

**FOR OFFICE USE ONLY**

Chapter 7 13

Individual Joint

Attorney's Fee: \_\_\_\_\_

Filing Fee: \_\_\_\_\_

**INITIAL CLIENT QUESTIONNAIRE**

*Financial*

Date: \_\_\_\_\_

Name: \_\_\_\_\_ SSN: \_\_\_\_\_ DOB: \_\_\_\_\_

Spouse: \_\_\_\_\_ SSN: \_\_\_\_\_ DOB: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

County: \_\_\_\_\_ Length of Residence: \_\_\_\_\_

Home Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Spouse's Cell Phone: \_\_\_\_\_

Status:  Married  Single  Divorced  Separated

Dependants & Ages: \_\_\_\_\_

How Did You Learn About the Firm: \_\_\_\_\_

Employer: \_\_\_\_\_ How Long: \_\_\_\_\_

Occupation: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Spouse's Employer: \_\_\_\_\_ How Long: \_\_\_\_\_

Occupation: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Have you ever filed a Bankruptcy or Debt Consolidation?  Yes  No What year \_\_\_\_\_

Do you file Income Taxes each year?  Yes  No What years haven't you filed? \_\_\_\_\_

Are you expecting an Income Tax Refund this Spring?  Yes  No How Much \_\_\_\_\_

Do you owe any back taxes, if yes state how much? \_\_\_\_\_ IRS \_\_\_\_\_ State

Do you owe any back child support?  Yes  No How much \_\_\_\_\_

Do you own any student loans?  Yes  No How Many \_\_\_\_\_ How much \_\_\_\_\_

Do you have any bounced checks?  Yes  No How Many \_\_\_\_\_ How much \_\_\_\_\_

Are any of the bounced checks with check advance companies?  Yes  No How Many \_\_\_\_\_

Mortgages:

Do you own or rent your home?  Own  Rent

1<sup>st</sup> Mtg: Monthly Pmt \_\_\_\_\_ Balance \_\_\_\_\_ Behind  Yes  No How many \_\_\_\_\_

2<sup>nd</sup> Mtg: Monthly Pmt \_\_\_\_\_ Balance \_\_\_\_\_ Behind  Yes  No How many \_\_\_\_\_

3<sup>rd</sup> Mtg: Monthly Pmt \_\_\_\_\_ Balance \_\_\_\_\_ Behind  Yes  No How many \_\_\_\_\_

What is the Fair Market Value of your home? \_\_\_\_\_

Do you have any other real property?  Yes  No What is the Fair Market Value? \_\_\_\_\_

Are there any liens?  Yes  No How Much? \_\_\_\_\_

Automobiles:

Do you have any automobiles titled in your name?  Yes  No If so, please list:

\_\_\_\_\_ Paid for/Lease/Title Loan/Loan: Mthly Pmt \_\_\_\_\_ Balance \_\_\_\_\_  
Make/Model/Year

\_\_\_\_\_ Paid for/Lease/Title Loan/Loan: Mthly Pmt \_\_\_\_\_ Balance \_\_\_\_\_  
Make/Model/Year

\_\_\_\_\_ Paid for/Lease/Title Loan/Loan: Mthly Pmt \_\_\_\_\_ Balance \_\_\_\_\_  
Make/Model/Year

\_\_\_\_\_ Paid for/Lease/Title Loan/Loan: Mthly Pmt \_\_\_\_\_ Balance \_\_\_\_\_  
Make/Model/Year

Are you behind on any car payments?  Yes  No How many? \_\_\_\_\_

Have you had any large balance transfers or cash advances in the last year?  Yes  No

If so, when was the last transaction? \_\_\_\_\_

Please take the time to list the amounts owed for all your debts

Mortgage and home equity loan balances owed: \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

Car - auto loan balances owed: \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_



## LIST YOUR HOUSEHOLD INCOME FROM ALL SOURCES

Gross income: \$ \_\_\_\_\_ Paid: weekly/every 2 weeks/twice monthly/monthly

Net take home income after deductions: \$ \_\_\_\_\_ per \_\_\_\_\_

How many hours on average do you work a week? \_\_\_\_\_ Do you get overtime? \_\_\_\_\_

*Spouse:* Gross income: \$ \_\_\_\_\_ Paid: weekly/every 2 weeks/twice monthly/monthly

Net take home income after deductions: \$ \_\_\_\_\_ per \_\_\_\_\_

How many hours on average do you work a week? \_\_\_\_\_ Do you get overtime? \_\_\_\_\_

Do you have any other source of income in the household? (*Food stamps, rent assistance, support, social security, pension, part-time jobs, business, etc*):

\$ \_\_\_\_\_ per \_\_\_\_\_ from what source(s)? \_\_\_\_\_

Does someone else pay your living expenses? How much per month? \$ \_\_\_\_\_

## MONTHLY HOUSEHOLD LIVING EXPENSES

Rent or home mortgage payment..... \$ \_\_\_\_\_

Lot rent or 2<sup>nd</sup> mortgage ..... \$ \_\_\_\_\_

Are real estate taxes included? \_\_\_\_\_ Is property insurance included? \_\_\_\_\_

