

CLIENT INTAKE FORM

Please provide copies of documentation where requested to do so, see last page for CLIENT CHECKLIST. Please complete all parts of this questionnaire with as much detail as possible. If a question does not apply to you or the answer is "none", indicate "NA".

YOUR GENERAL INFORMATION

A. Information concerning the **debtor** (see **Section B on page 2**, if spouse also filing):

1. Name: _____

Last
First
Middle (full)
2. Have you used or been known by any other name (for example, maiden name, prior married names, and **business** names) within the **LAST EIGHT YEARS?** Yes _____ No _____

 If yes, please provide the information _____
3. Address: _____

Street
City
State
Zip Code
4. How long have you lived at this address? _____
5. Mailing address if different from residence: _____
6. Telephone: _____ (cell) _____ (home)
7. Email: _____
8. Social Security #: _____ 9. Birthdate: _____
10. Marital status: _____ Single _____ Married _____ Divorced _____ Separated _____ Widowed
11. List the names, ages and relationships of any and all of your dependents:

Name	Age	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

12. CURRENT EMPLOYMENT

- Occupation: _____
- Length of employment: _____
- Name of employer: _____
- Address of employer: _____

Street
City
State
Zip Code

YOUR ASSETS

A. **REAL ESTATE:** If you own any real estate, such as your home, your parent's home, timeshares, rental property, raw land, mobile home, etc., please provide the following information for each property. Use extra paper if necessary.

1. Do you (and/or your spouse) own any real estate? Yes ____ No ____

2. If yes, give the location for **each** property you own:

Street	City	State	Zip Code
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Street	City	State	Zip Code
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Street	City	State	Zip Code
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3. For each property you own, provide a brief description (for example, single-family, 7 room wood frame house on ½ acre lot; two-family, 10 room brick house with 2 car detached garage on ¼ acre lot; use back of page or separate page if needed):

Declaration of Homestead recorded? [Y] / [N] (Please provide a copy, if available)

4. Who owns each property: ____ husband ____ wife ____ jointly ____ other (see next question)

5. If the debtor owns property with someone **other than a spouse**, give the co-owner's name and address and the debtor's percentage interest in the property (for example, "one half interest"):

6. State the current market value (as best you can) of the property: \$ _____

7. State the purchase date and purchase price of each property: _____ / _____ / _____ \$ _____
Month Day Year

8. Have you owned any other real estate **IN THE LAST SIX YEARS?** ____ Yes ____ No

If yes, please provide the address or location and briefly explain what happened to this property (e.g., transferred or sold to another,

foreclosed, etc.): _____

B. **PERSONAL PROPERTY:** Please list your personal property. If married and your spouse is NOT filing, list only your assets and joint assets (do not list assets that belong **only** to your non-filing spouse). If the debtor is married, indicate who owns the property (i.e., **H = husband, W = wife, or J = jointly**) by circling the appropriate letter. Also, state the current value of your interest in the property. We realize that you may have to do some "guesstimating" for current market values, however, if it is simply impossible to specify the market value of an item, list "Uncertain" as its value.

1. Cash on hand (on average; in pocket, wallet, purse, safe, etc. but not in a financial account): \$ _____

2. Checking, savings, **retirement accounts** (IRA's, 401k, 403b, annuities, etc.) and other financial accounts:

Account Account Type (e.g. "checking")	Name of Financial Institution	H W J	Account # (last 4 digits)	Balance
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3. Security deposits (with public utilities, landlords, etc.):

Name & Address of Party Holding Security Deposit	H W J	Amount
_____	H W J	\$ _____
_____	H W J	\$ _____

4. Household goods and furnishings in total "yard sale" value and any single item valued over \$500

Description	H W J	Value
_____	H W J	\$ _____
_____	H W J	\$ _____

5. Jewelry collection total value and any item with a value over \$500:

Description	Location	H W J	Value
_____	_____	H W J	\$ _____
_____	_____	H W J	\$ _____

