

CLIENT INITIAL WORKSHEET

Appointment Date _____

So that we can better understand your present situation, please take a few minutes to complete this Worksheet. The more information we have about you, the better advice we can give you.

Your First Name _____ Full Middle Name _____ Last _____ (Sr., Jr.) Male Female

Other Names / Business Names You've Used _____ Year of your Birth _____

Your Street Address _____ City _____ State _____ Zip Code _____

Your Mailing Address (if different) _____ City _____ State _____ Zip Code _____

Your Home Phone _____ Your Cell/Work Phone _____ Your E-mail Address _____

Who is your Current Employer ? _____ Who was your Previous Employer ? _____

Have you filed a prior Bankruptcy (Chapter 7 or Chapter 13) in the past 8 years ? Yes No

Number of family members & others living with you (not including your spouse/partner): _____

Marital Status: Never married Married Domestic partner Separated Divorced Widowed

*** We need information about your spouse/partner even if you are separated or they are not filing with you.**

Spouse's First Name _____ Full Middle Name _____ Last _____ (Sr., Jr.) Male Female

Other Names / Business Names your Spouse has used _____ Year of Spouse's Birth _____

Spouse's Street Address (if different) _____ City _____ State _____ Zip Code _____

Spouse's Mailing Address (if different) _____ City _____ State _____ Zip Code _____

Spouse's Home Phone _____ Spouse's Cell/Work Phone _____ Spouse's E-mail Address _____

Who is Spouse's Current Employer ? _____ Who was Spouse's Previous Employer ? _____

Has your Spouse filed a prior Bankruptcy (Chapter 7 or Chapter 13) in the past 8 years ? Yes No

INCOME Please tell us about ALL of your income sources

Your average Gross Paycheck **per payday** \$ _____ How often paid ? _____

Average Takehome paycheck **per payday** \$ _____

Spouse's average Gross Paycheck **per payday** \$ _____ How often paid ? _____

Average Takehome paycheck **per payday** \$ _____

Self employed / Business Net profit per mo \$ _____ Business Name:.. _____

Gross Rental Income from Tenants per mo \$ _____

Retirement / Pension / Social Security per mo \$ _____

Child Support / Spousal Support per mo \$ _____

Other Income per mo \$ _____ Source:..... _____

**It is important that you tell us about all of your debts and all of your possessions.
Bankruptcy Law is pretty strict about not telling the whole truth about your entire financial situation.**

REAL PROPERTY: Tell us about your home or any other house, bare land or time share where your name or your Spouse's name is on the deed.

<u>Your Home</u>		Estimated Value:	\$ _____
Payment/Mo - 1 st ...	\$ _____	Amount Behind...	\$ _____
Total Debt - 1 st ...		\$ _____	
Payment/Mo: 2 nd ...	\$ _____	Amount Behind...	\$ _____
Total Debt - 2 nd ..		\$ _____	
In Foreclosure ?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Sale date set ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you want to keep this property ?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Working on a Loan Modification ?		<input type="checkbox"/> Yes <input type="checkbox"/> No	

<u>Other Real Property</u>		Estimated Value:	\$ _____
Payment/Mo - 1 st ...	\$ _____	Amount Behind...	\$ _____
Total Debt - 1 st ...		\$ _____	
Payment/Mo: 2 nd ...	\$ _____	Amount Behind...	\$ _____
Total Debt - 2 nd ..		\$ _____	
In Foreclosure ?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Sale date set ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you want to keep this property ?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Working on a Loan Modification ?		<input type="checkbox"/> Yes <input type="checkbox"/> No	

Number of <u>other</u> houses, buildings, land, timeshares, burial plots with your name on the deed	
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VEHICLES : ALL cars, trucks, motorcycles, boats, ATV's or aircraft in your possession OR in your name.

<u>1st Vehicle</u>		Estimated Value:	\$ _____
Model Year.....	_____	Auto Maker.....	_____
Model.....	_____	Model.....	_____
Payment/Mo.....	\$ _____	Amount Behind...	\$ _____
Total Debt.....		\$ _____	

<u>2nd Vehicle</u>		Estimated Value:	\$ _____
Model Year.....	_____	Auto Maker.....	_____
Model.....	_____	Model.....	_____
Payment/Mo.....	\$ _____	Amount Behind...	\$ _____
Total Debt.....		\$ _____	

<u>3rd Vehicle</u>		Estimated Value:	\$ _____
Model Year.....	_____	Auto Maker.....	_____
Model.....	_____	Model.....	_____
Payment/Mo.....	\$ _____	Amount Behind...	\$ _____
Total Debt.....		\$ _____	

Number of <u>other</u> cars, trucks, motorcycles, boats, ATV's or aircraft in your possession or in your name	
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OTHER SECURED DEBTS – Tell us about other major purchases you've made on which you still owe a debt (such as furniture, timeshares, jewelry, appliances, boat, etc.)

Describe the item purchased: _____	Remaining Debt owed:	\$ _____
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Describe the item purchased: _____	Remaining Debt owed:	\$ _____

TAXES AND OTHER PRIORITY DEBTS OWED

Internal Revenue – Years(s) *.....	_____	Total IRS Taxes Due.....	\$ _____
State Income Tax (FTB) – Years(s)*...	_____	Total State Taxes Due.....	\$ _____
Other Non-real estate Taxes.....	\$ _____	Payroll Taxes.....	\$ _____
Back Child Support.....	\$ _____	Back Alimony.....	\$ _____
Child Support – Monthly Pmt.....	\$ _____	Alimony – Monthly Pmt....	\$ _____

* Please list any tax years that you have not filed a return _____

OTHER DEBTS – Please give us your best estimate of other debts that you owe.

Credit Cards (Visa, MasterCard, AmEx, etc.)	#	Total Credit Card Debt.....	\$	
Enter the total number of credit cards. *				
* Have you made any purchases on any credit card in the last 3 months ?.....				<input type="checkbox"/> Yes <input type="checkbox"/> No
* Have you used one credit card to make payments on another credit card in the last 3 months ?.....				<input type="checkbox"/> Yes <input type="checkbox"/> No
* Do you have a checking account at a bank or credit union that has issued a <u>credit</u> card to you ?.....				<input type="checkbox"/> Yes <input type="checkbox"/> No
Medical Debts.....	#	\$	Student Loans.....	#
Lawsuits / Judgments.....	#	\$	Personal Loans.....	#
Credit Union Personal Loans	#	\$	Loans from Family.....	#
'PayDay' Loans.....	#	\$	Other Debts.....	#

If a Bankruptcy is filed, what do you expect such a case to be able to do for you ?

Other Questions

How did you hear about our Bankruptcy law office ?

	<input type="checkbox"/> Personal referral from _____ <input type="checkbox"/> TV Commercial <input type="checkbox"/> Internet search <input type="checkbox"/> Other: _____
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In the past 3 months, have your wages been garnished ? Yes No

If 'Yes', which creditor garnished your wages ? _____

In the past 3 months, have any bank accounts been levied ? Yes No

If 'Yes', which creditor seized your bank accounts ? _____

Have you lived in any state other than in California during the last 3 years ?..... Yes No

If 'Yes', list the other states:

Are you self-employed ? Yes No

If 'Yes', what kind of business do you operate ?

Do you own houses that you rent to tenants ? Yes No

Have you been sued by a creditor to collect a debt ? Yes No

If 'Yes', what is the creditor's name ?

Have you lost any money to gambling ? Yes No

If 'Yes', how much have you lost in the last 12 months ?
 \$ _____

Have you 'cashed-out' OR borrowed against any of your retirement plans in the last 12 months ? Yes No

If 'Yes', how much did you receive ?
 \$ _____