

Emergency Action Alert

Foreclosure?

Repossession?

Wage Garnishment?

**PERSONAL
INFORMATION**

Today's date: _____

How did you hear about us? _____

Your Name (as it appears on Soc. Sec. Card): _____ Date of Birth: _____

Maiden name/former names: _____

Social Security Number: _____ Marital status: _____

Your address: _____ Apt. #: _____ Rent Own

City: _____ State: _____ Zip: _____ County: _____

Home phone: _____ Work phone: _____ Cell/Beeper: _____

E-Mail address: _____

Name and # of someone who could reach you in an emergency: _____

Spouse's Name: _____ Date of birth: _____ E-mail: _____

Spouse's maiden/former name: _____

Spouse's social security number: _____ Spouse's work phone: _____

Spouse's home address and home phone (if different from yours): _____

How long have you lived at your home address: _____

If less than 2 years, please list previous addresses, beginning with the most recent:

Income Information

Marital Status: _____

Yourself

Spouse

Job title/occupation: _____

Employer: _____

How long there: _____

Payroll address: _____

City, ST Zip _____

Payroll office phone #: _____

Date next paycheck
expected _____

Children & Step-children

Name	Age	Relationship	Does child live with you?	Child support \$ paid/received

Expected changes in income:

Describe when & why: _____

Income & Expenses

	Yourself	Spouse
How often are you paid? _____		
GROSS PAY PER PAYCHECK	_____	_____
Payroll deductions:		
- FICA (Soc. Sec.)	_____	_____
- Federal tax	_____	
- Medicare	_____	
- State tax	_____	
- Insurance	_____	
- Savings/bonds	_____	
- Uniform/union	_____	
- Pension/401(k)	_____	
- 401(k) loan	_____	
- Credit Union savings	_____	_____
- Credit Union loan	_____	_____
- Child support	_____	
- Garnishments	_____	
TAKE HOME PAY PER PAYCHECK:	_____	_____

Other sources of income (please describe) : _____

Household Expenses

Household expenses Attorney's Notes

Rent/mortgage payments _____

Electric bill _____

Gas bill _____

Water/sewer _____

Telephone _____

Cable TV _____

Home maintenance _____

Food _____

Clothing _____

Laundry/dry cleaning _____

Medical/dental _____

Gasoline/bus fare _____

Entertainment _____

Charity/church _____

Homeowners/renter's insurance _____

Life insurance _____

Health insurance (not deducted from pay) _____

Auto insurance _____

Non-payroll taxes _____

Car/truck payment _____

Alimony _____

Child support paid out _____

Child care expenses _____

(for attorney's use only)

Emergency matters . . .

Are you currently facing a mortgage foreclosure: Yes No

If so, how do you know: _____

For what month is the foreclosure scheduled:

Are you currently facing a vehicle repossession: Yes No

If so, who is the finance company?

How far are you behind? _____

Yearly income

Year	Gross income/ year	Where employed?	Spouse's gross income/year	Where was spouse employed?
2010 (year to date)				
2009				
2008				

Tax returns

Year	Tax returns filed?	If not, why not	Spouse filed tax returns?	If not, why not?
2009				
2008				
2007				

Has the IRS, this State or any other taxing entity ever advised you that a tax lien has been filed against you?

Within the last ten (10) years, have you or your spouse not filed tax returns? If so, please describe:

Has a lawsuit ever been filed against you - has a sheriff's deputy ever served a summons upon you?

Lawsuit filed against you by:	Reason for lawsuit & date lawsuit served on you	County where filed	Case number	Status now

Have your wages ever been garnished?_

Who is garnishing	When did garnishment begin	How much \$ taken to date	Is garnishment on-going	Who is plaintiff's lawyer?

Have you ever lost a house to a mortgage foreclosure?

Mortgage company/lender	Foreclosing law firm	When was house sold	Address of lost property	Status now

Please identify any real estate that is in your name.