Utilities Electricity and heating fuel..... \$ \_\_\_\_\_

Water and sewer..... \$ \_\_\_\_\_

Telephone..... \$ \_\_\_\_\_

Other (e.g. cable, satellite, internet)..... \$ \_\_\_\_\_

Home maintenance (trash, repairs and upkeep - monthly cost) \$ \_\_\_\_\_

Food and grocery items, incl. restaurants, fast food, snacks, lunches, supplies, toiletries, soaps, paper, tobacco, and misc. shopping needs per month..... \$ \_\_\_\_\_

Clothing (monthly cost)..... \$ \_\_\_\_\_

Laundry and dry cleaning...(monthly cost)..... \$ \_\_\_\_\_

Medical, dental expenses (monthly out of pocket expense and copay)\$ \_\_\_\_\_

Transportation, gas, oil, maintenance (not including car pmts)... \$ \_\_\_\_\_

Recreation, sports, clubs, entertainment, newspapers, magazines, etc. \$ \_\_\_\_\_

Charitable contributions (include church tithing, giving)..... \$ \_\_\_\_\_

Insurance (monthly cost, not deducted from wages or included in home mortgage payments)

Homeowner's or renter's (not incl. In house pmt) \$ \_\_\_\_\_

Life, health (what you pay, not taken from paycheck) \$ \_\_\_\_\_

Auto insurance (monthly cost)..... \$ \_\_\_\_\_

Property taxes (monthly cost if not included in house pmt) \$ \_\_\_\_\_

Car or truck payment (monthly) \$ \_\_\_\_\_

Car or truck payment (monthly) \$ \_\_\_\_\_

Payments for child support or alimony (monthly) \$ \_\_\_\_\_

Daycare for children, personal care, etc...(monthly) \$ \_\_\_\_\_

Regular expenses from operation of a business, profession or farm (attach detailed statement)

or other expenses (specify) \_\_\_\_\_ \$ \_\_\_\_\_

**ADDITIONAL QUESTIONS**

- Have you closed any financial account (checking, savings, retirement, IRA, stock, mutual fund, Christmas club) in the past two years?

Type of account	Date closed	Value when closed
		\$
		\$
		\$

Have you received, or are you entitled to, any inheritance, property settlement agreement, or proceeds

- from a life insurance?  YES  NO
- Will you received any inheritance, property settlement agreement, or proceeds from a life insurance with in the next two years?  YES  NO

- Do own or have any ownership interest, in any business including partnerships?

Type of business	Date started (closed)	Annual gross income
		\$
		\$

- Have you sold, transferred or closed any business (or an interest in) with in the past three years?  YES  NO

- List all retirement accounts you have an interest in (IRA, 401k, Union, Government, Military, Profit Sharing)

Type of account	Date withdrawals can start	Current value
		\$
		\$
		\$

List all financial accounts you have an interest in (checking, savings, CD, Christmas club etc).

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Type of account	Name of Bank	Value when closed
		\$
		\$
		\$

Have you co-signed on a loan for anyone else?  YES  NO

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- Do you have anything of yours in the possession or name of someone else?  YES  NO
- Do you have your name on anyone else's bank account, real property or vehicle?  YES  NO
- Are you suing any one or have the right to sue them?  YES  NO
- Have you paid any family member any money in the past year (excluding support)?  YES  NO
- Have you filed all tax returns for the past three years?  YES  NO
- Have you made any major purchases (over \$200) on any credit card in the past three months?  
 YES  NO
- Have you taken any cash advances in the past three months?  YES  NO
- Have you made any balance transfers on any credit card in the past three months?  
 YES  NO

- Do you own any money from a marital settlement or judgment of divorce?  YES  NO
- Have you been ordered to pay child or spousal support?  YES  NO
- Is any support past due?  YES  NO
- Does any one owe you money for any reason?  YES  NO
- Do you have any claims against any one or the right to sue any one?  YES  NO
- Do you have any tax refund due you at this time?  YES  NO
- Have you changed any payroll deduction with in the past six months?  YES  NO
- Have you set up a trust in the past ten years?  YES  NO
- Do you receive any income from a trust or annuity?  YES  NO
- Do you have income from royalties, gas or mineral rights, copyrights, licenses agreements or patents now or in the future?  YES  NO
- Do you have a life estate or the right to use anyone else's property?  YES  NO
- Do own any stocks or bonds?  YES  NO
- Do you have a storage unit?  YES  NO If so, what is in it? \_\_\_\_\_
- Do you have a safety deposit box?  YES  NO If so, what is in it? \_\_\_\_\_

Any thing else you think the attorney should be made aware of? \_\_\_\_\_

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