6. Collections, antiques, art objects, etc.(describe; list only items with a value over \$500):

a) antiques _____	H W J	\$ _____
b) stamps, coins _____	H W J	\$ _____
c) other _____	H W J	\$ _____

7. Clothing total value and any item with a value over \$500: Value

_____ H W J \$ _____

_____ H W J \$ _____

8. Firearms: Make, Type and Caliber

_____ H W J \$ _____

_____ H W J \$ _____

9. Photographic equipment (List only items with a market value of \$500 or more):

_____ H W J \$ _____

_____ H W J \$ _____

10. Sports and hobby equipment (List only items with a value of \$500 or more):

_____ H W J \$ _____

_____ H W J \$ _____

11. Any Life insurance policies (**please provide the most recent policy statement, if employer provided please request a statement**):

Term or Whole Life	Insurance Company	Whose life is insured?	Beneficiary	Cash Value (if any)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

12. Government (e.g., U.S. Savings Bonds) and corporate bonds:

Description	Location	Owner	Value
_____	_____	H W J	\$ _____
_____	_____	H W J	\$ _____

13. Stock in public and/or private companies (use space below if needed):

Number of shares _____ Owner: H W J

Name and address of company _____

Current Market Value of shares \$ _____

14. Alimony or support **owed to you**:

Name and address of payor: _____

Amount owed: \$ _____

15. Property settlements being received or to be received:

Description of the settlement or obligation _____

16. Other debts **owed to you** (including tax refunds and personal injury claims):

Description _____

Owner H W J Amount due \$ _____

17. Have you inherited or are you about to inherit any property or receive life insurance proceeds? If yes, please describe it:

Owner H W J Value: \$ _____

18. Beneficial interest in any type of trust (i.e., are you the **beneficiary of a trust?**):

Description of interest _____

Name of the trust _____

Owner H W J Current Value of the interest \$ _____

19. Patents, copyrights, and other intellectual property:

Description _____

Owner H W J Value \$ _____

20. Automobiles, trucks, trailers and other vehicles (**please provide a copy of your excise tax bill** and the most current loan statement if applicable):

a. Year _____ Make _____ Model _____ Color _____ [2] or [4] doors

Mileage _____ Owner H W J Value: \$ _____

Special Features _____

b. Year _____ Make _____ Model _____ Color _____ [2] or [4] doors

Mileage _____ Owner H W J Value: \$ _____

Special Features _____

c. Year _____ Make _____ Model _____ Color _____ [2] or [4] doors

Mileage _____ Owner H W J Value: \$ _____

Special Features _____

YOUR DEBTS

- A. SECURED DEBTS: Such as mortgages, home equity loans, car loans, or other loans where property is pledged as security for the debt. Provide the most recent statement or bill for each secured debt, **whether keeping or surrendering the property.**
- B. PRIORITY DEBTS: Such as taxes owed to the IRS or your state taxing authority; security deposits you are holding for another.
- C. UNSECURED DEBTS: Include all open accounts with credit cards, book and record clubs, department stores, doctors, lawyers and other professionals, gasoline companies, medical bills, mail order houses, utilities, and loans at banks or other financial institutions. If a creditor has turned the account over to a collection agency or an attorney for collection, attach any letter or notice indicating the name and address of the collection agency or attorney, as well as any additional amounts known to be owed to the collection agency or attorney for collection fees or costs. If you are no longer receiving statements for any of your unsecured debts, provide a copy of your credit report.

! Provide statements or bills for all debts that you owe or are a co-signer for, whether disputed or not. If you have a recent credit report, please provide a copy of that as well. AND/OR PLEASE COMPLETE THE ATTACHED DEBT SHEETS AT THE END OF THIS INTAKE

YOUR LEASES

For each unexpired lease (for example, an apartment or car lease), provide the most current statement and a copy of the lease agreement (if available). In addition, please provide:

Lessor/Landlord's name: _____

Lessor/Landlord's address: _____

Date Lease began: _____ Date Lease ends: _____

Monthly payments: \$ _____

YOUR INCOME

Please provide a copy of your most recent 6 MONTHS of pay stub and/or statements verifying the amount of income you received from all sources (such as employment, Social Security benefits, spousal support, child support, worker's compensation, unemployment compensation, rent, income from the operation of a business "self employment", stock dividends, annuity payments, pension or retirement income, other government assistance, financial assistance from a relative/friend etc.)