Property address	Date purchased	Purchase price	Value now	Total debt owed on property

Please identify any cars or trucks you own.

Year/make/model of vehicle & mileage	Date purchased	In whose name	Value now	Total debt owed on property

Are you currently involved in a car accident claim, workers' compensation claim or any other claim that may result in money damages payable to you?

Please describe: _____

Please identify any bank accounts you own.

Name of bank	Checking/savings?	In whose name	Current balance	Any other loans or credit cards with this lender?

Please identify any pension, 401(k) or profit-sharing programs in which you participate

Name of financial institution	Type of plan	In whose name	Are you still contributing?	Current balance	Any loans against this plan?

Other assets not yet described (i.e. boats, stocks/bonds, antiques, musical instruments, valuable collections, insurance policies with cash value, guns, sporting equipment, jewelry, etc.)

Asset description	Current value	Who owns this asset?	Has asset been pledged as collateral for a loan?

Have you ever lost a car to repossession?

Car finance company	When was vehicle seized	Vehicle make/model	Have you received notice that you still owe money on vehicle?

Recent activity

During the last 60 days, have you done any of the following	Yes/No	Name of lender/transferee	Amount borrowed w/in last 60 days
Used credit cards			
Taken cash advances			
Taken out any new loans			
Gave away or sold any property worth more than \$600			

Have you ever filed a Chapter 7 or a Chapter 13 bankruptcy before?

Type of bankruptcy (Ch. 7 or Ch. 13)	Date filed	Was case completed or dismissed?	When was case closed by Court	Case number	Former BK lawyer

Personal Statement. During the course of your case, you may be asked “why are you filing for bankruptcy?” Please tell us in your own words why you need to file bankruptcy:

I certify that the information I have provided in this questionnaire is true and correct, under penalty of perjury.

Date Signature

Date Signature

DISCLOSURE CERTIFICATE

I, the undersigned, hereby attest and affirm that all debts, whether joint debts, co-signed debts, claims or lawsuits for collection of debts, whether disputed or not, have been listed on my questionnaire.

I acknowledge that my attorneys rely on the information provided in this questionnaire in order to assist and advise me, and that it is my responsibility to provide my attorneys with a full, complete and accurate financial disclosure. I further agree to update my attorneys with regard to any incomplete information contained herein.

I further acknowledge that in the event a creditor is omitted from any bankruptcy petition filed by my attorneys as a result of an omission on this questionnaire, I will not have the protection of the Bankruptcy Court from actions by that creditor.

Date _____

Signature _____

Date _____

Signature _____

Avoiding Conflicts of Interest

Our law firm has represented many clients in the area over the past several years. In very rare cases, we must decline to accept a case because of a potential conflict of interest with another present or former client. For example, we would not be able to represent you if you are currently engaged in litigation with another of our clients.

Please advise us as to the following:

1. Are you presently married:_____ Spouse's name:_____

2. Has your spouse ever filed a bankruptcy?_____

3. Are you currently involved in a divorce or child custody case?_____

Name of opposing party:_____

4. Have you ever been divorced:_____ Name of former spouse:_____

5. Have you ever filed a lawsuit against anyone?_____

Name of the other party in this lawsuit:_____

6. Has anyone ever sued you?_____ Who:_____

Why were you sued?:_____

7. Have you ever been to Court for any reason not described above (include criminal charges, workers' compensation, social security, eviction, car accident cases, divorce or child support):

Type of case:_____

Name of opposing party:_____

What happened in this case:_____

Type of case:_____

Name of opposing party:_____

What happened in this case:_____

Taxes Due

Internal Revenue Service Account Number: _____

Address: _____

For tax year: _____ Total taxes due to IRS for tax year: _____

Return filed? _____ In whose name: _____ Installment agreement filed? _____

Dept. of Revenue Account Number: _____

Address: _____

For tax year: _____ Total taxes due to IRS for tax year: _____

Return filed? _____ In whose name: _____ Installment agreement filed? _____

Other taxes Account number: _____

Address: _____

What type of tax is this? _____ Tax year: _____ Taxes due (total) _____

In whose name: _____ Return filed? _____

Other taxes Account number: _____

Address: _____

What type of tax is this? _____ Tax year: _____ Taxes due (total) _____

In whose name: _____ Return filed? _____

Mortgages & Real Estate

First Mortgage: _____ Acct. #: _____

Address: _____ Phone #: _____ Total loan payoff: \$ _____

Does payment include taxes & insurance?

