

CONTACT INFORMATION

| | | | | | | | | | | | | | | |
|----------------------------|--|----------------------------|------------|---|---|---|------------|---------------|------------|------------|--|---|--|-----------------|
| Today's Date | | How did you hear about us? | | Is this your first BK consultation? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Have you filed bankruptcy before? <input type="checkbox"/> No <input type="checkbox"/> Yes - When? | | | | | | | | |
| Your First Name | | | Middle | Last | | Spouse's First Name | | Middle | Last | | | | | |
| Street Address (Residence) | | | | | Street Address (Residence) if different from spouse | | | | | | | | | |
| City | | | State | | Zip | | City | | State | Zip | | | | |
| Home Phone | | | Cell Phone | | Work Phone | | Home Phone | | Cell Phone | Work Phone | | | | |
| Email Address | | | | What state did you live in 2 years ago? | | | | Email Address | | | | What state did you live in 2 years ago? | | |
| SSN | | DOB | | Marital/Filing Status | | # of Dependents | | SSN | | DOB | | Marital Status | | # of Dependents |

REAL ESTATE - If none, skip to next section

| Description | Present Value \$ | Basis of Value | Yr Purchased | Purchase Price \$ | Homestead? | | Property Intentions | | |
|----------------------------|---------------------|-----------------|-----------------|----------------------|------------------------------|-----------------------------|-------------------------------|-------------------------------------|------------------------------------|
| | | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Keep | <input type="checkbox"/> Sell | <input type="checkbox"/> Surrender |
| <i>Estimate if unknown</i> | Balance Owed | Monthly Payment | No. Months Late | Reinstatement Amount | | | Notice of Default Date | Title Held? | |
| First Mortgage | \$ | \$ | | \$ | | | | <input type="checkbox"/> Individual | |
| Second Mortgage | \$ | \$ | | \$ | | | | <input type="checkbox"/> Joint | |
| Third Mortgage | \$ | \$ | | \$ | | | | <input type="checkbox"/> Other | |
| Association Dues | \$ | \$ | | \$ | | | | <input type="checkbox"/> Other | |
| Property Taxes | \$ | \$ | | \$ | | | | <input type="checkbox"/> Other | |
| Other Liens | \$ | \$ | | \$ | | | | <input type="checkbox"/> Other | |

VEHICLES, MOTORCYCLES, RECREATIONAL VEHICLES - If none, skip to next section.

| Yr | Auto Make | Model | Current Value | Loan/Lease | Payment | Balance/Payoff | Mo's Late | Intent | |
|----|-----------|-------|---------------|---|---------|----------------|-----------|-------------------------------|------------------------------------|
| | | | \$ | <input type="checkbox"/> Purch <input type="checkbox"/> Lease <input type="checkbox"/> Paid | \$ | \$ | | <input type="checkbox"/> Keep | <input type="checkbox"/> Surrender |
| | | | \$ | <input type="checkbox"/> Purch <input type="checkbox"/> Lease <input type="checkbox"/> Paid | \$ | \$ | | <input type="checkbox"/> Keep | <input type="checkbox"/> Surrender |
| | | | \$ | <input type="checkbox"/> Purch <input type="checkbox"/> Lease <input type="checkbox"/> Paid | \$ | \$ | | <input type="checkbox"/> Keep | <input type="checkbox"/> Surrender |
| | | | \$ | <input type="checkbox"/> Purch <input type="checkbox"/> Lease <input type="checkbox"/> Paid | \$ | \$ | | <input type="checkbox"/> Keep | <input type="checkbox"/> Surrender |

