

Office Use Only:
Chapter: _____
Sole/Joint: _____

Client Information Sheet

Date: _____ How did you hear about us? _____

Last First Middle

Social Security Number Date of Birth

List all other names used in the last 6 years, including trade/business names and maiden names

Residence address, number and street

Mailing address, number and street

City, State, and Zip Code

City, State, and Zip Code

County (must include)

() _____
Home phone

() _____
Work phone

() _____
Cell phone

() _____
Spouse's work number

Email address

Other phone no. (please specify)

Marital Status: (circle one) Married Divorced Widowed Separated Single

If divorced or separated, when? _____

IF married or separated, please complete spouse's information.

Last First Middle

Social Security Number Date of Birth

List all other names used in the last 6 years, including trade/business names and maiden names

Present address, number and street

City, State and Zip Code

First names of dependents and all people living in your household

(List anyone you give financial support to
and anyone else living in your household)

Age

Relationship

Housing Situation

Are you *renting* an apartment or house? (circle one) Yes / No
How many payments are you behind? _____ Total past due: \$ _____

Do you have a Security Deposit retained by a Landlord or Management Company?
If so, for what and how much: _____

Do you *own* real property (a home)? (circle one) Yes / No

Street address of property: _____

Name(s) on the Deed: _____ Name(s) on the Mortgage: _____

When did you purchase the property (home): _____

Have you refinanced the mortgage in the last 5 years? (circle one) Yes / No

If you own real property (home) please complete the following:

Approximate value of property: \$ _____

How did you arrive at this value: _____

Amount owed on 1st loan (mortgage): \$ _____ Lender: _____

Monthly payment: \$ _____

Months behind: _____

Amount owed on 2nd loan (if any): \$ _____ Lender: _____

Monthly payment: \$ _____

Months behind: _____

Do you plan to keep the property? (circle one) Yes / No

Is this home in foreclosure proceedings? (circle one) Yes / No

Do you owe delinquent property taxes? (circle one) Yes / No

Do you owe a delinquent water bill? (circle one) Yes / No

Date of Sheriff's Sale: _____

If yes, how much is owed? \$ _____

If yes, how much is owed? \$ _____

If you own a second piece of property please complete the following:

Street Address: _____ Name(s) on mortgage/deed: _____

Approximate value of property: \$ _____

How did you arrive at this value: _____

Amount owed on 1st loan (mortgage): \$ _____ Creditor _____

Monthly payment: \$ _____

Months behind: _____

Amount owed on 2nd loan (if any): \$ _____

Creditor _____

Monthly payment: \$ _____

Months behind: _____

Do you plan to keep the property? (circle one) Yes / No

Is this home in foreclosure proceedings? (circle one) Yes / No

Do you owe delinquent property taxes? (circle one) Yes / No

Do you owe a delinquent water bill? (circle one) Yes / No

Date of Sheriff's Sale: _____

If yes, how much is owed? \$ _____

If yes, how much is owed? \$ _____

Do you own any other real property? (including time shares...) (circle one) Yes / No

(Please list additional properties below)

Employment Information

Employer name

Spouse's employer name

Number and street

Number and street

City, State, and Zip Code

City, State, and Zip Code

Occupation

How long

Occupation

How long

Pay Rate \$ _____ per hour # _____ hrs/week

Pay Rate \$ _____ per hour # _____ hrs/week

Full Monthly Gross Income \$ _____ / month

Full Monthly Gross Income \$ _____ / month

Full mthly take home (after taxes) \$ _____ /month

Full mthly take home (after taxes) \$ _____ /month

Are **Union Dues** deducted from your pay? If Yes, how much per **month** \$ _____

Is **Child Support** deducted from your pay? If Yes, how much per **month** \$ _____

How often do you get paid? weekly every two weeks twice a month monthly

Income From Other Than Employment

Child support/Alimony YES NO If yes, how much:_____ How often:_____ For how long:_____

Food stamps YES NO If yes, how much:_____ How often:_____ For how long:_____

FIA Assistance YES NO If yes, how much:_____ How often:_____ For how long:_____

Unemployment YES NO If yes, how much:_____ How often:_____ For how long:_____

Workman's comp YES NO If yes, how much:_____ How often:_____ For how long:_____

Pension/Social Security YES NO If yes, how much:_____ How often:_____ For how long:_____

Disability income YES NO If yes, how much:_____ How often:_____ For how long:_____

Rental/Roommate income YES NO If yes, how much:_____ How often:_____ For how long:_____

*In the last 6 months, have you gotten any income whatsoever from any source, other than what you are getting now? (for example Other Jobs, Benefits you no longer receive, rental income you no longer receive, etc)
Yes _____ No _____

If yes, please explain _____

Taxes

Have you filed all required income tax returns? (circle one) Yes / No

Do you owe income taxes? (circle one) Yes / No

If yes, how much do you owe?

IRS: \$ _____ for tax year(s): _____ date the return was filed? _____

State: \$ _____ for tax year(s): _____ date the return was filed? _____

City: \$ _____ for tax year(s): _____ date the return was filed? _____

Garnishments

Is someone garnishing or threatening to garnish your wages? Yes _____ No _____

Have the garnishment deductions started? Yes _____ No _____

If yes, who is the Creditor? _____

Date garnishment began: _____

Total amount garnished over the last 3 months _____

Vehicle Information

Are you buying, or do you currently **own or lease** any cars, trucks, mobile homes, boats, motorcycles, snowmobiles or recreational vehicles? (circle one) Yes / No

Please list ALL CARS OWNED, even old ones.