City: _____ ST: _____ Zip: _____ Monthly payment: _____

How many months behind are you? _____ What happened: _____

When did you take mortgage out: _____ When did you buy property: _____

Address of property: _____ Is this your residence? _____

In whose name is loan? _____ Co-signers? _____ Who is this person: _____

How much is property worth in a quick sale? _____ Has foreclosure started? _____

Who is foreclosure attorney? _____

Second Mortgage: _____ Acct. #: _____

Address: _____ Phone #: _____ Total loan payoff: \$ _____

City: _____ ST: _____ Zip: _____ Monthly payment: _____

How many months behind are you? _____ What happened: _____

When did you take mortgage out: _____ When did you buy property: _____

Address of property: _____ Is this your residence? _____

In whose name is loan? _____ Co-signers? _____ Who is this person: _____

How much is property worth in a quick sale? _____ Has foreclosure started? _____

Who is foreclosure attorney? _____

Home Improvement loan: _____ Acct. #: _____

Address: _____ Phone #: _____ Total loan payoff: \$ _____

City: _____ ST: _____ Zip: _____ Monthly payment: _____

When did you take loan out: _____ How did you use money?: _____

Cars & Trucks

Vehicle 1 – (year, make & model)

Finance/loan company: _____ Acct #: _____

Address: _____ Monthly payment: \$ _____

City: _____ ST: _____ Zip: _____ Payoff of loan: \$ _____

How many months behind are you? _____ What happened: _____

In whose name: _____ Co-signers: _____

Is this a lease or a purchase: _____ When was vehicle bought: _____

Vehicle insurance company: _____ Ins. Expiration: _____

Vehicle 2 – (year, make & model)

Finance/loan company: _____ Acct #: _____

Address: _____ Monthly payment: \$ _____

City: _____ ST: _____ Zip: _____ Payoff of loan: \$ _____

How many months behind are you? _____ What happened: _____

In whose name: _____ Co-signers: _____

Is this a lease or a purchase: _____ When was vehicle bought: _____

Vehicle insurance company: _____ Ins. Expiration: _____

Vehicle 3 – (year, make & model)

Finance/loan company: _____ Acct #: _____

Address: _____ Monthly payment: \$ _____

City: _____ ST: _____ Zip: _____ Payoff of loan: \$ _____

How far behind are you: _____ In whose name: _____ Co-signers: _____

Is this a lease or a purchase: _____ When was vehicle bought: _____

Furniture Loans

Furniture 1 (describe furniture): _____

Finance/loan company: _____ Acct #: _____

Address: _____ Monthly payment: \$ _____

City: _____ ST: _____ Zip: _____ Total loan payoff: \$ _____

In whose name: _____ Co-signers: _____

When was merchandise purchased: _____ Do you still have it? _____

Do you want to surrender furniture and reduce or eliminate debt? _____

Furniture 2 (describe furniture): _____

Finance/loan company: _____ Acct #: _____

Address: _____ Monthly payment: \$ _____

City: _____ ST: _____ Zip: _____ Total loan payoff: \$ _____

In whose name: _____ Co-signers: _____

When was merchandise purchased: _____ Do you still have it? _____

Do you want to surrender furniture and reduce or eliminate debt? _____

Furniture 3 (describe furniture): _____

Finance/loan company: _____ Acct #: _____

Address: _____ Monthly payment: \$ _____

City: _____ ST: _____ Zip: _____ Total loan payoff: \$ _____

In whose name: _____ Co-signers: _____

When was merchandise purchased: _____ Do you still have it? _____

Do you want to surrender furniture and reduce or eliminate debt? _____

Finance Company Loan 1 Did you pledge household goods (describe)