Do you anticipate any significant increase or decrease in your income within the next year? Yes _____ No _____

If yes, describe briefly _____

YOUR EXPENSES

Estimate your average monthly expenses. Exclude payments on debts to be discharged (e.g. credit card payments). Please round your estimates up to the nearest dollar.

If the debtor's spouse maintains a separate household, copy this page and use it for the debtor's spouse.

- a. Rent or home mortgage payment (include condominium fee, if any).....\$ _____
- b. Second Mortgage (if any).....\$ _____
- b. Real estate taxes (if **not** included in mortgage payment)\$ _____
- c. Homeowners' or property insurance (if **not** included in mortgage payment)\$ _____
- d. Water and sewer charges.....\$ _____
- e. Electricity.....\$ _____
- f. Heating fuel (e.g. oil, gas, propane, wood, etc.).....\$ _____
- g. Telephone\$ _____
- h. Cable or satellite television.....\$ _____
- i. Other utility service (specify _____).....\$ _____
- j. Home maintenance (e.g., repairs, general upkeep, etc.).....\$ _____
- k. Food **and other items** purchased for the household\$ _____
- l. Childcare: daycare, after school programs, etc\$ _____
- l. Clothing (average out monthly for a one year period) including Dry cleaning, laundry.....\$ _____
- n. Uninsured medical, dental, and other related expenses\$ _____
- o. Transportation (e.g. fuel, inspections, bus fair, etc.).....\$ _____
- p. Recreation, entertainment, books, magazines, newspapers, etc.\$ _____
- q. Charitable contributions\$ _____
- r. Insurance (only if **not** deducted from wages):
- Renter's insurance\$ _____
- Life insurance premiums.....\$ _____
- Health insurance\$ _____
- Auto insurance\$ _____
- s. Vehicle excise taxes\$ _____
- t. Other taxes (specify _____).....\$ _____
- u. Auto loan or lease payment\$ _____
- v. Student loans\$ _____
- w. Alimony and/or support payments\$ _____
- x. Timeshare (if any)\$ _____
- Total monthly expenses.....\$ _____**

YOUR STATEMENT OF FINANCIAL AFFAIRS (History)

1. Income from employment, operation of business, or other source. **Please provide your most current pay stubs and your federal tax returns, including W-2 forms, for the past two years.**

2. Payments to creditors

a. IN THE LAST YEAR, did you repay any loan or debt of \$500 or more to any relative or friend? Yes____ No____.
If yes, provide the following information:

Name and address of person paid: _____

Relationship to the debtor: _____

Payment Date(s)	Amount(s) paid	Amount Still Owed
_____	_____	_____

b. IN THE LAST 3 MONTHS, did you make any payments to any one creditor of \$600 or more **including your mortgage, rent, or car loan/lease?** Yes____ No_____

If yes, provide the following information:

Name and address of creditor: _____

Payment Date(s)	Amount(s) paid	Amount Still Owed
_____	_____	_____

3. Suits, garnishments, and attachments.

a. Law suits (please provide all related documentation):

1. IN THE LAST YEAR, have you been involved in any law suit (including foreclosure action or a divorce)? Yes____ No____

2. If yes, please provide the following information (if you provide a **copy of the complaint**, no need to complete the following):

Plaintiff: _____

Defendant: _____

Case number: _____

Nature of the lawsuit (e.g. "debt collection", "foreclosure") _____

Name of the court: _____

The status or disposition of the suit (e.g. "judgment", "pending"): _____

b. Attachments, seizures and garnishments:

