

**CLIENT INFORMATION SHEET**    **Today's Date:** \_\_\_\_\_

(Fill out completely. All information required. Dollar figures can be approximate.)

**(PLEASE PRINT CLEARLY.)**

The Michelson Law Office will not check or verify the information you provide. Failure to provide all information will delay processing of your file. Providing incorrect information may cause problems later.

**CLIENT:**

(Round to nearest dollar: \$312, not \$312.07)

Name: \_\_\_\_\_  
First                      Full Middle                      Last                      All other names used in the last 8 years

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

E-mail address: \_\_\_\_\_ Social Security # \_\_\_\_\_

Home Address \_\_\_\_\_  
Street address                      City                      State                      Zip Code

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

Live with:

Please choose one: ☐ Married ☐ Divorced ☐ Legally-Separated ☐ Separated ☐ Widowed ☐ Relationship ☐ Never married

**EMPLOYER:** Name: \_\_\_\_\_ Telephone No.: \_\_\_\_\_

Address: \_\_\_\_\_  
Street address                      City                      State                      Zip Code

Job Title: \_\_\_\_\_ Years employed there: \_\_\_\_\_ Wages/hr or salary \$ \_\_\_\_\_ Hours/week \_\_\_\_\_

Have you ever filed for bankruptcy? yes ☐ no ☐ If yes, when? \_\_\_\_\_ Chapter 7 or Chapter 13 \_\_\_\_\_

**SPOUSE/SIGNIFICANT OTHER** – you live with : (Must be listed *unless* you are single or divorced or *LEGALLY* separated)

Name: \_\_\_\_\_  
First                      Full Middle                      Last                      All other names used in the last 8 years

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

E-mail address: \_\_\_\_\_ Social Security # \_\_\_\_\_

Home Address \_\_\_\_\_  
Street address                      City                      State                      Zip Code

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

Marital Status prior to current relationship: ☐ Divorced ☐ Legally-Separated ☐ Separated ☐ Widowed ☐ Never married

**EMPLOYER:** Name: \_\_\_\_\_ Telephone No.: \_\_\_\_\_

Address: \_\_\_\_\_  
Street address                      City                      State                      Zip Code

Job Title: \_\_\_\_\_ Years employed there: \_\_\_\_\_ Wages/hr or salary \$ \_\_\_\_\_ Hours/week \_\_\_\_\_

Have you ever filed for bankruptcy? yes ☐ no ☐ If yes, when? \_\_\_\_\_ Chapter 7 or Chapter 13 \_\_\_\_\_

## INCOME INFORMATION:

<u>CLIENT</u> (Or single person)	<u>SPOUSE</u> or Significant other
<b>In the last 6 months have you received:</b>	
<b>Unemployment Compensation?</b>	Start date _____ End date _____
	Amount per week \$ _____
<b>Child Support?</b>	From how many different people? _____
	\$ _____ per <input type="checkbox"/> week or <input type="checkbox"/> month
<b>Social Security? (Per month)</b>	\$ _____
<b>Pensions? No. of Pensions</b>	# _____ \$ _____ per month
<b>Do you get any other Money coming into your household each month?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	
If Yes, What other income?: _____ How much? \$ _____ per _____	
Energy Assistance? <input type="checkbox"/> No <input type="checkbox"/> Yes Date Received _____ Amount \$ _____	
Foodshare? <input type="checkbox"/> No <input type="checkbox"/> Yes Starting Date: _____ End Date: _____ \$ _____ per _____	
Do you expect a change in any of the above numbers in the next 12 months? <input type="checkbox"/> No <input type="checkbox"/> Yes (If "yes", why?) _____	

### **FAMILY SIZE: (List everyone who lives with you:)**

Relationship: son, daughter, mother, etc.	Date of Birth	Age	Lives with you full time?	Is he or she a student?	When will he or she graduate?	Is he or she working?	Does he or she give you money or buy things for the family?
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

