

Bankruptcy Legal Group

A Professional Law Corporation

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CLIENT INTAKE SHEET

Date: _____

How did you hear about us? Referral: _____ Reader Internet
 Other _____ TV Magazine

DEBTOR:

JOINT DEBTOR: (if married)

Full Name _____
(include middle name)

Full Name _____
(include middle name)

SS# _____

SS# _____

Physical Address _____

Physical Address _____

PO Box _____

PO Box _____

Work# _____ Home# _____

Work# _____ Home# _____

Cell# _____ Fax# _____

Cell# _____ Fax# _____

Email: _____

Email: _____

Previous address in the past year: _____

Dates of occupancy of previous address: _____

Other names used in the last 6 years including DBA(s): _____

Are you Single, Separated, married, divorced or widowed? _____

List your Dependents: Sons _____ Ages _____

Daughters _____ Ages _____

Have you filed for bankruptcy before? Yes / No
Which County Filed: _____

Date of Filing: _____
Case # _____

REAL ESTATE:

Do you own any Real Estate? No / Yes (if yes, please answer following☺) Fair Market Value _____

1st Loan Balance _____ Yr of 1st Loan _____ Pmt Amount _____ Financed w/ _____

2nd Loan Balance _____ Yr of 2nd Loan _____ Pmt Amount _____ Financed w/ _____

Line of Equity _____ Yr of Equity _____ Pmt Amount _____ Financed w/ _____

Do you want to keep or surrender the house? _____

Are you current with the mortgage payments? Yes / No (if no how many months behind _____)

Is the property currently in foreclosure? Yes / No
(if yes) Date of notice of default? _____

Do you own any rental properties? Yes / No
(if yes) address of rental property: _____
How much rent do u receive: _____

1st Loan Balance _____ Yr of 1st Loan _____ Pmt Amount _____ Financed w/ _____

2nd Loan Balance _____ Yr of 2nd Loan _____ Pmt Amount _____ Financed w/ _____

Any Previous Foreclosure's? Yes / No If yes Address: _____
(Within ONE year) Action Date: _____

Do you own any Timeshares? Yes / No What is the value _____ Balanced Owed _____
Financed w/ _____ Monthly Pmt _____

PERSONAL PROPERTY:

Do you own any assets of substantial value? (If yes note how much approx.)
[Household Goods, Clothing, & Jewelry just estimate in garage sale value]

Household Goods: _____ Clothing: _____ Jewelry: _____
Tax Refund: _____ 401K: _____ IRA: _____
PERS: _____ Life Insur. _____ Misc.: _____

Please list all of you & your spouse's bank accounts and balances: (circle either Checking's or Savings)

Bank Name _____ Checking / Saving _____ Account Balance _____

Bank Name _____ Checking / Saving _____ Account Balance _____

Bank Name _____ CD Account? _____ Account Balance _____

Any closed financial accounts? Yes / No **(Within ONE year)**
 If yes which bank _____ Amount of final Balance _____
 Date of Closing _____ Type of Account: Checking / Savings _____

What is the total value of all of your unsecured debt? _____

Any Lawsuits or Judgments? Yes / No, if yes with who and how much? _____

What is the value of your tax liability, if any? _____

Do you owe any spousal / child support arrears? Yes / No , If yes how much: _____

Do you have any Student Loans? Yes / No If yes amount _____ With Whom _____
 Date of when Incurred: _____

VEHICLES:

Yr	Make/Model	KBB Value	Balance owed	Mileage	Car Pmt	Yr Bought	Financed w/
Yr	Make/Model	KBB Value	Balance owed	Mileage	Car Pmt	Yr Bought	Financed w/
Yr	Make/Model	KBB Value	Balance owed	Mileage	Car Pmt	Yr Bought	Financed w/
Yr	Make/Model	KBB Value	Balance owed	Mileage	Car Pmt	Yr Bought	Financed w/

Is there a co-signor on the real estate or any of the vehicles? Yes / No, If yes who _____

Do you own a Trailer? Yes / No What is the value _____ Balanced Owed _____

Any Previous Car Repo's? Yes / No **(within ONE year)**
 If yes, Description of Vehicle (year, type & model): _____
 w/ which creditor: _____ Date of Repossession: _____

EMPLOYER INCOME: (SELF EMPLOYED SEE QUESTIONS BELOW)

What do you do? _____ Your spouse? _____

Where do you work? _____ Your spouse? _____

How long Employed? _____ Your spouse? _____

Address of Employer? _____ Your spouse? _____

Your monthly income? Before taxes _____ After taxes _____

Spouse's income? Before taxes _____ After taxes _____

Do you have any other sources of income? _____
(Disability, Unemployment, Social Security, Self Employed or receive any Room Rental income?)

If yes, How much monthly: _____

Did you receive a tax refund? Yes / No If yes how much _____

SELF EMPLOYMENT:

Self Employed? Yes / No, If yes name of business: _____
Address of business: _____
Type of business: _____
Nature of business: _____ Date business started: _____
Monthly income: _____

Any previous closed business? Yes / No

If yes, Name of Business: _____
Type of Business: _____

Address of Business: _____

Date started: _____ Date closed: _____

MONTHLY EXPENSES:

Rent / Mortgage _____	Home Maint. _____	Car Payment _____
SDGE _____	Food _____	Car Insur. _____
Water _____	Clothing _____	Health Insur. _____
Telephone _____	Laundry _____	Life Insur. _____
Cell phone _____	Medical/Dental _____	Home Insur. _____
Cable/internet _____	Gas _____	Student Loans _____
Trash _____	Day Care _____	Prop. Tax _____
HOA _____	Recreation _____	Taxes Owed _____
Charitable Contr. _____	Pet expenses _____	Kids Expense/ _____
Child Support _____	Misc _____	School _____

GROSS INCOME FROM EMPLOYMENT (approx): (See Tax Return for 2010 & 2009)

YTD _____ 2010 _____ 2009 _____

INCOME FROM OTHER (Unemployment, Disability, SSI, Room Rental, Child Support....etc.)

YTD _____ 2010 _____ 2009 _____