

CLIENT PERSONAL INFORMATION SHEET

Please answer the following as accurately as possible:

Date _____ Where did you hear about us? _____

Full Name (first, middle, last): _____

Aliases/Other names you are or have been known by: _____

Social Security Number: _____ Date of Birth: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Home Address: _____ County _____

City, State, Zip: _____ Email address: _____

Choose One: Married _____ Single _____ Separated _____ Divorced _____

Contact Phone Number: _____ Contact Name: _____

Have you received your Pre-Bankruptcy Filing Credit Briefing? _____ **Date Received:** _____

Where do you work (name of employer)? _____

Employer Address: _____ City, State, Zip: _____

What is your Job Description (Title) _____ Length of employment _____

SPOUSAL INFORMATION:

Spouse's Full Name: _____ Aliases: _____

Spouse's Social Security Number: _____ Spouse's Date of Birth: _____

Where does your Spouse work? _____

Spouse's work address: _____ City, State, Zip: _____

What is your Spouse's Job Description? (Title) _____ Length of employment _____

Spouses Work Phone Number: _____ Cell Number: _____

Is this spouse filing with you? **Yes** ___ **No** ___ Spouse Email address: _____

PRIOR CASE INFORMATION:

Have you filed bankruptcy in the past eight (8) years? **Yes** _____ **No** _____

If yes, please list chapter ("13" or "7", for example) and year of filing: Chapter _____ Year _____

In what City and State was the case filed: _____

Additional Cases: _____

FAMILY INFORMATION:

Do you have any children currently living at your home? **Yes** _____ **No** _____

If yes, list names and ages: _____

Do you financially support any children not living in your home? If so, how list how old, where they live & average monthly support: _____

Do you care for any elderly relative who does not live with you?: _____

Automobiles/Boats/Motorcycles/RVs/ATVs/Other

List automobiles, motorcycles, ATV's, boats, RV's, etc. you are buying, leasing, co-signed or own outright:

1. Year/Make/Model: _____ Mth. Pmt. \$ _____ Payoff: \$ _____

Mileage _____ {Office Use: FMV: \$ _____ Interest Rate: ___% 910___}

2. Year/Make/Model: _____ Mth. Pmt. \$ _____ Payoff: \$ _____

Mileage _____ {Office Use: FMV: \$ _____ Interest Rate: ___% 910___}

3. Year/Make/Model: _____ Mth. Pmt. \$ _____ Payoff: \$ _____

Mileage _____ {Office Use: FMV: \$ _____ Interest Rate: ___% 910___}

4. Year/Make/Model: _____ Mth. Pmt. \$ _____ Payoff: \$ _____

Mileage _____ {Office Use: FMV: \$ _____ Interest Rate: ___% 910___}

5. Year/Make/Model: _____ Mth. Pmt. \$ _____ Payoff: \$ _____

Mileage _____ {Office Use: FMV: \$ _____ Interest Rate: ___% 910___}

6. Year/Make/Model: _____ Mth. Pmt. \$ _____ Payoff: \$ _____

Mileage _____ {Office Use: FMV: \$ _____ Interest Rate: ___% 910___}

Do you drive or have in your possession a vehicle/boat/ATV/etc that belongs to someone else (describe):

Property: _____ Owner: _____

Property: _____ Owner: _____

Home Mortgage:

Do you live in: **House** ____ **Manufactured Home** ____ **Apartment** ____ Do you: **Own** ____? **Rent** ____?

1st Mtg. Pmt. (Monthly) \$ _____ Payoff balance: \$ _____ Behind? **Yes** ____ **No** ____

{Office: Arr. \$ _____ Interest: _____ % Pmt. _____ FMV: \$ _____}

Real estate taxes in payment? **Yes** ____ **No** ____ Insurance in payment? **Yes** ____ **No** ____

2nd Mtg. Pmt. (Monthly) \$ _____ Payoff balance: \$ _____ Behind? **Yes** ____ **No** ____

{Office: Arr. \$ _____ Interest: _____ % Pmt. _____ FMV: \$ _____}

How long have you lived in your current home? _____

What is the name of your **first** mortgage company? _____

What is the name of your **second** mortgage company? _____

Please list below any real property or time shares you own other than the home you live in:

(Street Name and Number): _____

(City, State, Zip): _____

Lease Agreements/Rent to Own

Other than apartment or home leases, do you have any leased property? **Yes** ____ **No** ____

Describe: _____ Leased From: _____

Monthly Payment: _____ Number of Months remaining on Lease: _____

Legal Proceedings

Have you been sued within the last year? **Yes** ___ **No** ___ Judgment(s) entered? **Yes** ___ **No** ___
If yes, who sued you? _____

Docket #: _____ County/City/State: _____ Judgment Amount: \$ _____

Docket #: _____ County/City/State: _____ Judgment Amount: \$ _____

Are your wages currently being garnished? **Yes** _____ **No** _____

Who is garnishing your wages and how much has been withheld: _____

Are you suing anyone (or could you) and do you have a claim against anyone? **Yes** _____ **No** _____

Who and what Reason: _____

Any other suit or claim: _____

Have you been injured in an accident in which someone else was at fault in the past four years (Explain):