### **Are Either of You Paying Child Support or Alimony?**

<b><u>Client:</u></b> Amount: \$ _____ per <input type="checkbox"/> week or <input type="checkbox"/> month  How many different mothers/fathers? _____  No. of children you pay support for: _____  List ages of each child you pay support for: 1. _____ 2. _____ 3. _____	<b><u>Spouse/Significant Other:</u></b> Amount: \$ _____ per <input type="checkbox"/> week or <input type="checkbox"/> month  How many different mothers/fathers? _____  No. of children you pay support for: _____  List ages of each child you pay support for: 1. _____ 2. _____ 3. _____
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### **Client:**

Do you give money on a regular basis to a parent, child, brother or sister to help with their support?  
☐ Yes ☐ No - if yes: Who? \_\_\_\_\_  
 How much/often? \_\_\_\_\_  
 Why? \_\_\_\_\_

### **Spouse/Significant Other:**

Do you give money on a regular basis to a parent, child, brother or sister to help with their support?  
☐ Yes ☐ No - if yes: Who? \_\_\_\_\_  
 How much/often? \_\_\_\_\_  
 Why? \_\_\_\_\_

Does any one else live in the house with you? ☐ No ☐ Yes *If yes, I will ask details.*

**LIST EVERYTHING YOU OWN in the following sections!!!!**

Even if it is worth \$0 or you are not in possession or you haven't changed the title to your name. If you are married you must list all property owned by both you & your spouse, even if he or she is NOT filing bankruptcy with you.

**REAL ESTATE**

Use a separate piece of paper if you have more property or loans than space is provided for.

**TIMESHARE:**

Do you want to keep this property?

☐ No ☐ Yes

☐ No ☐ Yes If yes, Name: \_\_\_\_\_ Location: \_\_\_\_\_  
Do you have a ☐ Deed or ☐ Contract ☐ Mortgage Total amount owed \$ \_\_\_\_\_  
Monthly payment \$ \_\_\_\_\_ Monthly Maintenance fee \$ \_\_\_\_\_  
Have you missed mortgage payments? ☐ No ☐ Yes: Amount past due \$ \_\_\_\_\_  
Have you missed maintenance fees? ☐ No ☐ Yes: Amount past due \$ \_\_\_\_\_

**LAND:**

Do you want to keep this property?

☐ No ☐ Yes

☐ No ☐ Yes If yes, Address: \_\_\_\_\_  
Value: \$ \_\_\_\_\_ from ☐ Tax Statement ☐ Appraisal ☐ Other  
Do you have a mortgage? ☐ No ☐ Yes Total amount owed \$ \_\_\_\_\_  
Monthly mortgage payment \$ \_\_\_\_\_  
Have you missed payments? ☐ No ☐ Yes: Amount past due \$ \_\_\_\_\_  
Are property taxes included in mortgage payment? ☐ No ☐ Yes  
If no, are you current in paying Property taxes? ☐ No ☐ Yes  
If you are not current in making your property tax payments: amount owed is \$ \_\_\_\_\_

**GRAVE PLOTS:**

Do you want to keep this property?

☐ No ☐ Yes

☐ No ☐ Yes If yes, Location \_\_\_\_\_ No. Of Plots \_\_\_\_\_  
Value \$ \_\_\_\_\_ Basis for valuation: \_\_\_\_\_  
Do you owe money on this property? ☐ No ☐ Yes: Total amount owed \$ \_\_\_\_\_  
Do you want to keep this property? ☐ No ☐ Yes

**HOME:**

☐ No ☐ Yes If yes, Address: \_\_\_\_\_  
Value: \$ \_\_\_\_\_ from ☐ Tax Statement ☐ Appraisal ☐ Other

I intend to keep my home: ☐ Yes ☐ No

☐ Single Family ☐ Duplex or Multi-family ☐ Condominium ☐ Mobile Home

(If mobile home, state brand & year) \_\_\_\_\_

If condominium what are condo fees? \$ \_\_\_\_\_ Are you current? ☐ No ☐ Yes: Amount owed \$ \_\_\_\_\_

