

LAW OFFICE OF EDWARD G. SEITZ, P.L.

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BANKRUPTCY INITIAL CLIENT CONSULTATION FORM

The United States Congress has designated the Law Office of Edward G. Seitz, P.L., as a debt relief agency. We help people file for bankruptcy under the bankruptcy code. The Bankruptcy Reform Act which went into effect on October 17, 2005, totally changed filing for bankruptcy. In short, it made filing Chapter 7 a more complex process requiring designated debt relief agencies to gather more information from you the potential Debtor(s). Please answer completely and truthfully all information requested below as this is the information we will use to access your ability to file for Chapter 7 bankruptcy. If you are able to file for Chapter 7, you must understand that your financial situation is not static and is ever changing. Such changes in your financial situation or providing incomplete /inaccurate information may prevent you from filing a Chapter 7. We try to prevent such changes by giving strict deadlines to pay fees owed and gather your necessary information to file for Chapter 7, thus it is important you comply with the deadlines if you decide to retain the Law Office of Edward G. Seitz, P.L.

1. Will this be a joint bankruptcy petition? Meaning spouses are filing together. ()
YES () NO

Your Name & Address

Telephone number(s)

Home: () _____

Work: () _____

Cell: () _____

County of residence _____ Soc. Sec. No. _____ DOB: _____

How long at this address? __ List all states you have lived in the last two (2) years: _____

E-MAIL: _____

(Required)

Have you used any other name(s) in the last eight (8) years? If yes, please list here:

Spouse's Name and Address:

Telephone Number(s)

Home: () _____

Work: () _____

Soc. Sec. No. _____ DOB: _____

How long at current address?: _____ List all states you have lived in the last two (2) years: _____

E-mail: _____ (Required)

1. Has your spouse used any other name(s) in the last eight (8) years? If yes, please list here:

2. What is your marital status? Please check one below.

Single: _____ Separated: _____ Married: _____ Divorced: _____ Widowed: _____
If married, how long? _____
If divorced, how long? _____

3. Estimated number of creditors? _____

4. When was the last time you used a credit card? _____

5. When was the last time you paid on a credit card debt? _____

6. Have you made any balance transfer(s), taken cash advances or made any large purchases (\$200.00 or more) on credit in the last 24 months? _____

6A. Please list the name of all bank or credit union where you have an account(s) or have had an account(s) during the last twelve (12) months. 1. _____
2.. _____ 3. _____

6B. Do you have a bank or credit union account at the same financial institution which you have a loan, credit card or other debt. If so, where: _____.

7. Do you have any items with a pawn shop? ()Yes ()No If yes, what? _____

Check the type of creditors you have (check all that apply):

____ Credit cards ____ Medical bills ____ Mortgage ____ Car loan
____ Vendors ____ Other (Specify: _____)

Check each of the following credit cards that you have:

____ Rooms to Go _____ Lowe's / Home Depot _____ Ashley Furniture
____ Members First CU, _____ Harvester's CU _____ Pen Air Fed CU _____ Navy
____ Federal CU _____ Gulf Winds FCU _____ Dish Network/Direct TV _____ Jewelry

Check the type of property you own or hold an ownership interest: (Check all that apply)

____ Home ____ Car (# of vehicles _____) ____ Boat / Motorcycle
____ Land ____ Other Real Estate ____ Other (Specify _____)

8. Estimated value of your personal property (this does not include your home or vehicle)
\$ _____

9. Estimated value of equity in debtor's vehicle(s) \$ _____

10. Estimated value of your home: \$ _____ Purchase Date: _____
11. Over the last ten (10) years, have you paid extra toward your mortgage or paid down the principal on your mortgage? () Yes () No If yes, how much? \$ _____
12. When did you purchase your vehicle(s)? _____
13. In the last year and a half (1 ½), have you sold or traded a vehicle to a car dealer or individual? () Yes () No
14. Estimated dollar amount of your unsecured creditors (i.e., credit cards, signature loans) \$ _____
15. Have you or your spouse ever filed for bankruptcy? () Yes () No
 If yes, provide the following information
 Chapter () 7 () 11 () 12 () 13
 Date of Filing: _____ Date of Filing: _____
 Outcome: () dismissed () discharged successfully
16. Do you own or have possession of any property that poses or is alleged to pose a threat to imminent and identifiable harm to public health or safety? () Yes () No
 If yes, describe property and location of property:

