

**CLIENT INTAKE FORM**

**(Complete This Side Only – Please Print Legibly)**

**Your Appointment Date:** \_\_\_\_\_ **Your Appointment Time:** \_\_\_\_\_

<b>YOU</b>	<b>YOUR SPOUSE</b>
FULL NAME (Last, First and Middle):	FULL NAME (Last, First and Middle):
SOCIAL SECURITY NO:	SOCIAL SECURITY NO:
PHYSICAL ADDRESS (Include City, State, Zip):	PHYSICAL ADDRESS (Include City, State, Zip):
CONTACT INFORMATION: HOME: (      ) CELL: (      ) email:	CONTACT INFORMATION: HOME: (      ) CELL: (      ) email:
MAILING ADDRESS (Include City, State, Zip):	MAILING ADDRESS (Include City, State, Zip):
COUNTY OF RESIDENCE:	COUNTY OF RESIDENCE:
EMPLOYER:	EMPLOYER:
EMPLOYER'S ADDRESS:	EMPLOYER'S ADDRESS:
WORK TELEPHONE NUMBER: (      )                      Extension:	WORK TELEPHONE NUMBER: (      )                      Extension:
SELF-EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO	SELF-EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO
OCCUPATION / JOB TITLE:	OCCUPATION / JOB TITLE:
LENGTH OF EMPLOYMENT:	LENGTH OF EMPLOYMENT:

Have you <b>not</b> filed any tax returns in the past 4 years? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have You Ever Filed Bankruptcy Before? <input type="checkbox"/> Yes <input type="checkbox"/> No    If Yes, When?
Did You Move to this State Within the Past Two Years? <input type="checkbox"/> Yes <input type="checkbox"/> No    If Yes, Prior State:
Are You Worried about? <input type="checkbox"/> Repossession <input type="checkbox"/> Wage Garnishment <input type="checkbox"/> Foreclosure/Eviction
Are You Being Garnished? <input type="checkbox"/> Yes <input type="checkbox"/> No    If Yes, Court Date?
Is Your Home Scheduled for Foreclosure? <input type="checkbox"/> Yes <input type="checkbox"/> No    If Yes, Date and Time?
<input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated: Legal? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Single <input type="checkbox"/> Widow <input type="checkbox"/> Cohabitation
Dependents? <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> ____    Household Size? <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> ____
How Did You Hear about us? <input type="checkbox"/> Phone Book <input type="checkbox"/> Web <input type="checkbox"/> Friend <input type="checkbox"/> Lawyer <input type="checkbox"/> _____
Would You Like to be Added to the Firm's Email List? <input type="checkbox"/> Yes <input type="checkbox"/> No

**FOR OFFICE USE ONLY**

**Returns Not Filed:** \_\_\_\_\_ **In District 91 Days?**  Y  N **Prior:** \_\_\_\_\_

**Transfer in Past 5 Years?**  Y  N **Advance/Luxury in 90 Days?**  Y  N \$ \_\_\_\_\_

**Inherit Within 6 Months?**  Y  N **Paid Insiders in 1 Year?**  Y  N \$ \_\_\_\_\_

INCOME SOURCE	FREQ	AVG NET	ANNUAL GROSS	MONTHLY NET	<input type="checkbox"/> <b>Self-Employed</b> SP _____ Inc _____ LLC _____ Assets: _____ Gross/mo \$ _____ Exp/mo \$ _____ Net/mo \$ _____ After Tax/mo \$ _____
		\$	\$	\$	
		\$	\$	\$	
		\$	\$	\$	
		\$	\$	\$	

Income Tax \$ \_\_\_\_\_  
 PP Tax \$ \_\_\_\_\_  
 RE Tax \$ \_\_\_\_\_  
 Stud. Loan \$ \_\_\_\_\_  
 Child Supp. \$ \_\_\_\_\_  
 Alimony \$ \_\_\_\_\_  
 HOA Dues \$ \_\_\_\_\_  
 Credit Cards \$ \_\_\_\_\_  
 Med. Bills \$ \_\_\_\_\_  
 Suits \$ \_\_\_\_\_  
 MVA \$ \_\_\_\_\_  
 PayDay Loan \$ \_\_\_\_\_  
 NSF \$ \_\_\_\_\_  
 O/D Fees \$ \_\_\_\_\_  
 Utilities \$ \_\_\_\_\_  
**TOTAL** \$ \_\_\_\_\_

- Withholding Change w/in 6 Mos?  
 Income Change w/in 6 Mos?  
 Over Median

**TOTALS**      \$ \_\_\_\_\_      \$ \_\_\_\_\_

PAYMENT	Refi	CREDITOR	PAYOFF	DESCRIPTION OF SECURITY	FMV
ARREARS	Mo/ Yr		STRIP OFF		%
\$	Y/N		\$		
\$			<input type="checkbox"/> Yes <input type="checkbox"/> No		
\$	Y/N		\$		
\$			<input type="checkbox"/> Yes <input type="checkbox"/> No		
\$	Y/N		\$		
\$			<input type="checkbox"/> Yes <input type="checkbox"/> No		
\$	Y/N		\$		
\$			<input type="checkbox"/> Yes <input type="checkbox"/> No		
\$	Y/N		\$		
\$			<input type="checkbox"/> Yes <input type="checkbox"/> No		
\$	Y/N		\$		
\$			<input type="checkbox"/> Yes <input type="checkbox"/> No		
\$	Y/N		\$		
\$			<input type="checkbox"/> Yes <input type="checkbox"/> No		
\$	Y/N		\$		
\$			<input type="checkbox"/> Yes <input type="checkbox"/> No		
\$	Y/N		\$		
\$			<input type="checkbox"/> Yes <input type="checkbox"/> No		

<b>PROPERTY WITHOUT LIENS:</b> _____	<b>Recommendation:</b> <input type="checkbox"/> 13 <input type="checkbox"/> 7 <input type="checkbox"/> 0 Wait til _____
	<b>PLAN:</b> \$ _____ /36 mo. or \$ _____ /60 mo.
	<b>BG:</b> \$ _____ <b>Ch. 7 Test:</b> \$ _____
	<b>Cramdown:</b> \$ _____ /mo. for _____ /yrs <b>Total:</b> \$ _____
	<b>Cramdown:</b> \$ _____ /mo. for _____ /yrs. <b>Total:</b> \$ _____
	<b>Primarily Business Debts:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
	<b>FEE:</b> \$ _____

**Remarks:**