

CONFIDENTIAL
DEBT RELIEF INTAKE

Please complete entire form.

PLEASE PRINT

Date: _____

Revised 03/2018

GENERAL INFORMATION

1. Were you referred to our office? _____ By Whom? _____
2. Your Name: _____ S.S. # _____
3. Spouse's Name: _____ S.S. # _____
4. Your prior name(s): _____
5. Divorced? _____ If yes, what year? _____
6. Does your spouse intend on filing for bankruptcy? _____
7. Type of Bankruptcy: Chapter 7 _____ Chapter 13 _____
8. Interpreter needed? _____ Fee \$ _____
9. Credit Report needed? _____ Fee \$ _____ Filled out Form? _____
10. Current Address: _____

11. County: _____
12. Prior Address (within last three years): _____

13. Work Phone: _____ Home Phone: _____
14. Cell Phone: _____ Email: _____
15. Dependents (name, sex and age): _____

YOUR EMPLOYMENT

Additional Job: _____

Hours Worked: _____ Hourly Rate: \$ _____

Gross Pay Per Pay Period: \$ _____

Net Pay Per Pay Period: \$ _____

Do you receive Social Security Income: _____

Social Security Income \$ _____

Social Security Disability Income \$ _____

Social Security Disability Income for Dependents \$ _____

Worker's Compensation Income \$ _____

Unemployment Compensation Income \$ _____

Food Stamps \$ _____

Rental Income \$ _____

Do you receive any domestic support: _____

Child Support Amount: \$ _____

Payer Information: _____

Spousal Support Amount: \$ _____

Payer Information: _____

Any Other Income \$ _____

* If you are self-employed, please fill out the business expense sheet as well

MONTHLY LIVING EXPENSES

(Circle One)

Rent/Home Mortgage Payment/Land Contract.....\$ _____

Second Mortgage Payment	\$ _____
Association or Condominium dues	\$ _____
Repairs and Upkeep	\$ _____
Are Property Taxes Included? _____	Property Tax Payment \$ _____
Is Property Insurance Included? _____	Homeowner's Insurance \$ _____

Utilities:

Electricity	\$ _____
Heat	\$ _____
Water and Sewer	\$ _____
Trash Removal	\$ _____
Telephone	\$ _____
Cellular Telephone	\$ _____
Cable	\$ _____
Internet	\$ _____
Security System	\$ _____

Food & household supplies	\$ _____
Clothing, Laundry & Dry cleaning	\$ _____
Personal Care Products	\$ _____
Medical & Dental Expenses	\$ _____
Transportation (Gas and Repairs).....	\$ _____
Recreation, Clubs & Entertainment	\$ _____
Charitable Contributions	\$ _____
Daycare & Education Expense	\$ _____
Pet Expense	\$ _____
Storage Unit	\$ _____

Insurance:

Life Insurance	\$ _____
Health Insurance	\$ _____
Auto Insurance	\$ _____
Other	\$ _____

Any additional taxes\$ _____

Alimony, maintenance, and support paid to others\$ _____

Payments for support of additional dependents not living at your home \$ _____

Other\$ _____

TOTAL: \$ _____

MONTHLY BUSINESS EXPENSES

2017 Gross Income _____

Average Monthly Gross Income _____

1. Do you have employees? Yes or No (If no, skip to #5)
Net employee payroll _____
2. Payroll Taxes _____
3. Unemployment Taxes _____
4. Worker's Compensation _____
5. Other Taxes (i.e. self-employment tax) _____
6. Inventory Purchases (Including raw materials) _____
7. Purchases of Feed/Fertilizer/Seed/Spray _____
8. Rent (Other than residence) _____
9. Utilities _____
10. Telephone _____
11. Office Expenses & Supplies _____
12. Repairs & Maintenance _____
13. Vehicle Expense _____
14. Travel & Entertainment _____
15. Equipment Rental & Lease _____
16. Legal/Accounting/Other Professional Fees _____
17. Insurance _____
18. Meals _____
19. Employee Benefits (e.g. Pension, Medical, etc.) _____

REAL PROPERTY

RESIDENCE:

Do you intend on keeping the home: _____

Fair Market Value (e.g. 2x State Equalized Value).....\$ _____

Balance on Existing First Mortgage\$ _____

Monthly Payment: \$ _____ Months Behind: _____

Creditor: _____

Balance on Second Mortgage\$ _____

Monthly Payment: \$ _____ Months Behind: _____

Creditor: _____

Balance on Land Contract\$ _____

Amount of Property Taxes Owing \$ _____ Amount of Other Liens \$ _____

OTHER REAL ESTATE:

Address: _____

Do you intend on keeping the real property? _____

Fair Market Value (e.g. 2x State Equalized Value).....\$ _____

Balance on Existing First Mortgage\$ _____

Monthly Payment: \$ _____ Months Behind: _____

Creditor: _____

Balance on Second Mortgage\$ _____

Monthly Payment: \$ _____ Months Behind: _____

Creditor: _____

Balance on Land Contract\$ _____

Amount of Property Taxes Owing \$ _____ Amount of Other Liens \$ _____

VEHICLES

VEHICLE #1:

Year/Make/Model: _____

Whose Name is on the title? _____

Monthly Payment? _____ Months Behind: _____

Your opinion of the fair market value? _____

Is there a Secured Creditor on the title? _____ Balance: _____

Creditors Name and Address: _____

VEHICLE #2:

Year/Make/Model: _____

Whose Name is on the title? _____

Monthly Payment? _____ Months Behind: _____

Your opinion of the fair market value? _____

Is there a Secured Creditor on the title? _____ Balance: _____

Creditors Name and Address: _____

ADDITIONAL VEHICLES:

Have you co-signed for anybody else: _____

Name and Address of the co-debtor? _____

Year/Make/Model: _____

Monthly Payment? _____ Months Behind: _____

Your opinion of the fair market value? _____

Creditors Name and Address: _____

Balance: _____

MOBILE HOME

Year/Make/Model: _____

Whose Name is on the title? _____

Monthly Payment? _____ Months Behind: _____

Your opinion of the fair market value? _____

Is there a Secured Creditor on the title? _____ Balance: _____

Creditors Name and Address: _____

ADDITIONAL ITEMS

ATV OR SNOWMOBILE #1:

Year/Make/Model: _____

Monthly Payment? _____ Months Behind: _____

Fair Market Value: \$ _____ Balance Owed: \$ _____

Creditors Name and Address: _____

ATV OR SNOWMOBILE #2:

Year/Make/Model: _____

Monthly Payment? _____ Months Behind: _____

Fair Market Value: \$ _____ Balance Owed: \$ _____

Creditors Name and Address: _____

TRAILER/TRAVEL TRAILER:

Year/Make/Model: _____

Monthly Payment? _____ Months Behind: _____

Fair Market Value: \$ _____ Balance Owed: \$ _____

Creditors Name and Address: _____

PERSONAL PROPERTY

Cash on Hand\$ _____

Security Deposits with Landlords or elsewhere.....\$ _____

Safe Deposit Box.....\$ _____

Bank Accounts:

Bank: _____
 Bank: _____
 Bank: _____
 Bank: _____

Checking...\$ _____
 Checking...\$ _____
 Checking...\$ _____
 Checking...\$ _____

Quick Sale Value:

Household Goods and Furnishings, including audio, video and computer equipment.....\$ _____

Books; pictures; art objects; antiques; stamp, coin, record, tape or other collectibles.....\$ _____

Wearing Apparel.....\$ _____

Furs and Jewelry.....\$ _____

Sporting Goods.....\$ _____

Life Insurance Policies - Cash Value Amount, if Any.....\$ _____

Retirement Accounts - 401(k), 403(b), IRA.....\$ _____

Stocks and interests in incorporated and unincorporated Business.....\$ _____

Interests in partnerships or joint ventures.....\$ _____

Accounts Receivable.....\$ _____

Boats, Motors, and Accessories.....\$ _____

Tools of the Trade.....\$ _____

Animals.....\$ _____

Other personal property of any kind not already listed.....\$ _____

RELATED INFORMATION

1. Have you, your spouse or any member of your family been injured or involved in an automobile or any other type of accident in the last three years? YES NO
2. Do you or your spouse presently have an interest in the estate of anyone who is deceased? YES NO
3. Do you have any living relative or friend who you think might die

- in the next six months and leave you something? YES NO
4. Have you at any time within the past four years been engaged in business for yourself? YES NO
5. Have you received your 2017 income tax refunds? YES NO
- a. If so, how much? _____
 (i) Federal refund _____
 (ii) State refund _____
- b. If not, how much are you expecting? _____
 (i) Federal refund _____
 (ii) State refund _____
- c. How do you intend on spending your refund? _____

- d. Are you owed any previous year refund? YES NO
6. Are your wages currently being garnished, or are you having money deducted from your paycheck by a credit union, or is a wage assignment causing money to be deducted out of your paycheck? YES NO
- If yes, who is garnishing your wages, when did the garnishment begin, and how much is being garnished? _____

7. Have you made any payments totaling more than \$600.00 to any single creditor within the last 90 days? YES NO
- If yes, to whom did you make these payments, how much did you pay, and provide the name and address of the person or entity to whom the payment(s) were made: _____

8. Have you repaid any family members more then \$500.00 in the last year? YES NO
- If yes, what is the relationship of the family member, how much was paid, and the name and address to whom it was paid: _____

9. Have you had any items repossessed within the last year? YES NO
- If yes, please describe the item(s) repossessed and who repossessed the item(s): _____

10. Have you filed a prior bankruptcy? YES NO
11. Is a foreclosed threatened? YES NO
12. Is a sale scheduled? YES NO
- If so, when? _____

- | | | | |
|-----|--|-----|----|
| 13. | Have you refinanced your home in the past year? | YES | NO |
| | If yes, how much cash was received? _____ | | |
| 14. | Does your name appear on the Deed to anyone else's property? | YES | NO |
| 15. | Have you taken a cash advance on any of your credit cards within the past year? | YES | NO |
| | If yes, how much? _____ | | |
| 16. | Have you transferred any credit card balances to a different credit card within the past year? | YES | NO |
| 17. | Have you transferred any property in or out of your name in the last year? | YES | NO |
| | If yes, What? _____ | | |
| | To who? _____ | | |
| 18. | Have you used any credit cards at all in the last 3 months? | YES | NO |
| 19. | Have you gambled in the past 2 years? | YES | NO |
| | If so, have you reported any winnings or losses on your income tax returns? | YES | NO |
| | If yes, how much? _____ | | |
| 20. | Have you given any gifts valued at more then \$600.00 to a single person in the last 2 years? | YES | NO |
| 21. | Have you given any gifts valued at more then \$600.00 to a single charity in the last 2 year? | YES | NO |
| 22. | Have you transferred any property to a self-settled trust in which you are the beneficiary in the last 10 years? | YES | NO |
| 23. | Have you closed any bank accounts in the last 2 years? | YES | NO |
| 24. | Have you used a safe deposit box in the last year? | YES | NO |
| | If so, what are the contents? _____ | | |
| | _____ | | |
| | If so, what is the value of the contents? _____ | | |
| | _____ | | |
| 25. | Have you stored property in a storage unit or place other then your residence in the last year? | YES | NO |

26. Do you have property that belongs to anybody else in your possession or o
your property? YES NO

If so, who does it belong to? _____

If so, what is the property? _____

DEBT TOTALS

1. Total Credit Card Debt \$ _____

2. Spouse's Credit Card Debt \$ _____

3. Joint Debt \$ _____

4. Total Medical Debt \$ _____

5. Utilities \$ _____

6. Total Student Loans \$ _____
Creditor: _____
Monthly Payment: _____
7. Monthly Alimony Payment \$ _____
County: _____ Arrearage Amount: _____
Payee: _____
8. Monthly Child Support Payment \$ _____
County: _____ Arrearage Amount: _____
Payee: _____
9. IRS Tax Liability \$ _____ Years: _____
10. SOM Tax Liability \$ _____ Years: _____
11. Local Tax Liability \$ _____ Years: _____