Is there a foreclosure? ☐ No ☐ Yes **Bring foreclosure papers with you**

I intend to keep my home: ☐ Yes ☐ No

<u>1<sup>st</sup> Mortgage:</u>	Year	Length	Interest Rate	Payment	Total	Number of
Name of Mortgage Co:	Loan	Of	Adjustable	<input type="checkbox"/> Monthly	Amount	Payments
	Began	Loan	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Bi-weekly	Owed	Behind
		# _____ yrs.	_____ %	\$ _____	\$ _____	
Account No.: _____	Mortgage Payment includes: <input type="checkbox"/> Taxes <input type="checkbox"/> Insurance					
Current on payments? <input type="checkbox"/> Yes <input type="checkbox"/> No If not: # _____ payments behind						

<u>2<sup>nd</sup> Mortgage:</u>	Year	Length	Interest Rate	Payment	Total	Number of
Name of Mortgage Co:	Loan	Of	Adjustable	<input type="checkbox"/> Monthly	Amount	Payments
	Began	Loan	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Bi-weekly	Owed	Behind
		# _____ yrs.	_____ %	\$ _____	\$ _____	
Account No.: _____	Current on payments? <input type="checkbox"/> Yes <input type="checkbox"/> No If not: # _____ payments behind					

Real estate taxes Current? ☐ Yes ☐ No If no, I owe for year(s): \_\_\_\_\_ Total amount owed \$ \_\_\_\_\_



**IF YOU RENT:** Do you have a lease? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, from \_\_\_\_\_ to \_\_\_\_\_

Name and Address of Landlord: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Amount of Security Deposit: \$ \_\_\_\_\_

***If you have more property than space is provided, please use separate sheet of paper to answer questions.***

**MOTOR VEHICLES** (cars, trucks, motorcycles, ATVs anything with wheels and a motor):

<u>YEAR</u>	<u>MAKE</u>	<u>MODEL</u>	<u>MILEAGE</u>	<u>CONDITION</u> <i>be specific**</i>	<u>What do you</u> <u>Think it is worth?</u>	<u>Do You Have</u> <u>A Car Loan?</u>
_____	_____	_____	_____	_____	\$ _____	yes <input type="checkbox"/> no <input type="checkbox"/>
_____	_____	_____	_____	_____	\$ _____	yes <input type="checkbox"/> no <input type="checkbox"/>
_____	_____	_____	_____	_____	\$ _____	yes <input type="checkbox"/> no <input type="checkbox"/>
_____	_____	_____	_____	_____	\$ _____	yes <input type="checkbox"/> no <input type="checkbox"/>

**\*\*List reasons why a vehicle may not be worth as much as the Kelly Blue Book value.**

**BOATS, AIRCRAFT other recreational vehicles:**

Type: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_ Value: \$ \_\_\_\_\_

**ELECTRONICS:** Check all that apply and give the number you own and how much they are worth or the value:

<u>Item</u>	<u>Number</u>	<u>Value</u>	<u>Item</u>	<u>Number</u>	<u>Value</u>	<u>Item</u>	<u>Number</u>	<u>Value</u>
<input type="checkbox"/> Cell phone			<input type="checkbox"/> Lap top			<input type="checkbox"/> X box		
<input type="checkbox"/> TV			<input type="checkbox"/> I Pad			<input type="checkbox"/> DVD Player		
<input type="checkbox"/> Computer			<input type="checkbox"/> Wii			<input type="checkbox"/> Printer		

**COLLECTIBLES - Do you collect anything? Have you any antiques? Large number of books? DVDs? CDs? Stamps? Coins? Dolls? Figurines? Special type of knick knack? China? Silver?**

**List each item or the collection:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**List approximate value of item or collection**

\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_

**SPORTS EQUIPMENT and HOBBY SUPPLIES/EQUIPMENT: Examples: sewing machine & fabric; scrapbooking tools & supplies; bicycles; tread mill, hunting & fishing equipment, etc.**

<b>Item:</b>	<b>Value:</b>	<b>Item:</b>	<b>Value:</b>
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____

**FIREARMS/ GUNS: for each list:**

<b>Type:</b>	<b>Manufacturer:</b>	<b>Value:</b>
_____	_____	\$ _____
_____	_____	\$ _____

**CLOTHING:** Do either of you have any designer clothing or shoes? ☐ yes or ☐ no

**JEWELRY or FURS:** List Each piece of Jewelry & Value ( Example: wedding ring \$250, gold earrings \$25, etc.)

Item:	Resale value (usually 1/3 of cost):	Item:	Resale value (usually 1/3 of cost):
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____