Estimate what you owe if you are behind on any of the following: _____

1. Student Loans: 1)\$ _____ 2)\$ _____ 3) \$ _____

To whom do you make your student loan payments?: _____ Mo. Pymt: \$ _____

2. Taxes (IRS): \$ _____ Over three years old? **Yes** ___ **No** ___

3. Other Taxes: (State) \$ _____ (County) \$ _____ (Sales/Other) \$ _____

4. Please list years in which you did not file tax returns, if any: _____

5. **Alimony**: Do you receive or pay? Monthly received \$ _____ OR Monthly Paid \$ _____

6. **Child Support** (Monthly for Child #1): \$ _____ (Total Amt. Behind for Child #1) \$ _____

(Monthly for Child #2): \$ _____ (Total Amt. Behind for Child #2) \$ _____

(Monthly for Child #3): \$ _____ (Total Amt. Behind for Child #3) \$ _____

7. **If you pay child support/alimony**, list the name, address & phone number of the person that you pay:

Name: _____

Address: _____

Phone #: () _____ () _____

Yearly Income and Tax Filing

Your income for **2018**: \$ _____ Spouse's income for **2018**: \$ _____

Your income for **2017**: \$ _____ Spouse's income for **2017**: \$ _____

Your income for **2016**: \$ _____ Spouse's income for **2016**: \$ _____

Have you filed Federal Income Tax Returns for: (Write Yes or No) If No, why not?: _____

2013 _____ 2014 _____ 2015 _____ 2016 _____ 2017 _____ Avg. Refund Amount: \$ _____

Retirement Plans/Investments

1. Do you have a retirement plan (401k, IRA, 403b, etc.)? **Yes** _____ **No** _____
If yes, is it vested (can you or are you drawing it now)? **Yes** _____ **No** _____
Describe the type of retirement plan(s) you have: _____
How much is in each retirement plan that you have: 1)\$_____2)\$ _____
Who manages the plan and is it ERISA qualified? _____
2. Do you own any stocks (either publicly traded or closely held) or bonds?: **Yes** _____ **No** _____
If yes, please describe the stocks/bonds, your number of shares and who manages them, or if of a business that you own, please describe the business: _____

3. List the amount of any Certificates of Deposit (CD's) on deposit with any institution and the name of the institution: Amount: _____ Institution: _____

Property Transfers

1. Have you transferred or sold any Real Property (land) in the last three years? **Yes** _____ **No** _____
If yes, when and to whom did you transfer it: _____
Where was the property located: _____
Did you receive any funds from the transfer: **Yes** _____ **No** _____ How Much: \$ _____
Address of Property Sold/Transferred: _____
2. Have you transferred or sold any Personal Property, such as an automobile, boat, tractor, four-wheeler, recreational vehicle, mobile home, etc. in the last 12 months? **Yes** _____ **No** _____
If yes, when and to whom did you transfer it: _____
Describe the property you transferred: _____

Did you receive any funds from the transfer: **Yes** _____ **No** _____ How Much: \$ _____
3. Have you transferred, given or sold any property (automobile, boat, tractor, ATV, RV, mobile home, or any other property worth more than \$1,000.00) to a relative in the last 2 years? **Yes** _____ **No** _____
If yes, when and to whom did you transfer it: _____
Describe the property you transferred: _____

Did you receive any funds from the transfer: **Yes** _____ **No** _____ How Much: \$ _____
4. Have you paid any creditor more than \$6,425.00 in total in the last 90 days? **Yes** _____ **No** _____
If yes, when, how much and to whom: _____

Expenses

Estimated Monthly Living Expenses:

Rent or Home Mortgage Payment..... _____

Are Property Insurance and Real Estate Taxes included? Yes: _____ No: _____

Lot Rent for Mobile Home..... _____

Utilities:	Electricity..... _____	Cable..... _____
	Gas / Propane..... _____	Satellite.... _____
	Water & Sewer..... _____	Internet..... _____
	Telephone..... _____	Cell Phone... _____

Home Maintenance..... _____

Food..... _____

Clothing Allowance..... _____

Laundry & Dry Cleaning..... _____

Medical & Dental Expenses (Dr. Visits & RX's)..... _____

Transportation (Do Not Include Auto Payment)..... _____

Insurance:

(If any of these are payroll deducted or included in another payment, please tell us)

Homeowner's or Renter's Insurance..... _____

Automobile Insurance..... _____

Life Insurance..... _____

Health Insurance..... _____

Other Insurance(_____)..... _____

Child Support, Alimony, Maintenance (That you pay, not receive):.. _____

Other Support For Dependents Not Living In Your Home:..... _____

Day Care or After School _____

Charitable Contributions (Church Tithes, etc.):..... _____

Name & Address of Charity/Church: _____

Personal Care (Hair, perfume-cologne, toiletries, et al)..... _____

Care for Elderly/Family members (whether living with you or not): _____

Entertainment (Clubs, Magazines, Memberships, other)..... _____

School Expenses (for Children or Yourself):..... _____

Other:..... _____

If you have any expenses not covered above, please list below and describe briefly:
