

**CLIENT INFORMATION SHEET** Today's Date: \_\_\_\_\_

The Michelson Law Office will not check or verify the information you provide. Failure to provide all information will delay processing of your file. Providing incorrect information may cause problems later.

(Fill out completely. All information required. Dollar figures can be approximate.)

**(PLEASE PRINT CLEARLY.)**

**CLIENT:** (Round to nearest dollar: \$312, not \$312.07)

Name: \_\_\_\_\_  
First Full Middle Last All other names used in the last 8 years

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

E-mail address: \_\_\_\_\_ Social Security # \_\_\_\_\_

Home Address \_\_\_\_\_  
Street address City State Zip Code

Your Mailing Address (if different): \_\_\_\_\_

Live with:  
Please choose one:  Married  Divorced  Legally-Separated  Separated Widowed  Relationship  Never married

**EMPLOYER:** Name: \_\_\_\_\_ Telephone No.: \_\_\_\_\_

Address: \_\_\_\_\_  
Street address City State Zip Code

Job Title: \_\_\_\_\_ Years employed there: \_\_\_\_\_ Wages/hr or salary \$ \_\_\_\_\_ Hours/week \_\_\_\_\_

Have you ever filed for bankruptcy? yes  no  If yes, when? \_\_\_\_\_ Chapter 7 or Chapter 13 \_\_\_\_\_

**SPOUSE/SIGNIFICANT OTHER** – you live with : (Must be listed **unless** you are single or divorced or LEGALLY separated)

Name: \_\_\_\_\_  
First Full Middle Last All other names used in the last 8 years

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

E-mail address: \_\_\_\_\_ Social Security # \_\_\_\_\_

Home Address \_\_\_\_\_  
Street address City State Zip Code

Your Mailing Address (if different): \_\_\_\_\_

Marital Status prior to current relationship:  Divorced  Legally-Separated  Separated Widowed  Never married

**EMPLOYER:** Name: \_\_\_\_\_ Telephone No.: \_\_\_\_\_

Address: \_\_\_\_\_  
Street address City State Zip Code

Job Title: \_\_\_\_\_ Years employed there: \_\_\_\_\_ Wages/hr or salary \$ \_\_\_\_\_ Hours/week \_\_\_\_\_

Have you ever filed for bankruptcy? yes  no  If yes, when? \_\_\_\_\_ Chapter 7 or Chapter 13 \_\_\_\_\_

**INCOME INFORMATION:**

CLIENT (Or single person)

SPOUSE or Significant other

**In the last 6 months have you received:**

**Unemployment Compensation?**

Start date \_\_\_\_\_ End date \_\_\_\_\_

Start date \_\_\_\_\_ End date \_\_\_\_\_

Amount per week \$ \_\_\_\_\_

Amount per week \$ \_\_\_\_\_

**Child Support?**

From how many different people ? \_\_\_\_\_

From how many different people? \_\_\_\_\_

\$ \_\_\_\_\_ per  week or  month

\$ \_\_\_\_\_ per  week or  month

**Social Security? (Per month)**

\$ \_\_\_\_\_

\$ \_\_\_\_\_

**Pensions? No. of Pensions**

# \_\_\_\_\_ \$ \_\_\_\_\_ per month

# \_\_\_\_\_ \$ \_\_\_\_\_ per month

**Do you get any other Money coming into your household each month?**  No  Yes

If Yes, What other income?: \_\_\_\_\_ How much? \$ \_\_\_\_\_ per \_\_\_\_\_

Energy Assistance?  No  Yes Date Received \_\_\_\_\_ Amount \$ \_\_\_\_\_

Foodshare?  No  Yes Starting Date: \_\_\_\_\_ End Date: \_\_\_\_\_ \$ \_\_\_\_\_ per \_\_\_\_\_

Do you expect a change in any of the above numbers in the next 12 months?  No  Yes (If "yes", why?)