1. IN THE LAST YEAR, has any of your property been attached, seized or garnished? Yes ____ No ____

2. If yes, provide copies of documentation along with the following information:

Name and address of the creditor _____

Date of attachment, seizure or garnishment _____ Value of the property \$ _____

Description of the property _____

4. Repossessions, foreclosures and returns (please provide all related documentation):

a. IN THE LAST YEAR, has any of your property been repossessed by a creditor or sold at a foreclosure sale? Yes ____ No ____

b. If yes, provide the following information:

Name and address of the creditor _____

Date of repossession or foreclosure _____ Value of the property \$ _____

Description of the property _____

5. Gifts and Charitable Contributions:

a. IN THE LAST YEAR, have you made any large gifts of your property having a value of over \$500? Yes ____ No ____

b. If yes, provide the following information:

Name and address of the recipient _____

Relationship to you _____

Description of the gift _____

Date(s) of the gift _____ Value of gift \$ _____

6. Losses:

a. IN THE LAST YEAR, have you suffered any losses from fire, theft, or gambling? Yes ____ No ____

b. If yes, provide the following information:

Description of the property _____

Date of Loss _____ Value of the property \$ _____

Description of the circumstances surrounding the loss _____

c. Was the loss covered in whole or in part by insurance? Yes ____ No ____

d. Give particulars of the insurance coverage, if any _____

7. Payments related to debt counseling or bankruptcy:

- a. IN THE LAST YEAR, have payments or any transfers of property been made by you, or on your behalf, to any persons, **excluding Attorney Ostrander**, for debt counseling or bankruptcy? Yes____ No____. If yes, provide the following information:

Name and address of the person who was paid_____

Date of payment(s)_____ Amount paid \$_____

8. Other transfers:

- a. IN THE LAST 4 YEARS, have you made any other transfer, sale or gift of your property with value of \$600 or more?

Yes____ No _____

- b. If yes, provide the following information:

Name and address of the party who received the transfer_____

Relationship to you_____

—

Description of the property transferred_____

Date of the transfer_____ Value received \$_____

9. Closed financial accounts

- a. IN THE LAST YEAR, were there any financial accounts (including checking, savings, certificates of deposit, pension funds, or other types of accounts with financial institutions) held in your name or for your benefit which were closed, sold, or otherwise transferred? Yes____ No _____

- b. If yes, provide the following information:

Name and address of the institution_____

Account type and number _____

Balance at the time of closing \$_____ Date of closing_____

10. Safe deposit boxes

- a. IN THE LAST YEAR, have you kept or used a safe deposit box? Yes ____ No____

- b. If yes, provide the following information:

Name and address of the bank_____

Name and address of every person with the right of access to the box:

Name	Street	City	State	Zip Code

Brief description of the contents_____

If the box has been closed, state the closing date_____

11. Property held for another person

a. Do you hold or control property that is owned by another person (including your children)? Yes_ No_____

b. If yes, provide the following information:

Name and address of the owner_____

Description of the property_____

Value of the property \$_____

Location of the property_____

12. Prior address

a. IN THE LAST **THREE** YEARS, have you moved from one address to another? Yes No _____

b. If yes, provide the following information for **each** address in the last 3 years:

Former address_____

If you used a different name at the prior address, please list the name:

Beginning and ending dates of occupancy_____

c. If the debtors are filing a joint petition, also provide any separate addresses of either spouse during this period, if applicable

Separate address_____

If you used a different name at the prior address, please list the name:

Beginning and ending dates of occupancy_____

CLIENT INTAKE CHECKLIST

If any of the following applies to you, please be sure to include the requested information when you return the Client Intake form:

- Copy of driver's license
- Copy of Social Security card (or some other document that has your FULL Social Security number on it, other than your tax returns, such as a W-2 or 1099 form)
- Last 6 months of paystubs
- Statements for all other sources of income received within the last 6 months including social security, retirement income, unemployment compensation, disability insurance, workers compensation, lottery/gambling winnings, life insurance proceeds, inheritance, gifts etc.; if self employed, a year to date statement of income and expenses
- 2019 and 2020 full income tax returns including W-2s and 1099s
- Mortgage statement(s)
- Real estate tax bill
- Appraisal, comparative market analysis, or other valuation for your real estate IF prepared within the past three years
- Bank statements for the last 3 months
- Life insurance policy statement(s); (typically a statement can be obtained from the life insurance company or your employer that will have all pertinent information needed)
- Retirement statement(s) including 401(k), 403(b), pensions, IRAs, retirement annuities, thrift or deferred savings plan accounts, FERS, State Employees Retirement Board, etc.
- College fund savings account(s) ("529" accounts) or medical/health savings plan(s)
- Stocks or Bonds (including U.S. savings bonds)
- Auto loan statement(s)
- Motor vehicle excise tax bill(s)
- Bills/statements (including any collection agencies) covering the past 90 days for the debts (credit cards, medical bills, personal loans, etc)
- Regular monthly bills covering the past 3 months (e.g., utilities, phone, etc.)
- Divorce Separation Agreement and financial statement IF within the past 5 years
- Lease copies
- Law suit documentation (whether a plaintiff or defendant)

YOUR DEBTS, Page 1

Name and address of Creditor:

 Account number and amount owed:

 Account opened

 Account closed

 Collection Agency or Collection Attorney name and address:

Type of Debt:

H / W / J

 credit card medical personal loan student loan

 other: _____
Name and address of Creditor:

 Account number and amount owed:

 Account opened

 Account closed

 Collection Agency or Collection Attorney name and address:

Type of Debt:

H / W / J

 credit card medical personal loan student loan

 other: _____
Name and address of Creditor:

 Account number and amount owed:

 Account opened

 Account closed

 Collection Agency or Collection Attorney name and address:

Type of Debt:

H / W / J

 credit card medical personal loan student loan

 other: _____

YOUR DEBTS, Page 2

Name and address of Creditor:

 Account number and amount owed:

 Account opened

 Account closed

 Collection Agency or Collection Attorney name and address:

Type of Debt:

H / W / J

 credit card medical personal loan student loan

 other: _____
Name and address of Creditor:

 Account number and amount owed:

 Account opened

 Account closed

 Collection Agency or Collection Attorney name and address:

Type of Debt:

H / W / J

 credit card medical personal loan student loan

 other: _____
Name and address of Creditor:

 Account number and amount owed:

 Account opened

 Account closed

 Collection Agency or Collection Attorney name and address:

Type of Debt:

H / W / J

 credit card medical personal loan student loan

 other: _____

YOUR DEBTS, Page 3

Name and address of Creditor:

 Account number and amount owed:

 Account opened

 Account closed

 Collection Agency or Collection Attorney name and address:

Type of Debt:

H / W / J

 credit card medical personal loan student loan

 other: _____
Name and address of Creditor:

 Account number and amount owed:

 Account opened

 Account closed

 Collection Agency or Collection Attorney name and address:

Type of Debt:

H / W / J

 credit card medical personal loan student loan

 other: _____
Name and address of Creditor:

 Account number and amount owed:

 Account opened

 Account closed

 Collection Agency or Collection Attorney name and address:

Type of Debt:

H / W / J

 credit card medical personal loan student loan

 other: _____

YOUR DEBTS, Page 4

Name and address of Creditor:

 Account number and amount owed:

 Account opened

 Account closed

 Collection Agency or Collection Attorney name and address:

Type of Debt:

H / W / J

 credit card medical personal loan student loan

 other: _____
Name and address of Creditor:

 Account number and amount owed:

 Account opened

 Account closed

 Collection Agency or Collection Attorney name and address:

Type of Debt:

H / W / J

 credit card medical personal loan student loan

 other: _____
Name and address of Creditor:

 Account number and amount owed:

 Account opened

 Account closed

 Collection Agency or Collection Attorney name and address:

Type of Debt:

H / W / J

 credit card medical personal loan student loan

 other: _____