17. Are you behind on house or rent payments? _____ How many payments are you behind? _____. If you rent, has your landlord filed with the Court for possession of the premises (eviction)? () Yes () No
18. Do you owe taxes? _____ How much? IRS? ____ State? _____ County? _____
 For what tax year(s): _____
19. Are you expecting an income tax refund this Spring? _____ How much \$ _____
20. Did you receive a tax refund last year? () Yes () No, How much? _____
21. Do you owe student loans? _____ How many? _____ How much? _____
22. Has a creditor sued you? (Y) __ (N) __ and obtained a judgment against you? (Y) __ (N) __
 If yes, How many? _____
23. Are you behind in child support or spousal support? _____ How much? \$ _____

24. Do you have any outstanding NSF (non-sufficient funds) checks? _____
How many? _____ How much? \$ _____ Are any of the checks with payday loan
companies? _____

**NSF checks to a grocery store, department store or somebody else in exchange for goods
and services must be taken care of by yourself.**

25. Do you currently have a car title loan? () Yes () No
If yes, list the name of the company and the amount: _____

26. Have you had a vehicle repossessed or had a home foreclosed? _____
If yes, what year? _____ state the amount of the deficiency, if any? \$ _____

27. How many people reside in your household? _____ Dependents? _____ What was
the household's total gross income for the past six (6) months? \$ _____

28. What is your estimated monthly net income (income after taxes), include your spouse's
income even if this is not a joint filing?

\$ _____ Debtor's What is your source of income: _____

\$ _____ Spouse's What is your source of income: _____

\$ _____ Child Support /Alimony

\$ _____ Other income which is contributed to the household expenses.

29. Have you or your spouse (regardless if this is a joint filing) received any type of bonus or
other spikes in income over the past six (6) months? () Yes () No

30. Please list your average monthly expenses on the attached "Monthly Budget" worksheet.
Amounts do not have to be exact and should be based upon the amount you normally
spend on each listed item.

How did you learn about our law firm?

() Google () Avvo () Online Source (), Please state: _____

() Facebook () Firm Website () Outdoor Signs: () Bus Bench () Billboard () Other

() Newspaper Advertisement - Publication Name: _____

() Personal Referral _____

() Yellow Pages / Talking Phone Book

() Letter from the Firm

() Other _____

MONTHLY BUDGET

This form is necessary to determine how much you spend each month on living expenses. Be sure to write in the MONTHLY not yearly amounts in the space provided. For expenses such as utilities which can vary seasonally, please estimate a monthly average.

HOUSING EXPENSES

Rent (If not a homeowner) \$ _____

First Mortgage rent or mobile home monthly payment \$ _____

Second Mortgage (if applicable) \$ _____

Third Mortgage \$ _____

Lot Payment (if applies) \$ _____

Are real estate taxes included in your mortgage payment? Yes No

Taxes not included in house payment \$ _____

Is your home insurance included in your mortgage payment?
 Yes No

Insurance not included in house payment \$ _____

UTILITIES (Normal Monthly Average)

Electric and Gas \$ _____

Water \$ _____

Telephone and Basic Services \$ _____

Trash & Sewer Service \$ _____

Cable/Internet \$ _____

BASIC NEEDS

Home Maintenance \$ _____

Food (Monthly) \$ _____

Clothing (Monthly) \$ _____

Laundry/Dry Cleaning, \$ _____

Medical expenses not paid by insurance \$ _____

TRANSPORTATION

Auto Payment(s) \$ _____

Gasoline/Auto Maintenance \$ _____

Recreation/Entertainment \$ _____

Charitable Giving (If claimed on taxes) \$ _____

INSURANCE

Renter's Insurance \$ _____

Life Insurance \$ _____

Health Insurance \$ _____

Automobile Insurance \$ _____

Other insurance \$ _____

OTHER EXPENSES

Alimony/Child Support \$ _____

Gardener/Landscaper \$ _____

Union Dues: \$ _____

Professional Services \$ _____

Child Care Expenses \$ _____

Grooming Expenses \$ _____

School Expenses \$ _____

School Lunch \$ _____

College Tuition \$ _____

Student Loan Repayment \$ _____

Newspaper/Magazine \$ _____

Subscriptions \$ _____

Personal Care Items \$ _____

Pet Related Expenses \$ _____

Home Alarm Service \$ _____

Co-Pays/Prescriptions \$ _____

Other: _____ \$ _____

_____ \$ _____

_____ \$ _____

Use the space below to list any additional expenses that you must pay out of pocket. Explain the type of expense, amount of expense, and how long you will continue to have this expense.