**ANIMALS:** Do you have any pets?

Type of animal:	Age:	Spayed/ Neutered?	AKC or other registration?	List: Equipment for animal:	Value
_____	_____	<input type="checkbox"/> yes or <input type="checkbox"/> no	<input type="checkbox"/> yes or <input type="checkbox"/> no	_____	\$ _____

**HEALTH AIDS:** List all health aids. Example: Eyeglasses, contact, canes, wheelchairs, sleep apnea machine, etc.

\_\_\_\_\_

**OTHER ASSETS**

List any other substantial property you have not yet mentioned: Annuities, antiques, art etc.

Item	Value	Item	Value	Item	Value	Item	Value
	\$		\$		\$		\$

**CHECKING, SAVINGS & CERTIFICATES OF DEPOSIT ACCOUNTS**

Below please list: (Use separate sheet of paper, if necessary)

1. The name of each bank, savings & loan, credit union, money market, etc. where you have an account NOW:
2. The names of the individuals on the account (yourself, spouse, child or other relative?)
3. The type of account - Checking or Savings
4. Current balance (approximate).

Institution's Name:	Who's name is on account:	Type of Account	Current Balance
_____	_____	<input type="checkbox"/> checking or <input type="checkbox"/> savings	\$ _____
_____	_____	<input type="checkbox"/> checking or <input type="checkbox"/> savings	\$ _____
_____	_____	<input type="checkbox"/> checking or <input type="checkbox"/> savings	\$ _____
_____	_____	<input type="checkbox"/> checking or <input type="checkbox"/> savings	\$ _____

Do any of your children have custodial or guardian bank accounts? ☐ yes or ☐ no.

If yes: Name of child:	Name of Custodian:	Name of Bank:	Current Balance:
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

**STOCKS, MUTUAL FUNDS, BONDS** (Government Savings Bonds)

Name of Company	Owner including children	Number of Shares/Bonds	Total Value
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

Do children have any savings bonds? If so, give above information and include guardian's name, if there is one named.

**RETIREMENT FUNDS**

	<u>401-K Plan</u>	<u>IRA or SEP</u>	<u>403B Plan</u>	<u>Employer/Union Pension</u>	<u>Profit-sharing</u>
Husband:	\$ _____	\$ _____	\$ _____	yes <input type="checkbox"/> no <input type="checkbox"/>	\$ _____
Wife:	\$ _____	\$ _____	\$ _____	yes <input type="checkbox"/> no <input type="checkbox"/>	\$ _____

**SECURITY DEPOSITS**Do you have a security deposit or money in someone's trust account? yes ☐ no ☐

If yes, with whom? \_\_\_\_\_ Amount \$ \_\_\_\_\_

**EDUCATIONAL IRAs OR TUITION SAVINGS ACCOUNTS** Yes ☐ or No ☐**If yes:**

<u>Name of Bank</u> <u>or brokerage firm:</u>	<u>Type of</u> <u>Account:</u>	<u>Date</u> <u>Opened:</u>	<u>\$\$ initially</u> <u>Deposited:</u>	<u>Source of</u> <u>Initial Deposit:</u>	<u>Current</u> <u>Value:</u>	<u>Guardian</u> <u>Named:</u>	<u>Beneficiary:</u>
_____	_____	_____	\$ _____	_____	\$ _____	_____	_____

If more than one list on separate page.

**LICENSES:**

List all licenses you or your spouse have: (drivers licenses, professional licenses, others)

**TAX REFUNDS**Have you filed your taxes every year? yes ☐ no ☐ Approximately when did you file for last year? \_\_\_\_\_

If "No", what years are you missing? \_\_\_\_\_

List tax refunds you have not yet received from previous year(s): State: \$ \_\_\_\_\_ Federal: \$ \_\_\_\_\_

Do you get an earned income credit? yes ☐ no ☐ How much in refunds do you usually get? \$ \_\_\_\_\_**FAMILY SUPPORT:** Are you owed any child support, alimony, property division etc.? yes ☐ no ☐

