

**FINANCIAL PLANNING/BANKRUPTCY**

Date: \_\_\_\_\_, 20\_\_\_\_

**Please Answer all Questions Completely**

All information which you provide to us will be held in strictest confidence. If you feel uncomfortable about answering any question, please feel free to omit the answer. *If you feel you have been provided an incorrect form, please let the receptionist know.*

- Your Full Legal Name:** \_\_\_\_\_ (Jr./Sr./\_\_\_\_) DOB \_\_\_/\_\_\_/\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Employer and Address: \_\_\_\_\_  
Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_  
If military, branch of Service: \_\_\_\_\_ Home of Record: \_\_\_\_\_ SS# \_\_\_/\_\_\_/\_\_\_
- Spouse's Full Legal Name:** \_\_\_\_\_ (Jr./Sr./\_\_\_\_) DOB \_\_\_/\_\_\_/\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Employer and Address: \_\_\_\_\_  
Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_  
If military, branch of Service: \_\_\_\_\_ Home of Record: \_\_\_\_\_ SS# \_\_\_/\_\_\_/\_\_\_
- Marital Status (Circle One): Single / Married / Separated / Divorced / Widowed
- Children: Number: \_\_\_\_\_ Ages: \_\_\_\_\_
- How did you learn of this Law Office? \_\_\_\_\_
- Have you ever used an attorney before? \_\_\_Y\_\_\_N Subject (optional): \_\_\_\_\_

PLEASE FILL OUT REVERSE SIDE ALSO. . . THANK YOU

***A word about fees***

Your attorney can quote you a fixed fee for standard services pertaining to the preparation and filing of standard bankruptcy paperwork. For other services associated with a bankruptcy filing (such as negotiations toward reaffirming debts, avoidance of liens, challenges to the granting of a discharge by a creditor or the trustee, etc.), fees are generally charged on a time basis. Fees quoted are representative of similar cases, but are nevertheless estimated and depend upon the amount of work involved to bring your case to a conclusion. This will be explained by your attorney and in your retainer agreement with your attorney.

After consulting with your attorney, if you find you do not need a lawyer or do not now wish to retain the lawyer with whom you consulted, you will be charged a \$45.00 consultation fee which is payable upon the conclusion of your visit. This information sheet and the attorney's notes will be retained for future use if you later decide to retain one of the Law Center's attorneys.

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The following information will assist the attorney in evaluating your case  
and in giving you the best advice for your situation.

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**Please List Your 5 largest Debts:**

*(will be used only for purposes of giving us a general idea of how much debt you owe)*

Creditor's Name	Estimated Amount Owing
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

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**What is your income?**

Gross: \$ \_\_\_\_\_ Net: \$ \_\_\_\_\_ Weekly Biweekly 2/Month Monthly  
(circle)

**If married, what is your spouse's income?**

Gross: \$ \_\_\_\_\_ Net: \$ \_\_\_\_\_ Weekly Biweekly 2/Month Monthly  
(circle)

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**Do you own or are you buying any real estate ? Yes / No**

If so, what is the home's estimated value? \$ \_\_\_\_\_

How much do you now owe on the home? \$ \_\_\_\_\_

Are you behind in your house payments? Yes / No (If yes, \_\_\_\_\_ months behind)

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**Any other real estate (owned or purchased) within last 5 years? Yes / No**

If yes, please describe details: \_\_\_\_\_

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**Do you own or are you buying any automobiles? Yes / No**

Yr/Make/Model: \_\_\_\_\_ Estimated Value \$ \_\_\_\_\_ Balance Due: \$ \_\_\_\_\_

Yr/Make/Model: \_\_\_\_\_ Estimated Value \$ \_\_\_\_\_ Balance Due: \$ \_\_\_\_\_

Are you behind in your automobile payments? \_\_\_Y \_\_\_N (If yes, \_\_\_\_\_ months behind)

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**Do you owe on any student loans? Yes / No**

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