**FAMILY SIZE: (List everyone who lives with you:)**

Relationship: <u>son, daughter, mother, etc.</u>	Date of <u>Birth</u>	Age	Lives with you full time?	Is he or she a student?	When will he or she graduate?	Is he or she working?	Does he or she give you money or buy things for the family?
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Are Either of You Paying Child Support or Alimony?**

**Client:**

Amount: \$ \_\_\_\_\_ per  week or  month

**Spouse/Significant Other:**

Amount: \$ \_\_\_\_\_ per  week or  month

How many different mothers/fathers? \_\_\_\_\_

How many different mothers/fathers? \_\_\_\_\_

No. of children you pay support for: \_\_\_\_\_

No. of children you pay support for: \_\_\_\_\_

List ages of each child you pay support for:

List ages of each child you pay support for:

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

**Client:**

Do you give money on a regular basis to a parent, child, brother or sister to help with their support?

Yes  No - if yes: Who? \_\_\_\_\_

How much/often? \_\_\_\_\_

Why?

**Spouse/Significant Other:**

Do you give money on a regular basis to a parent, child, brother or sister to help with their support?

Yes  No - if yes: Who? \_\_\_\_\_

How much/often? \_\_\_\_\_

Why?

Does any one else live in the house with you?  No  Yes *If yes, I will ask details.*

**LIST EVERYTHING YOU OWN in the following sections!!!!**

Even if it is worth \$0 or you are not in possession or you haven't changed the title to your name. If you are married you must list all property owned by both you & your spouse, even if he or she is NOT filing bankruptcy with you.

**REAL ESTATE**

Use a separate piece of paper if you have more property or loans than space is provided for.

**TIMESHARE:**  No  Yes If yes, Name: \_\_\_\_\_ Location: \_\_\_\_\_  
 Do you want to keep this property? Do you have a  Deed or  Contract  Mortgage Total amount owed \$ \_\_\_\_\_  
 No  Yes Monthly payment \$ \_\_\_\_\_ Monthly Maintenance fee \$ \_\_\_\_\_  
 Have you missed mortgage payments?  No  Yes: Amount past due \$ \_\_\_\_\_  
 Have you missed maintenance fees?  No  Yes: Amount past due \$ \_\_\_\_\_

**LAND:**  No  Yes If yes, Address: \_\_\_\_\_  
 Do you want to keep this property? Value: \$ \_\_\_\_\_ from  Tax Statement  Appraisal  Other  
 No  Yes Do you have a mortgage?  No  Yes Total amount owed \$ \_\_\_\_\_  
 Monthly mortgage payment \$ \_\_\_\_\_  
 Have you missed payments?  No  Yes: Amount past due \$ \_\_\_\_\_  
 Are property taxes included in mortgage payment?  No  Yes  
 If no, are you current in paying Property taxes?  No  Yes  
 If you are not current in making your property tax payments: amount owed \$ \_\_\_\_\_

**GRAVE PLOTS:**  No  Yes If yes, Location \_\_\_\_\_ No. of Plots \_\_\_\_\_  
 Do you want to keep this property? Value \$ \_\_\_\_\_ Basis for valuation: \_\_\_\_\_  
 No  Yes Do you owe money on this property?  No  Yes: Total amount owed \$ \_\_\_\_\_  
 No  Yes Do you want to keep this property?  No  Yes

**HOME:**  No  Yes If yes, Address: \_\_\_\_\_  
 Value: \$ \_\_\_\_\_ from  Tax Statement  Appraisal  Other

I intend to keep my home:  Yes  No

Single Family  Duplex or Multi-family  Condominium  Mobile Home

(If mobile home, state brand & year) \_\_\_\_\_

If condominium what are condo fees? \$ \_\_\_\_\_ Are you current?  No  Yes: Amount owed \$ \_\_\_\_\_

Is there a foreclosure?  No  Yes **Bring foreclosure papers with you**

I intend to keep my home:  Yes  No

<u>1<sup>st</sup> Mortgage:</u>	Year	Length	Interest Rate	Payment	Total	Number of
Name of Mortgage Co:	Loan	Of	Adjustable	<input type="checkbox"/> Monthly	Amount	Payments
_____	Began	Loan	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Bi-weekly	Owed	Behind
_____	_____	# _____ yrs.	_____ %	\$ _____	\$ _____	_____

Account No.: \_\_\_\_\_ Mortgage Payment includes:  Taxes  Insurance

Current on payments?  Yes  No If not: # \_\_\_\_\_ payments behind

<u>2<sup>nd</sup> Mortgage:</u>	Year	Length	Interest Rate	Payment	Total	Number of
Name of Mortgage Co:	Loan	Of	Adjustable	<input type="checkbox"/> Monthly	Amount	Payments
_____	Began	Loan	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Bi-weekly	Owed	Behind
_____	_____	# _____ yrs.	_____ %	\$ _____	\$ _____	_____