If yes, what type of support? \_\_\_\_\_ Who owes you? \_\_\_\_\_ Amount owed? \$ \_\_\_\_\_

**OTHER AMOUNTS OWED TO YOU:** Does anyone owe you money? ☐ No ☐ Yes: Amount \$ \_\_\_\_\_

If yes, who owes you? \_\_\_\_\_ What is origin of debt? \_\_\_\_\_

**INSURANCE:****Medical Insurance:** Company name \_\_\_\_\_ Employer provided? yes ☐ no ☐ Whose Employer? \_\_\_\_\_**Dental Insurance:** Company name \_\_\_\_\_ Employer provided? yes ☐ no ☐ Whose Employer? \_\_\_\_\_**Vision Insurance:** Company name \_\_\_\_\_ Employer provided? yes ☐ no ☐ Whose Employer? \_\_\_\_\_**Car Insurance:** Company name \_\_\_\_\_ Cost per month \$ \_\_\_\_\_**House Insurance:** Company name \_\_\_\_\_ Part of mortgage payment? yes ☐ no ☐

<u>Life Insurance:</u> <u>Name of Company:</u>	<u>Person Insured:</u> <u>Husband Wife or Child</u>	<u>Beneficiary</u>	<u>Employer</u> <u>Provided</u>	<u>Cash Value</u> <u>What you could borrow</u>
_____	_____	_____	yes <input type="checkbox"/> no <input type="checkbox"/>	\$ _____
_____	_____	_____	yes <input type="checkbox"/> no <input type="checkbox"/>	\$ _____

**INHERITANCE:**Has anyone died recently and left you money or something of value? yes ☐ no ☐  
Do you know if you will inherit anything if someone dies? yes ☐ no ☐

**CLAIMS AGAINST 3<sup>RD</sup> PARTIES:**Have you suffered an injury at work, somewhere else or in a fall or some other way? yes ☐ no ☐Have you been in an car accident? yes ☐ no ☐Have you had a medical device implanted in you? yes ☐ no ☐Are you part of a class action? yes ☐ no ☐Are you the victim of fraud? yes ☐ no ☐Have you sued someone? yes ☐ no ☐

Have you met with an attorney to see if you could sue someone or start an action for social security disability?

**DEBTS (MONEY YOU OWE):****INCOME TAXES**

I.R.S. (Federal): For what year? \_\_\_\_\_ \$ \_\_\_\_\_ Wisconsin (State): For what year? \_\_\_\_\_ \$ \_\_\_\_\_

Another state (name): \_\_\_\_\_ For what year? \_\_\_\_\_ \$ \_\_\_\_\_

**OTHER TAX**

(Sales tax, withholding tax, etc.

Please specify which)

I.R.S. (Federal)

Type of Tax: \_\_\_\_\_

State of Wisconsin

Type of Tax: \_\_\_\_\_

For what year? \_\_\_\_\_ \$ \_\_\_\_\_

For what year? \_\_\_\_\_ \$ \_\_\_\_\_

**CHILD SUPPORT & ALIMONY**Agency to whom money is sent:

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

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

Case No. \_\_\_\_\_

Actual person money is paid to:

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

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

Phone # \_\_\_\_\_

Are you current? yes ☐ no ☐ If "no", amount \$ \_\_\_\_\_ Does your order include payment on the arrears? yes ☐ no ☐**STUDENT LOANS** (Name and address for your student loan, each account number etc.)

Whose loan?	Name of Lender	Account #	Type of loan	Date incurred	Status	Payment	Amount owed

**DAMAGES OR  
INJURIES CAUSED BY  
DELIBERATE OR  
INTENTIONAL ACT**

( On the Back of this sheet list: Names and addresses of persons injured, or property owners, and insurance companies. Include the year of the incident or accident and if attorney involved the names and addresses of all attorneys)

Drunk Driving Accident? yes ☐ no ☐ Deliberate harm to a person? yes ☐ no ☐ Deliberate harm to property? yes ☐ no ☐Has a law suit been started? yes ☐ no ☐ Has a judgment been taken? yes ☐ no ☐ Amount owed: \$ \_\_\_\_\_**DIVORCE:** If you were previously divorced and your divorce judgment required you to pay certain debts,Did you pay all of those debts? yes ☐ no ☐Do you still owe any of those debts? yes ☐ no ☐ (If "yes", I will discuss this with you)



Have you used a credit card in the last 90 days or 3 months? yes ☐ no ☐ List card & purchase on back of this page.