Finance/loan company: _____ Acct #: _____

Address: _____ Monthly payment: \$ _____

City: _____ ST: _____ Zip: _____ Total loan payoff: \$ _____

In whose name: _____ Co-signers: _____

When did you take out loan: _____ If you pledged household goods, do you
want to surrender collateral and reduce or eliminate debt? _____

Finance Company Loan 2 Did you pledge household goods (describe)

Finance/loan company: _____ Acct #: _____

Address: _____ Monthly payment: \$ _____

City: _____ ST: _____ Zip: _____ Total loan payoff: \$ _____

In whose name: _____ Co-signers: _____

When did you take out loan: _____ If you pledged household goods, do you
want to surrender collateral and reduce or eliminate debt? _____

Finance Company Loan 3 Did you pledge household goods (describe)

Finance/loan company: _____ Acct #: _____

Address: _____ Monthly payment: \$ _____

City: _____ ST: _____ Zip: _____ Total loan payoff: \$ _____

In whose name: _____ Co-signers: _____

When did you take out loan: _____ If you pledged household goods, do you
want to surrender collateral and reduce or eliminate debt? _____

Loans for Jewelry, Gifts & Household Goods

Secured Creditor 1 (Describe items purchased)

Finance/loan company: _____ Acct #: _____

Address: _____ Monthly payment: \$ _____

City: _____ ST: _____ Zip: _____ Total loan payoff: \$ _____

In whose name: _____ Co-signers: _____

When did you take out loan: _____ Do you still have items: _____

If not, who has them or what happened to items? _____

Do you want to surrender collateral and reduce or eliminate debt? _____

Secured Creditor 2 (Describe items purchased)

Finance/loan company: _____ Acct #: _____

Address: _____ Monthly payment: \$ _____

City: _____ ST: _____ Zip: _____ Total loan payoff: \$ _____

In whose name: _____ Co-signers: _____

When did you take out loan: _____ Do you still have items: _____

If not, who has them or what happened to items? _____

Do you want to surrender collateral and reduce or eliminate debt? _____

Secured Creditor 3 (Describe items purchased)

Finance/loan company: _____ Acct #: _____

Address: _____ Monthly payment: \$ _____

City: _____ ST: _____ Zip: _____ Total loan payoff: \$ _____

In whose name: _____ Co-signers: _____ When did you take out loan: _____

Do you still have items: _____ If not, what happened to items? _____

Do you want to surrender collateral and reduce or eliminate debt? _____

Student Loans

Student Loan Creditor 1

Student loan lender: _____ Acct #: _____

Address: _____ Monthly payment: \$ _____

City: _____ ST: _____ Zip: _____ Total loan payoff: \$ _____

In whose name: _____ Co-signers: _____

When did you take out loan: _____ Name of school attended: _____

Is loan in default? _____ Is loan in deferment?: _____

Student Loan Creditor 2

Student loan lender: _____ Acct #: _____

Address: _____ Monthly payment: \$ _____

City: _____ ST: _____ Zip: _____ Total loan payoff: \$ _____

In whose name: _____ Co-signers: _____

When did you take out loan: _____ Name of school attended: _____

Is loan in default? _____ Is loan in deferment?: _____

Health Club/Spa Membership

Health Club Finance Company: _____

Address: _____ Monthly payment: \$ _____

City: _____ ST: _____ Zip: _____ Total loan payoff: \$ _____

In whose name: _____ Co-signers: _____

Do you still use facility: _____ Did you sign a contract: _____

Do you want to continue to use this facility/club: _____

Credit Cards

Credit Card Lender 1: _____ **Acct**

#: _____

Correspondence Address: _____ Monthly pymt: \$ _____

City: _____ ST: _____ Zip: _____ Total loan payoff: \$ _____

In whose name: _____ Co-signers: _____

When is the last time you used this card? _____ What did you buy: _____

During the last 6 months, have you used this card more frequently than before _____

