

INITIAL CONSULTATION INTAKE FORM

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

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

Phone: Cell \_\_\_\_\_, Home \_\_\_\_\_, Work \_\_\_\_\_

E-mail: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

Why are you filing bankruptcy? \_\_\_\_\_

Are you married? Yes \_\_\_ No \_\_\_ Is spouse filing with you? Yes \_\_\_ No \_\_\_

Number of Children \_\_\_\_\_ Number of Adults \_\_\_\_\_

Do you own a home? Yes \_\_\_ No \_\_\_

If "Yes" – list address of each property owned.

1 \_\_\_\_\_

2 \_\_\_\_\_

3 \_\_\_\_\_

How much is your Take-home pay? \$ \_\_\_\_\_ (*Please attach pay stub*)

\_\_\_ Bi-weekly \_\_\_ Weekly \_\_\_ Twice per month \_\_\_ Monthly

Do you own a car? Yes \_\_\_ No \_\_\_ Lease a car? Yes \_\_\_ No \_\_\_

Are you behind on any payments? Yes \_\_\_ No \_\_\_ # of missed payments \_\_\_\_\_