Account No.: \_\_\_\_\_ Current on payments?  Yes  No If not: # \_\_\_\_\_ payments behind

Real estate taxes Current?  Yes  No If no, I owe for year(s): \_\_\_\_\_ Total amount owed \$ \_\_\_\_\_

**IF YOU RENT:** Do you have a lease? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, from \_\_\_\_\_ to \_\_\_\_\_

Name and Address of Landlord: \_\_\_\_\_

Amount of Security Deposit: \$ \_\_\_\_\_

***If you have more property than space is provided, please use separate sheet of paper to answer questions.***

**MOTOR VEHICLES** (cars, trucks, motorcycles, ATVs anything with wheels and a motor):

<u>YEAR</u>	<u>MAKE</u>	<u>MODEL</u>	<u>MILEAGE</u>	<u>CONDITION</u> <i>be specific**</i>	<u>What do you</u>	<u>Do You Have</u>
					<u>Think it is worth?</u>	<u>A Car Loan?</u>
_____	_____	_____	_____	_____	\$ _____	yes <input type="checkbox"/> no <input type="checkbox"/>
_____	_____	_____	_____	_____	\$ _____	yes <input type="checkbox"/> no <input type="checkbox"/>
_____	_____	_____	_____	_____	\$ _____	yes <input type="checkbox"/> no <input type="checkbox"/>
_____	_____	_____	_____	_____	\$ _____	yes <input type="checkbox"/> no <input type="checkbox"/>

\*\*List reasons why a vehicle may not be worth as much as the Kelly Blue Book value.

**BOATS, AIRCRAFT other recreational vehicles:**

Type: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_ Value: \$ \_\_\_\_\_

**ELECTRONICS:** *Check all that apply and give the number you own and how much they are worth or the value:*

<u>Item</u>	<u>Number</u>	<u>Value</u>	<u>Item</u>	<u>Number</u>	<u>Value</u>	<u>Item</u>	<u>Number</u>	<u>Value</u>
<input type="checkbox"/> Cell phone			<input type="checkbox"/> Lap top			<input type="checkbox"/> X box		
<input type="checkbox"/> TV			<input type="checkbox"/> I Pad			<input type="checkbox"/> DVD Player		
<input type="checkbox"/> Computer			<input type="checkbox"/> Wii			<input type="checkbox"/> Printer		

**COLLECTIBLES - Do you collect anything? Have you any antiques? Large number of books? DVDs? CDs? Stamps? Coins? Dolls? Figurines? Special type of knick knack? China? Silver?**

List each item or the collection:

List approximate value of item or collection

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\$ \_\_\_\_\_  
 \$ \_\_\_\_\_  
 \$ \_\_\_\_\_

**SPORTS EQUIPMENT and HOBBY SUPPLIES/EQUIPMENT:** Examples: sewing machine & fabric; scrapbooking tools & supplies; bicycles; tread mill, hunting & fishing equipment, etc.

<b>Item:</b>	<b>Value:</b>	<b>Item:</b>	<b>Value:</b>
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____

**FIREARMS/ GUNS:** *for each list:*

<b>Type:</b>	<b>Manufacturer:</b>	<b>Value:</b>
_____	_____	\$ _____
_____	_____	\$ _____

**CLOTHING:** Do either of you have any designer clothing or shoes?  yes or  no

**JEWELRY or FURS :** List Each piece of Jewelry & Value ( Example: wedding ring \$250, gold earrings \$25, etc.)

Item:	Resale value (usually 1/3 of cost):	Item:	Resale value (usually 1/3 of cost):
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____

**ANIMALS:** Do you have any pets?

<b>Spayed/ Type of animal:</b>	<b>Age:</b>	<b>AKC or Neutered?</b>	<b>List: other registration?</b>	<b>Equipment for animal:</b>	<b>Value</b>
_____	_____	<input type="checkbox"/> yes or <input type="checkbox"/> no	<input type="checkbox"/> yes or <input type="checkbox"/> no	_____	\$ _____

**HEALTH AIDS:** List all health aids. Example: Eyeglasses, contact, canes, wheelchairs, sleep apnea machine, etc.

\_\_\_\_\_

**OTHER ASSETS:**

List any other substantial property you have not yet mentioned: Annuities, antiques, art etc.