Do you owe any money for traffic/parking tickets or fines? yes ☐ no ☐ To? \_\_\_\_\_

Do you owe any money for bounced checks to a store? yes ☐ no ☐ To? \_\_\_\_\_  
(where you got merchandise or services in return for immediately handing over a check)

Do you owe any money for military bonuses for enlisting, or re-enlisting within the last 5 years? yes ☐ no ☐  
If yes, how much do you owe? \_\_\_\_\_

Did you borrow money or directly charge on a credit card to pay taxes (other than real estate taxes?) yes ☐ no ☐

## SECURED DEBTS

**LIST NAMES of the company you owe money to. Provide us with a copy of a bill for each creditor:**  
**1. Amounts can be estimated if you don't know the exact amount. Round off to nearest dollar.**  
**2. Date debt was incurred. (For ALL debts, you must specify *approximately* the year it was incurred. A guess is OK! Example: 2011, or for a credit card: 2011-2012.)**

This means you are supposed to be making monthly payments for an item (a car, furniture, jewelry or something similar), or pledged something as collateral to get a loan. This does ***not*** include real estate loans, which are to be listed on Page 3.)

Company name & account number	Total still Owed	Monthly Payment	Number of payments behind	Describe property (Ex: 2008 Ford, or household items)	Value (what you could sell it for today)
				<input type="checkbox"/> Reaffirm Or <input type="checkbox"/> Surrender <input type="checkbox"/> new purchase OR a <input type="checkbox"/> refinance of a prior loan	
				<input type="checkbox"/> Reaffirm Or <input type="checkbox"/> Surrender <input type="checkbox"/> new purchase OR a <input type="checkbox"/> refinance of a prior loan	
				<input type="checkbox"/> Reaffirm Or <input type="checkbox"/> Surrender <input type="checkbox"/> new purchase OR a <input type="checkbox"/> refinance of a prior loan	
				<input type="checkbox"/> Reaffirm Or <input type="checkbox"/> Surrender <input type="checkbox"/> new purchase OR a <input type="checkbox"/> refinance of a prior loan	

**DO YOU HAVE ANY LEASED VEHICLES? If so, give us the following information for each lease:**

What are you leasing (make/model): \_\_\_\_\_ Do you wish to keep this lease ? \_\_\_\_\_

Company name: \_\_\_\_\_ Monthly Payment: \$ \_\_\_\_\_

Company address: \_\_\_\_\_ Months left on lease: \_\_\_\_\_ Account No. \_\_\_\_\_



**IF SOMEONE CO-SIGNED A DEBT FOR YOU, OR IF YOU CO-SIGNED A DEBT FOR SOMEONE:**

Name and complete address of the person who co-signed for you OR the person you co-signed for:	Creditor's name and address:	Description of the property purchased and its current location.	Amount owed: \$
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Do you have any contracts? (Examples: Cell phone, Cable,) Yes ☐ No ☐

If yes, with whom? \_\_\_\_\_ When did it start and when is it over? From \_\_\_\_\_ to \_\_\_\_\_

**MISCELLANEOUS INFORMATION**

**Addresses for the past 3 years:**

Current: \_\_\_\_\_ State: \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_  
 Prior: \_\_\_\_\_ State: \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_  
 Previous: \_\_\_\_\_ State: \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_

