

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)

1st Mortgage holder: _____

Address of mortgage holder: _____

Account #: _____

Pay off: _____ Monthly payment: _____

2nd 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?** _____