Item	Value	Item	Value	Item	Value	Item	Value
	\$		\$		\$		\$

**CHECKING, SAVINGS & CERTIFICATES OF DEPOSIT ACCOUNTS**

Below please list: (Use separate sheet of paper, if necessary)

1. The name of each bank, savings & loan, credit union, money market, etc. where you have an account NOW;
2. The names of the individuals on the account (yourself, spouse, child or other relative?)
3. The type of account - Checking or Savings
4. Current balance (approximate).

Institution's Name:	Who's name is on account:	Type of Account	<u>Current Balance</u>
_____	_____	<input type="checkbox"/> checking or <input type="checkbox"/> savings	\$ _____
_____	_____	<input type="checkbox"/> checking or <input type="checkbox"/> savings	\$ _____
_____	_____	<input type="checkbox"/> checking or <input type="checkbox"/> savings	\$ _____
_____	_____	<input type="checkbox"/> checking or <input type="checkbox"/> savings	\$ _____

Do any of your children have custodial or guardian bank accounts?  yes or  no.

If yes: Name of child:	Name of Custodian:	Name of Bank:	Current Balance:
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

**STOCKS, MUTUAL FUNDS, BONDS** (Government Savings Bonds)

<u>Name of Company</u>	<u>Owner including children</u>	<u>Number of Shares/Bonds</u>	<u>Total Value</u>
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

***Do children have any savings bonds? If so, give above information and include guardian's name, if there is one named***

**RETIREMENT FUNDS**

401-K Plan   IRA or SEP   403B Plan   Employer/Union Pension   Profit-sharing

Husband:     \$ \_\_\_\_\_     \$ \_\_\_\_\_     \$ \_\_\_\_\_     yes  no      \$ \_\_\_\_\_

Wife:         \$ \_\_\_\_\_     \$ \_\_\_\_\_     \$ \_\_\_\_\_     yes  no      \$ \_\_\_\_\_

Do you have any outstanding loans against your 401-k? If so, what is the current balance and when is the loan due?

**SECURITY DEPOSITS**

Do you have a security deposit or money in someone's trust account?    yes  no

If yes, with whom? \_\_\_\_\_ Amount \$ \_\_\_\_\_

**EDUCATIONAL IRAs OR TUITION SAVINGS ACCOUNTS**    Yes  or No

**If yes:**

Name of Bank or brokerage firm:	Type of Account:	Date Opened:	\$\$ initially Deposited:	Source of Initial Deposit:	Current Value:	Guardian Named:	Beneficiary:
_____	_____	_____	\$ _____	_____	\$ _____	_____	_____

*If more than one list on separate page.*

**LICENSES:**

List all licenses you or your spouse have: *(drivers licenses, professional licenses, others)*

**TAX REFUNDS**

Have you filed your taxes every year?    yes  no     Approximately when did you file for last year? \_\_\_\_\_

If "No", what years are you missing: \_\_\_\_\_

List tax refunds you have not yet received from previous year(s):    State:    \$ \_\_\_\_\_    Federal: \$ \_\_\_\_\_

Do you get an earned income credit?    yes  no     How much in refunds do you usually get? \$ \_\_\_\_\_

**FAMILY SUPPORT:**    Are you owed any child support, alimony, property division etc.?    yes  no

If yes, what type of support? \_\_\_\_\_ Who owes you? \_\_\_\_\_ Amount owed? \$ \_\_\_\_\_

**OTHER AMOUNTS OWED TO YOU:**    Does anyone owe you money?     No     Yes: Amount \$ \_\_\_\_\_

If yes, who owes you? \_\_\_\_\_ What is origin of debt? \_\_\_\_\_

**INSURANCE:**

**Medical Insurance:**    Company name \_\_\_\_\_    Employer provided?    yes  no     Whose Employer? \_\_\_\_\_

**Dental Insurance:**    Company name \_\_\_\_\_    Employer provided?    yes  no     Whose Employer? \_\_\_\_\_

**Vision Insurance:**    Company name \_\_\_\_\_    Employer provided?    yes  no     Whose Employer? \_\_\_\_\_

**Car Insurance:**    Company name \_\_\_\_\_    Cost per month \$ \_\_\_\_\_

**House Insurance:**    Company name \_\_\_\_\_    Part of mortgage payment?    yes  no

<b>Life Insurance:</b>	Person Insured:	Employer	Cash Value
<u>Name of Company:</u>	<u>Husband</u> <u>Wife</u> or <u>Child</u>	<u>Beneficiary</u>	<u>Provided</u> <u>What you could borrow</u>
_____	_____	_____	yes <input type="checkbox"/> no <input type="checkbox"/> \$ _____
_____	_____	_____	yes <input type="checkbox"/> no <input type="checkbox"/> \$ _____