Collection agency name, address, acct #: _____

Credit Card Lender 2: _____ **Acct**

#: _____

Correspondence Address: _____ Monthly pymt: \$ _____

City: _____ ST: _____ Zip: _____ Total loan payoff: \$ _____

In whose name: _____ Co-signers: _____

When is the last time you used this card? _____ What did you buy: _____

During the last 6 months, have you used this card more frequently than before _____

Collection agency name, address, acct #: _____

Credit Card Lender 3: _____ **Acct**

#: _____

Correspondence Address: _____ Monthly pymt: \$ _____

City: _____ ST: _____ Zip: _____ Total loan payoff: \$ _____

In whose name: _____ Co-signers: _____

When is the last time you used this card? _____ What did you buy: _____

During the last 6 months, have you used this card more frequently than before _____

Collection agency name, address, acct #: _____

Credit Card Lender 4: _____ **Acct**
#: _____
Address: _____ Monthly payment: \$ _____
City: _____ ST: _____ Zip: _____ Total loan payoff: \$ _____
In whose name: _____ Co-signers: _____
When is the last time you used this card? _____ What did you buy: _____
During the last 6 months, have you used this card more frequently than before _____
Collection agency name, address, acct #: _____

Credit Card Lender 5: _____ **Acct**
#: _____
Address: _____ Monthly payment: \$ _____
City: _____ ST: _____ Zip: _____ Total loan payoff: \$ _____
In whose name: _____ Co-signers: _____
When is the last time you used this card? _____ What did you buy: _____
During the last 6 months, have you used this card more frequently than before _____
Collection agency name, address, acct #: _____

Credit Card Lender 6: _____ **Acct**
#: _____
Address: _____ Monthly payment: \$ _____
City: _____ ST: _____ Zip: _____ Total loan payoff: \$ _____
In whose name: _____ Co-signers: _____
When is the last time you used this card? _____ What did you buy: _____
During the last 6 months, have you used this card more frequently than before _____
Collection agency name, address, acct #: _____

Credit Card Lender 7: _____ **Acct**

#: _____

Address: _____ Monthly payment: \$ _____

City: _____ ST: _____ Zip: _____ Total loan payoff: \$ _____

In whose name: _____ Co-signers: _____

When is the last time you used this card? _____ What did you buy: _____

During the last 6 months, have you used this card more frequently than before _____

Collection agency name, address, acct #: _____

Credit Card Lender 8: _____ **Acct**

#: _____

Address: _____ Monthly payment: \$ _____

City: _____ ST: _____ Zip: _____ Total loan payoff: \$ _____

In whose name: _____ Co-signers: _____

When is the last time you used this card? _____ What did you buy: _____

During the last 6 months, have you used this card more frequently than before _____

Collection agency name, address, acct #: _____

Credit Card Lender 9: _____ **Acct**

#: _____

Address: _____ Monthly payment: \$ _____

City: _____ ST: _____ Zip: _____ Total loan payoff: \$ _____

In whose name: _____ Co-signers: _____

When is the last time you used this card? _____ What did you buy: _____

During the last 6 months, have you used this card more frequently than before _____

