile Home: (paid for or financed)**

Make: \_\_\_\_\_ Year: \_\_\_\_\_ Date Purchased: \_\_\_\_\_

Creditor Name: \_\_\_\_\_

Address of creditor: \_\_\_\_\_

Account # \_\_\_\_\_ Pay off: \_\_\_\_\_ Monthly Payment: \_\_\_\_\_

**6. Mobile Home & Land: (paid for or financed)**

Make: \_\_\_\_\_ Year: \_\_\_\_\_ Date Purchased: \_\_\_\_\_

Creditor Name: \_\_\_\_\_

Address of creditor: \_\_\_\_\_

Account #: \_\_\_\_\_ Pay off: \_\_\_\_\_ Monthly Payment: \_\_\_\_\_

**7. House and/or Land: (own or buying)**

**1<sup>st</sup> Mortgage holder:** \_\_\_\_\_

Address of mortgage holder: \_\_\_\_\_

Account #: \_\_\_\_\_

Pay off: \_\_\_\_\_ Monthly payment: \_\_\_\_\_

**2<sup>nd</sup> Mortgage holder:** \_\_\_\_\_

Address of mortgage holder: \_\_\_\_\_

Account #: \_\_\_\_\_

Pay off: \_\_\_\_\_ Monthly payment: \_\_\_\_\_

Are you behind on mortgage payments? ( ) YES ( ) NO How many? \_\_\_\_\_

Is your home or property currently in foreclosure: ( ) YES ( ) NO

If yes, date set for foreclosure: \_\_\_\_\_

Attorney handling foreclosure: \_\_\_\_\_

Have you ever sold or transferred any real estate? ( ) YES ( ) NO

If yes: Description of Property: \_\_\_\_\_ Date of Transfer: \_\_\_\_\_

Amount Received: \_\_\_\_\_ Value of Property: \_\_\_\_\_

Do you own any land or real estate with a former spouse or a relative? ( ) YES ( ) NO

If yes, list location, value and name of former spouse or relative: \_\_\_\_\_

**PLEASE BRING PROOF OF INSURANCE ON ALL VEHICLES, HOME,  
MOBILE HOME, ETC.**

### **8. Co-Signed Debts:**

Do you have any co-signed debts? ( ) YES ( ) NO IF YES:

Name of Co-debtor: \_\_\_\_\_

Address of Co-debtor: \_\_\_\_\_

Names of Creditor: \_\_\_\_\_

Address of Creditor: \_\_\_\_\_

### **9. Student Loans:**

Creditor: \_\_\_\_\_

Address: \_\_\_\_\_

Amount Owed: \_\_\_\_\_

**LIST ALL CREDIT CARDS, PERSONAL LOANS, CHECKING  
CASHING SERVICES, MEDICAL DEBTS, ETC:**

**Creditor Name:** \_\_\_\_\_

Creditor Address: \_\_\_\_\_

Account # \_\_\_\_\_ Balance/Payoff \$ \_\_\_\_\_

Payment \$ \_\_\_\_\_ ( ) Weekly ( ) Monthly

Collateral (if any) \_\_\_\_\_ Co-Signor (if any) \_\_\_\_\_

**Creditor Name:** \_\_\_\_\_

Creditor Address: \_\_\_\_\_

Account # \_\_\_\_\_ Balance/Payoff \$ \_\_\_\_\_

Payment \$ \_\_\_\_\_ ( ) Weekly ( ) Monthly

Collateral (if any) \_\_\_\_\_ Co-Signor (if any) \_\_\_\_\_

**Creditor Name:** \_\_\_\_\_

Creditor Address: \_\_\_\_\_

Account # \_\_\_\_\_ Balance/Payoff \$ \_\_\_\_\_

Payment \$ \_\_\_\_\_ ( ) Weekly ( ) Monthly

Collateral (if any) \_\_\_\_\_ Co-Signor (if any) \_\_\_\_\_

**Creditor Name:** \_\_\_\_\_

Creditor Address: \_\_\_\_\_

Account # \_\_\_\_\_ Balance/Payoff \$ \_\_\_\_\_

Payment \$ \_\_\_\_\_ ( ) Weekly ( ) Monthly

Collateral (if any) \_\_\_\_\_ Co-Signor (if any) \_\_\_\_\_

**Creditor Name:** \_\_\_\_\_

Creditor Address: \_\_\_\_\_

Account # \_\_\_\_\_ Balance/Payoff \$ \_\_\_\_\_

Payment \$ \_\_\_\_\_ ( ) Weekly ( ) Monthly

Collateral (if any) \_\_\_\_\_ Co-Signor (if any) \_\_\_\_\_

**Creditor Name:** \_\_\_\_\_

Creditor Address: \_\_\_\_\_

Account # \_\_\_\_\_ Balance/Payoff \$ \_\_\_\_\_

Payment \$ \_\_\_\_\_ ( ) Weekly ( ) Monthly

Collateral (if any) \_\_\_\_\_ Co-Signor (if any) \_\_\_\_\_

**Creditor Name:** \_\_\_\_\_

Creditor Address: \_\_\_\_\_

Account # \_\_\_\_\_ Balance/Payoff \$ \_\_\_\_\_

Payment \$ \_\_\_\_\_ ( ) Weekly ( ) Monthly

Collateral (if any) \_\_\_\_\_ Co-Signor (if any) \_\_\_\_\_

**Creditor Name:** \_\_\_\_\_

Creditor Address: \_\_\_\_\_

Account # \_\_\_\_\_ Balance/Payoff \$ \_\_\_\_\_

Payment \$ \_\_\_\_\_ ( ) Weekly ( ) Monthly

Collateral (if any) \_\_\_\_\_ Co-Signor (if any) \_\_\_\_\_

**Creditor Name:** \_\_\_\_\_

Creditor Address: \_\_\_\_\_

Account # \_\_\_\_\_ Balance/Payoff \$ \_\_\_\_\_

Payment \$ \_\_\_\_\_ ( ) Weekly ( ) Monthly

Collateral (if any) \_\_\_\_\_ Co-Signor (if any) \_\_\_\_\_

**Creditor Name:** \_\_\_\_\_

Creditor Address: \_\_\_\_\_

Account # \_\_\_\_\_ Balance/Payoff \$ \_\_\_\_\_

Payment \$ \_\_\_\_\_ ( ) Weekly ( ) Monthly

Collateral (if any) \_\_\_\_\_ Co-Signor (if any) \_\_\_\_\_

## FINANCIAL INFORMATION

### 10. List all bank or credit Union Accounts:

<u>Establishment:</u>	<u>Balance:</u>	<u>Do you owe this bank any money?</u>	
_____	_____	YES	NO
_____	_____	YES	NO

### 11. Answer the following questions YES or NO.

Do you owe any taxes to the IRS or Sales taxes? \_\_\_\_\_ (if yes, how much?) \_\_\_\_\_

Have you ever had a student loan? \_\_\_\_\_

Do you owe any back child support? \_\_\_\_\_ If yes, list below:

NAME	ADDRESS	RELATIONSHIP	AMOUNT
_____	_____	_____	_____
_____	_____	_____	_____

Do you pay current child support or alimony to anyone? \_\_\_\_\_ If yes, list below:

NAME	ADDRESS	RELATIONSHIP	AMOUNT
_____	_____	_____	_____
_____	_____	_____	_____

Have you been in an accident in the last 2 years? \_\_\_\_\_

Have you ever operated your own business? \_\_\_\_\_

Do you owe any rent for places you lived in the past? \_\_\_\_\_

Have you taken out any new loans in the past three months? \_\_\_\_\_

Have you paid off any loans in the past three months? \_\_\_\_\_

Have you transferred any credit car balances in the last three months? \_\_\_\_\_

Have you paid more than \$600.00 (total) to any one creditor during the last 90 days? \_\_\_\_\_

Have you paid more than \$200.00 to any family members, relative, business partners or other individuals during the last year? \_\_\_\_\_

Have you voluntarily returned any property or merchandise to any creditor in the past year? \_\_\_\_\_



Have you had any property or merchandise repossessed or returned anything to a creditor in the pas year? \_\_\_\_\_

Have you made any gifts of over \$4000=.00 (total) to a charity in the past year? \_\_\_\_\_

Have you paid any person or organization any money for debt consolidation, or bankruptcy representation in the past year? \_\_\_\_\_

Have you transferred or sold any property in the past 3 years? \_\_\_\_ If yes, list below:

Property (House, Car, Etc.)	Address (If property)	Amount Received	Date of Sell or Transfer
_____	_____	_____	_____
_____	_____	_____	_____

**12. List the approximate value (yard sale value) of the following:**

Answering Machine _____	Lawnmower \$ _____
Bedroom Furniture _____	Living Room Furniture \$ _____
Camera _____	Microwave Oven \$ _____
Cash _____	Pension/401K \$ _____
Checking Account _____	Radar Detector \$ _____
Clothing _____	Refrigerator \$ _____
Collections _____	Savings Account \$ _____
Computer _____	Sewing Machine \$ _____
Dining Room Furniture _____	Sports Equipment \$ _____
Dishwasher _____	Stereo \$ _____
Dryer _____	Stove _____
Farm Animals _____	Television(s) _____
Freezer _____	Tools _____
Guns _____	Vacuum Cleaner _____
Jewelry _____	VCR/DVD _____
	Washer _____

**13. Garnishments:**

Are you presently being garnished? ( ) YES ( ) NO

If so, by whom? \_\_\_\_\_

**14. Leasing or Renting:**

What are you renting or leasing? \_\_\_\_\_

From Whom? \_\_\_\_\_

**15. Monthly Expenses:**

Rent or Lot Rent: \$ \_\_\_\_\_ (not mortgage payment)

Electric/Gas: \$ \_\_\_\_\_

Water/Sewer: \$ \_\_\_\_\_

Land Phone: \$ \_\_\_\_\_

Cell Phone \$ \_\_\_\_\_

Cable/Internet: \$ \_\_\_\_\_

Home Maintenance: \$ \_\_\_\_\_

Food: \$ \_\_\_\_\_

Clothing: \$ \_\_\_\_\_

Laundry/Dry Cleaning: \$ \_\_\_\_\_

Medicine/Dental: \$ \_\_\_\_\_

Recreation : (clubs, entertainment, newspapers, magazines, etc: \$ \_\_\_\_\_

Transportation, Gas/Maintenance: \$ \_\_\_\_\_

Contributions: \$ \_\_\_\_\_

Auto Insurance: \$ \_\_\_\_\_

Home Owners Insurance: \$ \_\_\_\_\_ ( if not included in mortgage payment)

Health Insurance: \$ \_\_\_\_\_ (if not deducted from wages)

Life Insurance: \$ \_\_\_\_\_ (if not deducted from wages)

Property Taxes: \$ \_\_\_\_\_ (if not included in mortgage payment)

Alimony: \$ \_\_\_\_\_

Child Support: \$ \_\_\_\_\_

Business expenses: \$ \_\_\_\_\_

Other expenses: \$ \_\_\_\_\_

**Have you ever filed any type of Bankruptcy before?**

**Chapter?** \_\_\_\_\_ **When?** \_\_\_\_\_ **Case #** \_\_\_\_\_ **Attorney?** \_\_\_\_\_