**INHERITANCE:**    Has anyone died recently and left you money or something of value?    yes  no

Do you know if you will inherit anything if someone dies?    yes  no

**CLAIMS AGAINST 3<sup>RD</sup> PARTIES:**

Have you suffered an injury at work, somewhere else or in a fall or some other way? yes  no

Have you been in an car accident? yes  no

Have you had a medical device implanted in you? yes  no

Are you part of a class action? yes  no

Are you the victim of fraud? yes  no

Have you sued someone? yes  no

Have you met with an attorney to see if you could sue someone or start an action for social security disability? yes  no

**DEBTS (MONEY YOU OWE):**

**INCOME TAXES**

I.R.S. (Federal): For what year? \_\_\_\_\_ \$ \_\_\_\_\_ Wisconsin (State): For what year? \_\_\_\_\_ \$ \_\_\_\_\_

Another state (name): \_\_\_\_\_ For what year? \_\_\_\_\_ \$ \_\_\_\_\_

**OTHER TAX**

I.R.S. (Federal) For what year? \_\_\_\_\_ \$ \_\_\_\_\_

(Sales tax, withholding tax, etc. Type of Tax: \_\_\_\_\_

Please specify which) State of Wisconsin For what year? \_\_\_\_\_ \$ \_\_\_\_\_

Type of Tax: \_\_\_\_\_

**CHILD SUPPORT & ALIMONY**

Agency to whom money is sent:

Actual person money is paid to:

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

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

Case No. \_\_\_\_\_ Phone # \_\_\_\_\_

Are you current? yes  no  If "no", amount \$ \_\_\_\_\_ Does your order include payment on the arrears? yes  no

**STUDENT LOANS** (Name and address for your student loan, each account number etc.)

Whose loan?	Name of Lender	Account #	Type of loan	Date incurred	Status	Payment	Amount owed

**DAMAGES OR INJURIES CAUSED BY OR INTENTIONAL ACT** ( On the Back of this sheet list: Names and addresses of persons injured, or property owners, and insurance companies. Include the year of the incident or accident and if attorney involved **DELIBERATE** the names and addresses of all attorneys)

**Drunk Driving Accident?** yes  no  **Deliberate harm to a person?** yes  no  **Deliberate harm to property?** yes  no

Has a law suit been started? yes  no  Has a judgment been taken? yes  no  Amount owed: \$ \_\_\_\_\_

**DIVORCE:** If you were previously divorced and your divorce judgment required you to pay certain debts,

Did you pay all of those debts? yes  no

Do you still owe any of those debts? yes  no  (If "yes", I will discuss this with you )



**IF SOMEONE CO-SIGNED A DEBT FOR YOU, OR IF YOU CO-SIGNED A DEBT FOR SOMEONE:**

<b>Name and complete address</b> of the person who co-signed <i>for you</i> OR the person <i>you co-signed for</i> :	Creditor's name and address:	Description of the property purchased and its current location.	Amount owed: \$
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Do you have any contracts? (Examples: Cell phone, Cable,) Yes  No

If yes, with whom? \_\_\_\_\_ When did it start and when is it over? From \_\_\_\_\_ to \_\_\_\_\_

