

CONFIDENTIAL CONSULTATION QUESTIONNAIRE

Please print neatly. DO NOT leave any blanks. Indicate "NONE" where appropriate.

DATE: ____/____/____

HOW DID YOU HEAR ABOUT US? _____

PERSONAL INFORMATION

FIRST NAME _____ MIDDLE NAME _____ LAST NAME _____

HOME PHONE() _____ WORK PHONE() _____ CELL() _____

STREET ADDRESS _____ CITY _____ ZIP _____

COUNTY _____ HOW LONG HAVE YOU LIVED AT THIS ADDRESS? _____

SOCIAL SECURITY NUMBER _____ / _____ / _____

EMPLOYER _____ OCCUPATION _____

HOW LONG WITH THIS EMPLOYER? _____

DO YOU: [] OWN [] RENT

MARITAL STATUS: [] MARRIED [] SINGLE [] DIVORCED [] SEPARATED [] WIDOW

SPOUSE'S FIRST NAME _____ MIDDLE NAME _____ LAST NAME _____

HOME PHONE() _____ WORK PHONE() _____ CELL() _____

SOCIAL SECURITY NUMBER _____ / _____ / _____

EMPLOYER _____ OCCUPATION _____

HOW LONG WITH THIS EMPLOYER? _____

HAVE YOU OR YOUR SPOUSE EVER FILED FOR BANKRUPTCY? [] YES [] NO

IF SO, WHEN _____ CHAPTER _____ COUNTY _____

OTHERS? _____

DEPENDENTS (LIST NAMES, AGES, RELATIONSHIPS)

1. _____ 2. _____

3. _____ 4. _____

ASSETS

NAMES OF BANKS WITH YOUR NAME ON ACCT

AMOUNTS IN EACH ACCT

1. _____ \$ _____

2. _____ \$ _____

3. _____ \$ _____

OTHERS? _____

HAVE YOU FILED ALL PRIOR TAX RETURNS? [] YES [] NO

IF NOT, WHICH TAX YEARS ARE UNFILED? _____

TAX REFUND AMOUNT OWED TO YOU THAT HAS NOT BEEN RECEIVED _____

CASH SURRENDER VALUE OF ANY RETIREMENT ACCOUNTS _____

ADDRESS OF REAL ESTATE OWNED	VALUE	MTG BALANCE	PYMT AMT	AMOUNT PAST DUE
1. _____	\$ _____	\$ _____	\$ _____	\$ _____
2. _____	\$ _____	\$ _____	\$ _____	\$ _____
3. _____	\$ _____	\$ _____	\$ _____	\$ _____

OTHERS ? _____

VEHICLES

INCLUDE ALL CARS, TRUCKS, MOTORBIKES, TRAILERS, RVs, BOATS EVEN IF PAID OFF

YEAR, MAKE, MODEL	VALUE	PAYOFF AMT	PYMT AMT	AMOUNT PAST DUE
1. _____	\$ _____	\$ _____	\$ _____	\$ _____
2. _____	\$ _____	\$ _____	\$ _____	\$ _____
3. _____	\$ _____	\$ _____	\$ _____	\$ _____
4. _____	\$ _____	\$ _____	\$ _____	\$ _____

OTHERS ? _____

LIST ALL OTHER ASSETS VALUED OVER \$1,000.00

LIST ALL DEBT'S

NAME OF CREDITOR	TYPE OF DEBT	BALANCE	AMOUNT PAST DUE
1. _____	_____	\$ _____	\$ _____
2. _____	_____	\$ _____	\$ _____

- 3. _____ \$ _____ \$ _____
- 4. _____ \$ _____ \$ _____
- 5. _____ \$ _____ \$ _____
- 6. _____ \$ _____ \$ _____
- 7. _____ \$ _____ \$ _____
- 8. _____ \$ _____ \$ _____
- 9. _____ \$ _____ \$ _____
- 10. _____ \$ _____ \$ _____
- 11. _____ \$ _____ \$ _____
- 12. _____ \$ _____ \$ _____
- 13. _____ \$ _____ \$ _____
- 14. _____ \$ _____ \$ _____
- 15. _____ \$ _____ \$ _____
- 16. _____ \$ _____ \$ _____
- 17. _____ \$ _____ \$ _____
- 18. _____ \$ _____ \$ _____

(PLEASE CIRCLE ANY NUMBERS WHICH MAY HAVE A CO-SIGNER)

TOTAL: \$ _____ (ATTORNEY WILL ADD)

DO YOU OWE STUDENT LOANS? [] YES [] NO AMOUNT \$ _____

DO YOU OWE TAXES? [] YES [] NO WHICH YEARS? _____

DO YOU OWE CHILD SUPPORT OR ALIMONY? [] YES [] NO AMOUNT? \$ _____

DO YOU OWE CRIMINAL RESTITUTION? [] YES [] NO AMOUNT? \$ _____

ARE YOU BEING GARNISHED? [] YES [] NO AMOUNT? \$ _____

HAVE YOU EVER BEEN IN FORECLOSURE? [] YES [] NO

HAVE YOU HAD ANY REPOSESSIONS? [] YES [] NO HOW MANY? _____

MONTHLY EXPENSES

RENT/MTG PYMT	\$ _____	HOMEOWNER'S INSURANCE	\$ _____
SECOND MTG/HOA	\$ _____	AUTO INSURANCE	\$ _____
ELECTRIC	\$ _____	LIFE INSURANCE	\$ _____
WATER/SEWER	\$ _____	HEALTH INSURANCE	\$ _____
TELEPHONE	\$ _____	AUTO PAYMENT	\$ _____
TV CABLE	\$ _____	AUTO PAYMENT	\$ _____
INTERNET	\$ _____	CHILD SUPPORT/ALIMONY	\$ _____
SECURITY SYSTEM	\$ _____	DAY CARE	\$ _____
FOOD	\$ _____	SCHOOL SUPPLIES	\$ _____
LAUNDRY	\$ _____	PET CARE	\$ _____
MEDICAL	\$ _____	HOME REPAIRS	\$ _____
DENTAL	\$ _____	PRESCRIPTIONS	\$ _____
CLOTHING	\$ _____	RECREATION	\$ _____
PARKING/TOLLS	\$ _____	DONATIONS/TITHES	\$ _____

INCOME

H- GROSS (YEAR TO DATE)	\$ _____	W- GROSS (YEAR TO DATE)	\$ _____
H- GROSS (PRIOR YEAR)	\$ _____	W- GROSS (PRIOR YEAR)	\$ _____
H- GROSS PER MONTH	\$ _____	W- GROSS PER MONTH	\$ _____