Do not list cars that are already repossessed or voluntarily returned, or cars on which you or your spouse's name does not appear on the title. You should include leased cars or any cars you are actually paying for. You should also list any cars that are in your name, but are being paid for by your child or friend.

Year, Make, and Model

Mileage

Condition

Finance Company

\$ _____ \$ _____
Monthly Pymt. Balance

Lease or Purchase? (circle one)

_____/_____/_____
Began Ends

Keep or Give Back (circle one)

() Vehicle has been repossessed
Date of repossession: _____

Year, Make and Model

Mileage

Condition

Finance Company

\$ _____ \$ _____
Monthly Pymt. Balance

Lease or Purchase? (circle one)

_____/_____/_____
Began Ends

Keep or Give Back (circle one)

() Vehicle has been repossessed
Date of repossession: _____

Year, Make and Model

Mileage

Condition

Finance Company

\$ _____ \$ _____
Monthly Pymt. Balance

Lease or Purchase? (circle one)

_____/_____/_____
Began Ends

Keep or Give Back (circle one)

() Vehicle has been repossessed
Date of repossession: _____

(Please list additional vehicles below)

Circumstances Affecting Your Financial Situation:

(For example: job loss/lay off, medical bills, reduction of hours/pay, credit card over-usage, divorce, illness, substance abuse, gambling, etc.- please specify)

***Have You or Your Spouse Ever Filed For Bankruptcy Before? Yes _____ No _____**

Prior Bankruptcy Case(s) Filed by You:

DATE FILED CHAPTER CASE # & JUDGE NAME WHERE FILED DATE OF DISCHARGE / DISMISSAL

NAME OF PRIOR BANKRUPTCY ATTORNEY

Prior Bankruptcy Case(s) Filed by Your Spouse:

DATE FILED CHAPTER CASE # & JUDGE NAME WHERE FILED DATE OF DISCHARGE / DISMISSAL

Monthly Living Expenses

Please provide me with your average monthly living expenses. Do not list any debts that you are paying on, that you will stop paying when your bankruptcy case is filed, such as a car that is being returned, etc.

Rent (Lot rent if mobile home)	\$	Hair care, personal hygiene, misc.	\$
Mortgage payment (per month)	\$	Car Payment	\$
Second Mortgage (Home equity loan)	\$	Car Insurance	\$
Property taxes (not included in mortgage)	\$	Gasoline / Auto maintenance	\$
Homeowners insurance (if not included in mortgage)	\$	Condo association fees	\$
Electric / Gas (avg. per month)	\$	Child school expenses (supplies, etc.)	\$
Water and Sewer	\$	Recreation (movies, magazines, etc.)	\$
Telephone	\$	Charity (Tithe, Church offering, etc.)	\$
Cellular phone / Pager	\$	Life insurance	\$
Cable	\$	Health insurance (other than employer)	\$
Food (groceries, work/school lunches)	\$	Renter's insurance	\$
Clothing	\$	Other insurance	\$
Laundry / Dry Cleaning	\$	Child support (current, not arrearage, and not deducted from paycheck)	\$
School Tuition	\$	Alimony (current, not arrearage, and not deducted from paycheck)	\$
Student Loan Repayment	\$	Day care (babysitting, latchkey)	\$
Medical / Dental (out of pocket)	\$	Tobacco (cigarettes)	\$
Prescriptions (out of pocket)	\$	Pet food, pet care	\$
Home Security System	\$	Children's Activities (dance class, etc.)	\$
Home maintenance (snow/lawn care, minor repairs, vacuum bags, light bulbs, etc.)	\$	Storage unit	\$
Business Expenses (if self-employed)	\$	Other installment payment (boat, snowmobile, etc)	\$
Internet Service Charges	\$	Other (specify)	\$

Have you lived in Michigan for the last 3 years? Yes _____ No _____

If not, explain: _____

Debts You Owe and Estimated Amounts

(Example: Credit Cards, Medical Bills, Cash Advance Loans, Auto Repossession, Foreclosure Balances, Student Loans, Water Bills, Property Taxes, Income Taxes, Student Loans, Child Support, Govt. Fines, Furniture Loans, etc)

If you have already made out a list, please just show the receptionist

NAME OF CREDITOR MONTH/YEAR LAST USED BALANCE OWING H/W/J/Co-Sng

EXAMPLE:

CITIBANK 06/03 \$5,000.00 H

write additional on back

FOR ATTORNEY INFORMATIONAL PURPOSES TODAY ONLY, AND ONLY FOR THIS INITIAL CONSULTATION.

ALL CREDITORS LISTED HERE MUST BE ON YOUR HOMEWORK PACKAGE WITH COMPLETE ADDRESSES IF THEY ARE TO BE INCLUDED IN YOUR CASE FILING.

THE FOLLOWING QUESTIONS WILL HELP ME ANALYZE YOUR CASE

Have you **sold or transferred** (by sale or gift), any items of real or personal property within the last two years? If so, please indicate the item that was given, the value of the item, and the person to whom it was given, and if they are a relative, please provide their name and address.

Have you **made any large payments**, \$600 or more, to any family member, friend, or business partner in the last year? If so, give name, date, and amount.

Is anyone, other than your spouse, liable for any of the debts you listed? If so, please provide the name and complete address of any **co-signers** and the debt upon which they co-signed.

FINISHED!!!