**MISCELLANEOUS INFORMATION**

**Addresses for the past 3 years:**

**Current:** \_\_\_\_\_ **State:** \_\_\_\_\_ **From** \_\_\_\_\_ **to** \_\_\_\_\_

**Prior:** \_\_\_\_\_ **State:** \_\_\_\_\_ **From** \_\_\_\_\_ **to** \_\_\_\_\_

**Previous:** \_\_\_\_\_ **State:** \_\_\_\_\_ **From** \_\_\_\_\_ **to** \_\_\_\_\_

**USE A SEPARATE SHEET OF PAPER for any additional information or explanations:**

- (6) If you added up all of the payments you made to a creditor during the last 90 days, did you pay any creditor a total of more than \$600? yes  no   
*(If "yes", give the name of each creditor, dates and amount of each payment in the last 90 days.)*
- (7) Do you owe any family members or friends money? yes  no   
*(If "yes", list: names and relationship and the amount owed.*  
 During the last 12 months, did you pay any family members or friends back money you borrowed from them? yes  no   
*(If "yes", list: names, relationship, dates of payment and amount of each payment*
- (8) During the last 12 months, did you make any payments or transfer any money on a debt that benefitted a friend or family member? A loan they took out for you? A loan they co-signed? yes  no   
*(If "yes", list: names, relationship, creditor, dates of payment and amount of each payment*
- (9) During the last year, were you involved in any lawsuits, court action, or administrative proceeding? yes  no   
*(If "yes", list all for example: criminal, traffic, divorce, collection suits, personal injury, paternity actions, child support, etc.)*
- (10) During the last 12 months, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied? yes  no   
*(If "yes," list and describe the property, creditor, and the date taken, etc.)*
- (11) During the 90 days before you filed, did any creditor, including a bank, take any money from your accounts because you owed the creditor money? yes  no   
 Did any creditor, including a bank, refuse to make a payment on your behalf? yes  no
- (12) In the past 12 months, was any of your property in the possession of a court-appointed receiver, custodian or other official? yes  no

- (13) How much do you spend on each child every year for gifts (add Christmas, Birthdays, Valentines Day, Easter, etc.) greater than \$200? \$ \_\_\_\_\_
- During the last 2 years, have you given anyone gifts totaling more than \$600? yes  no   
*(If "yes," state name, relationship, address and identify gifts and cost of each)*
- (14) In the prior 2 years, have you given any charity (church, United Way, etc.) gifts totaling more than \$600.00? yes  no   
*(If yes, identify the charity, date given and amount given.)*
- Do you give regularly to any church or charity? yes  no  Average amount \$ \_\_\_\_\_  
 Do you have receipts or annual statements? yes  no
- (15) In the last year, have you had any losses from fire, theft, accident, flood or gambling? yes  no   
*(If yes, give the date of the loss, the type of loss, the dollar amount of the loss, and the amount insurance paid. If a car accident, we need a copy of the accident report.*  
*(If a gambling loss state where you lost the money, date, and amount, then give the same information regarding any winnings over the last 12 months.)*
- (16) In the past 12 months, did you pay anyone anything to help you with your debts or creditors? yes  no
- (18) In the last two years, have you given any property away, sold anything of value, or signed over a title or deed. yes  no   
 In the last four (4) years? yes  no
- (19) Within the last 10 years, did you form a trust? yes  no   
 Are you the beneficiary in anyone's trust? yes  no
- (20) In the last 12 months, have you closed any financial accounts (banks, savings and loan, credit union, stock brokerage). yes  no   
*(If "yes", state name and address of the institution, type of account, final balance, date of closing or sale.)*  
 In the last 12 months have you transferred or sold any financial instruments? yes  no   
*(IRA's, 401K's, stock, etc.)*  
*(If "yes", state name and address of the institution, type of account, final balance, date of closing or sale.)*
- (21) Have you had a safety deposit box in the last year? yes  no   
*(If "yes", state with what company and list box contents.)*
- (22) In the last 12 months, have you had a storage unit? yes  no   
*(State with what company and list box contents.)*
- (23) Do you have in your possession any property that belongs to someone else? yes  no   
 Property that you borrowed? Property you are storing for someone?  
*(If "Yes," what and who does it belong to?)*
- IN THE PAST 6 YEARS** did you have a business? yes  no   
*(If "Yes," on a separate page, list names and dates of operation.)*

**COMPLETE THIS MONTHLY BUDGET:** Estimate as best you can as to how much you believe you average spending each month for these items.

Do **NOT** put the **total** amount you now owe or what you pay per year – just what you pay per month.