**USE A SEPARATE SHEET OF PAPER for any additional information or explanations:**

- (6) If you added up all of the payments you made to a creditor during the last 90 days, did you pay any creditor a total of more than \$600?  
 (If "yes", give the name of each creditor, dates and amount of each payment in the last 90 days.) yes ☐ no ☐
- (7) Do you owe any family members or friends money?  
 (If "yes", list: names and relationship and the amount owed. yes ☐ no ☐  
 During the last 12 months, did you pay any family members or friends back money you borrowed from them? yes ☐ no ☐  
 (If "yes", list: names, relationship, dates of payment and amount of each payment
- (8) During the last 12 months, did you make any payments or transfer any money on a debt that benefitted a friend or family member? A loan they took out for you? A loan they co-signed?  
 (If "yes", list: names, relationship, creditor, dates of payment and amount of each payment yes ☐ no ☐
- (9) During the last year, were you involved in any lawsuits, court action, or administrative proceeding?  
 (If "yes", list all for example: criminal, traffic, divorce, collection suits, personal injury, paternity actions, child support, etc.) yes ☐ no ☐
- (10) During the last 12 months, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied?  
 (If "yes", list and describe the property, creditor, and the date taken, etc.) yes ☐ no ☐
- (11) During the 90 days before you filed, did any creditor, including a bank, take any money from your accounts because you owed the creditor money? yes ☐ no ☐  
 Did any creditor, including a bank, refuse to make a payment on your behalf? yes ☐ no ☐
- (12) In the past 12 months, was any of your property in the possession of a court-appointed receiver, custodian or other official? yes ☐ no ☐

- (13) How much do you spend on each child every year for gifts (add Christmas, Birthdays, Valentines Day, Easter, etc.) greater than \$200? \$ \_\_\_\_\_  
 During the last 2 years, have you given anyone gifts totaling more than \$600? yes ☐ no ☐  
*(If "yes," state name, relationship, address and identify gifts and cost of each)*
- (14) In the prior 2 years, have you given any charity (church, United Way, etc.) gifts totaling more than \$600.00? yes ☐ no ☐  
*(If yes, identify the charity, date given and amount given.)*  
 Do you give regularly to any church or charity? yes ☐ no ☐ Average amount \$ \_\_\_\_\_  
 Do you have receipts or annual statements? yes ☐ no ☐
- (15) In the last year, have you had any losses from fire, theft, accident, flood or gambling? yes ☐ no ☐  
*(If yes, give the date of the loss, the type of loss, the dollar amount of the loss, and the amount insurance paid. If a car accident, we need a copy of the accident report.)*  
*(If a gambling loss state where you lost the money, date, and amount, then give the same information regarding any winnings over the last 12 months.)*
- (16) In the past 12 months, did you pay anyone anything to help you with your debts or creditors? yes ☐ no ☐
- (18) In the last two years, have you given any property away, sold anything of value, or signed over a title or deed. yes ☐ no ☐  
 In the last four (4) years? yes ☐ no ☐
- (19) Within the last 10 years, did you form a trust? yes ☐ no ☐  
 Are you the beneficiary in anyone's trust? yes ☐ no ☐
- (20) In the last 12 months, have you closed any financial accounts (banks, savings and loan, credit union, stock brokerage). yes ☐ no ☐  
*(If "yes", state name and address of the institution, type of account, final balance, date of closing or sale.)*  
 In the last 12 months have you transferred or sold any financial instruments? yes ☐ no ☐  
*(IRA's, 401K's, stock, etc.)*  
*(If "yes", state name and address of the institution, type of account, final balance, date of closing or sale.)*
- (21) Have you had a safety deposit box in the last year? yes ☐ no ☐  
*(If "yes", state with what company and list box contents.)*
- (22) In the last 12 months, have you had a storage unit? yes ☐ no ☐  
*(State with what company and list box contents.)*
- (23) Do you have in your possession any property that belongs to someone else? yes ☐ no ☐  
 Property that you borrowed? Property you are storing for someone?  
*(If "Yes," what and who does it belong to?)*

**IN THE PAST 6 YEARS** did you have a business? yes ☐ no ☐  
*(If "Yes," on a separate page, list names and dates of operation.)*

**COMPLETE THIS MONTHLY BUDGET:** Estimate as best you can as to how much you believe you average spending each month for these items.

Do **NOT** put the **total** amount you now owe or what you pay per year – just what you pay per month.