OTHER DEBTS & CREDITORS - Provide your best estimate if you file bankruptcy, the Firm will pull your credit

| | Type | Approx # items | Approx Total Balances | Total Charges in Last 6 Months | Total Payments in Last 6 Mos | Co-signor? | Months Late |
|----|---|----------------|-----------------------|--------------------------------|------------------------------|--|-------------|
| 1 | Credit Cards (e.g, VISA, MasterCard) | | \$ | \$ | \$ | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 2 | Dept Store Cards (e.g., Sears, Best Buy) | | \$ | \$ | \$ | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 3 | Personal Loans (Secured, Unsecured) | | \$ | \$ | \$ | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 4 | Auto Repossessions | | \$ | \$ | \$ | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 5 | Lawsuits/Judgments | | \$ | \$ | \$ | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 6 | Student Loans | | \$ | \$ | \$ | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 7 | Taxes - _____Yrs Owed: Returns Filed <input type="checkbox"/> Yes <input type="checkbox"/> No | | \$ | \$ | \$ | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 8 | Child/Domestic Support | | \$ | \$ | \$ | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 9 | 401K Loan | | \$ | \$ | \$ | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 10 | Other (medical bills, friends and family) | | \$ | \$ | \$ | <input type="checkbox"/> Yes <input type="checkbox"/> No | |

TOTAL

INCOME

| | | | |
|---------------------|----------------------------|----------------------------|---|
| Occupation | Gross Income 2007 | Gross Income 2008 | Gross (Total) Income for the last 6 months |
| Spouse's Occupation | Spouse's Gross Income 2007 | Spouse's Gross Income 2008 | Spouse's Gross (Total) Income for last 6 months |

AVERAGE MONTHLY LIVING EXPENSES

| Monthly Expenses | Estimate | |
|--|----------|---|
| Rent/Total Mortgage Payments | \$ | Do you have Savings, 401K, IRA, Stock or Business Interests? <input type="checkbox"/> No <input type="checkbox"/> Yes Please Explain: |
| Association Dues | \$ | Do you have any other valuable assets? <input type="checkbox"/> No <input type="checkbox"/> Yes Please Explain: |
| Property Taxes Impounded | \$ | Are creditors calling you, harassing you, or making threats? <input type="checkbox"/> No <input type="checkbox"/> Yes Please Explain: |
| Insurance - Homeowner's Impounded | \$ | Have you transferred or sold any assets in the last 2 years? <input type="checkbox"/> No <input type="checkbox"/> Yes Please Explain: |
| Gas & Electricity | \$ | Are you expecting a tax refund this year? <input type="checkbox"/> No <input type="checkbox"/> Yes Please Explain: |
| Water & Sewer | \$ | Are you going to inherit any money soon? <input type="checkbox"/> No <input type="checkbox"/> Yes Please Explain: |
| Phone (Home/Cell) | \$ | Are you suing anyone? (Work Comp, MVA) <input type="checkbox"/> No <input type="checkbox"/> Yes Please Explain: |
| Cable/Internet | \$ | Have you taken any cash advances in the last 6 months? <input type="checkbox"/> No <input type="checkbox"/> Yes Please Explain: |
| Food | \$ | Have you made any big purchases in the last 6 months? <input type="checkbox"/> No <input type="checkbox"/> Yes Please Explain: |
| Clothing | \$ | Have you repaid any family/friends in the last year? <input type="checkbox"/> No <input type="checkbox"/> Yes Please Explain: |
| Out of pocket medical/dental expenses | \$ | Do you expect any cash advances in the last 6 months? <input type="checkbox"/> No <input type="checkbox"/> Yes Please Explain: |
| Transportation (gas, oil, repairs, registration) | \$ | Have you paid anyone more than \$600 in the last 90 days? <input type="checkbox"/> No <input type="checkbox"/> Yes Please Explain: |
| Recreation, entertainment, magazines | \$ | Do you expect your income to change in the next year? <input type="checkbox"/> No <input type="checkbox"/> Yes Please Explain: |
| Charitable Contributions | \$ | What is the main reason why you fell behind in your payments? <input type="checkbox"/> No <input type="checkbox"/> Yes Please Explain: |
| Health Insurance | \$ | |
| Car Insurance | \$ | |
| Taxes (not already deducted from pay) | \$ | |
| Car Payments | \$ | |
| Spousal Support/Child Support | \$ | |
| Support for dependents not at home | \$ | |
| Regular Business Expenses | \$ | |
| Student Loan Repayment | \$ | |
| Government Fines/Restitution | \$ | |
| Other | \$ | |
| Other | \$ | |
| Total | | |