Collection agency name, address, acct #: _____

Medical Bills

Medical provider 1: _____ **Acct.**

#: _____

Address: _____ Monthly payment: _____

City: _____ ST: _____ Zip: _____ Total balance due: _____

In whose name: _____ Co-signers: _____

Do you still use this health care provider? _____ When last used: _____

Collection agency name, address, acct # _____

Medical provider 2: _____ **Acct.**

#: _____

Address: _____ Monthly payment: _____

City: _____ ST: _____ Zip: _____ Total balance due: _____

In whose name: _____ Co-signers: _____

Do you still use this health care provider? _____ When last used: _____

Collection agency name, address, acct # _____

Medical provider 3: _____ **Acct.**

#: _____

Address: _____ Monthly payment: _____

City: _____ ST: _____ Zip: _____ Total balance due: _____

In whose name: _____ Co-signers: _____

Do you still use this health care provider? _____ When last used: _____

Collection agency name, address, acct # _____

Medical provider 4: _____ Acct. #: _____

Address: _____ Monthly payment: _____

City: _____ ST: _____ Zip: _____ Total balance due: _____

In whose name: _____ Co-signers: _____

Do you still use this health care provider? _____ When last used: _____

Collection agency name, address, acct # _____

Medical provider 5: _____ **Acct.**

#: _____

Address: _____ Monthly payment: _____

City: _____ ST: _____ Zip: _____ Total balance due: _____

In whose name: _____ Co-signers: _____

Do you still use this health care provider? _____ When last used: _____

Collection agency name, address, acct # _____

Medical provider 6: _____ **Acct.**

#: _____

Address: _____ Monthly payment: _____

City: _____ ST: _____ Zip: _____ Total balance due: _____

In whose name: _____ Co-signers: _____

Do you still use this health care provider? _____ When last used: _____

Collection agency name, address, acct # _____

Other Creditors/Extra space

Pension or 401(k) Loans

Type of investment _____ **Acct**

#: _____

Address: _____ Monthly payment: \$ _____

City: _____ ST: _____ Zip: _____ Total loan payoff: \$ _____

In whose name: _____ Co-signers: _____

When did you take loan out? _____ How long will loan last? _____

Creditor/Lender : _____ **Acct #:** _____

Address: _____ Monthly payment: \$ _____

City: _____ ST: _____ Zip: _____ Total loan payoff: \$ _____

In whose name: _____ Co-signers: _____

What type of debt is this? _____ What did you buy: _____

Collection agency name, address, acct #: _____

Creditor/Lender : _____ **Acct #:** _____

Address: _____ Monthly payment: \$ _____

City: _____ ST: _____ Zip: _____ Total loan payoff: \$ _____

In whose name: _____ Co-signers: _____

What type of debt is this? _____ What did you buy: _____

Collection agency name, address, acct #: _____

Creditor/Lender : _____ **Acct #:** _____

Address: _____ Monthly payment: \$ _____

City: _____ ST: _____ Zip: _____ Total loan payoff: \$ _____

In whose name: _____ Co-signers: _____

What type of debt is this? _____ What did you buy: _____

Collection agency name, address, acct #: _____

Creditor/Lender : _____ **Acct #:** _____

Address: _____ Monthly payment: \$ _____

City: _____ ST: _____ Zip: _____ Total loan payoff: \$ _____

In whose name: _____ Co-signers: _____

What type of debt is this? _____ What did you buy: _____

Collection agency name, address, acct #: _____

Creditor/Lender : _____ **Acct #:** _____

Address: _____ Monthly payment: \$ _____

City: _____ ST: _____ Zip: _____ Total loan payoff: \$ _____

In whose name: _____ Co-signers: _____

What type of debt is this? _____ What did you buy: _____

Collection agency name, address, acct #: _____

For Attorney's Use Only -Debt Analysis Worksheet

1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____
7.	_____	_____	_____
8.	_____	_____	_____
9.	_____	_____	_____
10.	_____	_____	_____
11.	_____	_____	_____
12.	_____	_____	_____
13.	_____	_____	_____
14.	_____	_____	_____
15.	_____	_____	_____
16.	_____	_____	_____
17.	_____	_____	_____
18.	_____	_____	_____

Total Arrearage:_____ Total Priority:_____

Total Secured:_____ Total unsecured (100%)_____

Total general unsecured:_____ Total non-exempt equity:_____

Estimated plan payment:_____ % Plan:_____