1.	Rent or house payment	1. \$ _____
2.	Utilities:            Heat/Elec.            \$ _____ Water /Sewer        \$ _____ Telephone            \$ _____ Cable                 \$ _____ Internet              \$ _____ Cell Phone           \$ _____ Other (Explain)    \$ _____	<b>Total Utilities</b> 2. \$ _____
3.	Home Maintenance	3. \$ _____
4.	Food (including cleaning supplies)	4. \$ _____
5.	Clothing	5. \$ _____
6.	Laundry & Dry Cleaning - Do you go to a laundromat? yes <input type="checkbox"/> no <input type="checkbox"/>	6. \$ _____
7.	Medical, Dental, Optical Expenses you must pay (out-of-pocket):  Yearly Family Deductible amount \$ _____  Do any members of your family have medical, dental or vision issues? yes <input type="checkbox"/> no <input type="checkbox"/> If "yes", list name of family member & condition.	7. \$ _____
8.	Prescriptions cost you must pay (out-of-pocket):	8. \$ _____
9.	Transportation: average cost of gas and repairs each month	9. \$ _____
10.	Other Transportation: bus, train, car pool, etc.	10. \$ _____
11.	Recreation and entertainment	11. \$ _____
12.	Newspapers, magazines, books	12. \$ _____
13.	Cigarettes/tobacco	13. \$ _____
14.	Charitable contributions to church or other charity	14. \$ _____
15.	Personal care - products & services (haircuts, manicures, pedicures, make-up, special soap, perfume, etc.)	15. \$ _____
16.	Housekeeping supplies (paper towels, dish soap, etc.)	16. \$ _____
17.	Insurance that you pay directly (not deducted from wages nor included in mortgage payment): Homeowner's/Renter's        \$ _____ Life                                 \$ _____ Auto                                 \$ _____ Other (explain)                 \$ _____	<b>Total Insurance</b> 17. \$ _____
18.	Taxes - past due (not deducted from wages or included in home loan payment)	18. \$ _____
19.	Installment payments (secured debt payment): Car/Lease                         \$ _____ Other                                 \$ _____	<b>Total Installment Payments</b> 19. \$ _____
20.	Student Loan payments	20. \$ _____
21.	Bank Fees	21. \$ _____
22.	Educational expenses for child under 18 (i.e. tuition, field trips, school supplies)	22. \$ _____
23.	Child care (average over year – summer and school vacations)	23. \$ _____
24.	Pet care (Food and veterinarian expense)	24. \$ _____
25.	Money you give to people for their support not living with you	25. \$ _____
26.	Other (explain) _____	26. \$ _____
<b>TOTAL MONTHLY EXPENSES</b>		\$ _____

Explain on the back if you expect your expenses to increase or decrease by at least 10% in the next 12 months.

**IN THE PAST 10 YEARS** did you pay any money to a company that has a mortgage on your home (or the lien on your mobile home) other than your normal monthly payment?  
(If "yes", when, how much, and where did the money come from?)

yes ☐ no ☐

**LIST THE NAMES** of all former spouses and their addresses and approximate date of divorce:

Name:	Address:	Date of Divorce:
_____	_____	_____
_____	_____	_____
_____	_____	_____

**ITEMS YOU SHOULD BRING WITH YOU TO THE APPOINTMENT.** A copy of:

1. The title to each motor vehicle, mobile home, and boat you own.
2. Each Uniform Commercial Code (UCC) document that has been recorded showing liens against property such as tools, work equipment and inventory, ATVs, etc.
3. A copy of your state and federal tax returns, for the last two years.
4. Wage statements for the 6 months before your appointment.
5. Your divorce decree (*if divorced within last 12 months*) and marital property agreements;

**IF YOU RETAIN US TO FILE YOUR BANKRUPTCY, YOU MUST KEEP US ADVISED OF ANY CHANGE IN YOUR ADDRESS, TELEPHONE NUMBER, OR EMPLOYER.**

**IN CASE OF AN EMERGENCY, THE FOLLOWING PEOPLE WILL KNOW HOW TO GET IN TOUCH WITH ME:**

_____	_____	
Name	Relationship	
_____	_____	
Street	Telephone Number	
_____	_____	
City	State	Zip Code
_____	_____	_____
Name	Relationship	
_____	_____	_____
Street	Telephone Number	
_____	_____	_____
City	State	Zip Code

How did you hear about our law firm? \_\_\_\_\_