1.	Rent or house payment		1. \$ _____
2.	Utilities:		
	Heat/Elec.	\$ _____	
	Water /Sewer	\$ _____	
	Telephone	\$ _____	
	Cable	\$ _____	
	Internet	\$ _____	
	Cell Phone	\$ _____	
	Other ( <i>Explain</i> )	\$ _____	
		<b>Total Utilities</b>	2. \$ _____
3.	Home Maintenance		3. \$ _____
4.	Food (including cleaning supplies)		4. \$ _____
5.	Clothing		5. \$ _____
6.	Laundry & Dry Cleaning - <i>Do you go to a Laundromat?</i> yes <input type="checkbox"/> no <input type="checkbox"/>		6. \$ _____
7.	Medical, Dental, Optical Expenses you must pay ( <i>out-of-pocket</i> ):		7. \$ _____
	Yearly Family Deductible amount \$ _____		
	Do any members of your family have medical, dental or vision issues? yes <input type="checkbox"/> no <input type="checkbox"/> If "yes", list name of family member & condition.		
8.	Prescriptions cost you must pay ( <i>out-of-pocket</i> ):		8. \$ _____
9.	Transportation: average cost of gas and repairs each month		9. \$ _____
10.	Other Transportation: bus, train, car pool, etc.		10. \$ _____
11.	Recreation and entertainment		11. \$ _____
12.	Newspapers, magazines, books		12. \$ _____
13.	Cigarettes/tobacco		13. \$ _____
14.	Charitable contributions to church or other charity		14. \$ _____
15.	Personal care - products & services (haircuts, manicures, pedicures, make-up, special soap, perfume, etc.)		15. \$ _____
16.	Housekeeping supplies (paper towels, dish soap, etc.)		16. \$ _____
17.	Insurance that you pay directly ( <i>not deducted from wages nor included in mortgage payment</i> ):		
	Homeowner's/Renter's	\$ _____	
	Life	\$ _____	
	Auto	\$ _____	
	Other ( <i>explain</i> )	\$ _____	
		<b>Total Insurance</b>	17. \$ _____
18.	Taxes - past due ( <i>not deducted from wages or included in home loan payment</i> )		18. \$ _____
19.	Installment payments ( <i>secured debt payment</i> ):		
	Car/Lease	\$ _____	
	Other	\$ _____	
		<b>Total Installment Payments</b>	19. \$ _____
20.	Student Loan payments		20. \$ _____
21.	Bank Fees		21. \$ _____
22.	Educational expenses for child under 18 ( <i>i.e. tuition, field trips, school supplies</i> )		22. \$ _____
23.	Child care ( <i>average over year – summer and school vacations</i> )		23. \$ _____
24.	Pet care ( <i>Food and veterinarian expense</i> )		24. \$ _____
25.	Money you give to people for their support not living with you		25. \$ _____
26.	Other ( <i>explain</i> ) _____		26. \$ _____
		<b>TOTAL MONTHLY EXPENSES</b>	\$ _____

Explain on the back if you expect your expenses to increase or decrease by at least 10% in the next 12 months.

**IN THE PAST 10 YEARS** did you pay any money to a company that has a mortgage on your home (or the lien on your mobile home) other than your normal monthly payment? (If "yes", when, how much, and where did the money come from?)

yes  no

**LIST THE NAMES** of all former spouses and their addresses and approximate date of divorce:

<i>Name:</i>	<i>Address:</i>	<i>Date of Divorce:</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____

**ITEMS YOU SHOULD BRING WITH YOU TO THE APPOINTMENT.** A copy of:

1. The title to each motor vehicle, mobile home, and boat you own.
2. Each Uniform Commercial Code (UCC) document that has been recorded showing liens against property such as tools, work equipment and inventory, ATVs, etc.
3. A copy of your state and federal tax returns, for the last two years.
4. Wage statements for the 6 months before your appointment.
5. Your divorce decree (if divorced within last 12 months) and marital property agreements;

**IF YOU RETAIN US TO FILE YOUR BANKRUPTCY, YOU MUST KEEP US ADVISED OF ANY CHANGE IN YOUR ADDRESS, TELEPHONE NUMBER, OR EMPLOYER.**

**IN CASE OF AN EMERGENCY, THE FOLLOWING PEOPLE WILL KNOW HOW TO GET IN TOUCH WITH ME:**

Name	Relationship	_____
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Street	Telephone Number	_____
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City	State	Zip Code
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Name	Relationship	_____
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Street	Telephone Number	_____
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City	State	Zip Code
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How did you hear about our law firm? \_\_\_\_\_

