

Consumer Legal Counseling Center, P.C.

Date: _____

INTAKE INFORMATION SHEET

To give us a complete picture of your financial situation and so that we will not take any more of your time than is necessary in conducting your initial conference, please fill this form out as completely as you possibly can.

Personal Information:

Are you: married single widowed divorced separated

Yourself:

Your Spouse:

Name

Spouse's Name

Any other Names you have gone by

Any other Names Spouse has gone by

Date of Birth _____
Social Security Number (Needed for credit report)

Date of Birth _____
Social Security Number (Needed for credit report)

Address

Address (Only if different from spouse)

City, State & Zip Code

City, State & Zip Code (Only if different from spouse)

Have you lived at this address for at least 180 days(6 months)? No Yes
Have you lived at this address for at least 730 days (2 years)? No Yes

Have you lived at this address for at least 180 days? No Yes
Have you lived at this address for at least 730 days (2 years)? No Yes

Home Telephone Number

Cell Phone, Pager #, **e-mail address** (if applicable)

Employer

Spouse's Employer

Employer's Address

Address of Spouse's Employer

Work Phone No. (only if O.K. to call)

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If you rent your home, does a landlord hold a judgement against you? No Yes
If yes, please provide the name and address of the landlord:

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Do you have any dependent children? Yes No

What are your children's **names and ages**? _____

Do either you or your spouse pay or receive child support? Yes No

You Paying Receiving \$ _____

Spouse Paying Receiving \$ _____

Do you or your spouse owe past due child support?

Yes No

You How much \$ _____

Spouse How much \$ _____

Is DHS involved? Yes No

What County? _____

How did you learn about us?

Referred by friend or relative

You are a previous client

Advertising

Other: _____

Do you have a specific problem that caused you to come to see us today? Yes No If so, what is it? _____

Property you own:

Do you own a home Yes No or trailer? Yes No If so, provide the following information:

Who do you owe for your home, Street Address, City, State & ZIP	Balance remaining owed on mortgage	Interest Rate	Amount of monthly payment	Amount of past-due payments on mortgage	Date Bought
Loan No.: Name: Address: City:					
Loan No.: Name: Address: City:					

Is your home in the city limits? Yes No
 How much land does your home sit on? _____ acres.
 What do you believe the value of your home is as of today? \$ _____
 What is the **legal description (addition, lot #, and block #)** of the land on which your home is situated?

Do you own one or more cars, trucks, other forms of transportation or boat? Yes No If so, list them here:

Type of vehicle, year, make, model & milage	Who do you owe for your vehicle or boat? Street Address, City, State and Zip	Current account balance	Interest rate	Amount of monthly payment	Amount of past- due payments on loans.	Date Bought
	Loan No.: Name: Address: City:					
	Loan No.: Name: Address: City:					

Are both spouses on the titles for the vehicle notes and titles? Yes No
 If not, explain the reason: _____
 Do you have comprehensive/collision insurance coverage on all your vehicles? Yes No

What banks do you presently have accounts with?

checking _____ \$ _____ savings _____ \$ _____

Do you have any security deposits with any utilities, phone companies, landlords or anyone else? Yes No

If so, list: _____

What is the approximate value of your household furniture and furnishings? \$ _____ Clothing? \$ _____

Do you have any furs or jewelry? Yes No. If so, list: _____

Do you have any life insurance policies? Yes No. If so, list: _____

Do you have any annuities? Yes No. If so, list: _____

Do you have any interests in partnerships or joint ventures? Yes No. If so, list: _____

Do you have any accounts receivable? Yes No. If so, list: _____

Do you own any patents or copyrights? Yes No. If so, list: _____

Do you own any animals, crops, farming equipment or supplies? Yes No. If so, list: _____

Do you or your spouse own an IRA, 401K, Keough, ERISA or other retirement accounts? Yes No.

If yes, list: _____. How much money is in the account? _____

Do you own any of the following items of personal property? Yes No If so, place a check mark in the box and describe below:

<input type="checkbox"/> airplane <input type="checkbox"/> antique cars <input type="checkbox"/> antique furniture <input type="checkbox"/> artwork, paintings or similar items <input type="checkbox"/> antiques of any other kind <input type="checkbox"/> antique books, pictures or collections of any kind <input type="checkbox"/> baseball card or other types of collections <input type="checkbox"/> big screen television <input type="checkbox"/> boat, motor or accessories <input type="checkbox"/> bonds or other securities <input type="checkbox"/> computers <input type="checkbox"/> country club membership	<input type="checkbox"/> electronics such as stereo or radio equipment <input type="checkbox"/> exercise club membership <input type="checkbox"/> jewelry (including wedding rings) <input type="checkbox"/> motorcycle <input type="checkbox"/> musical instruments of any kind <input type="checkbox"/> office equipment, furnishings or supplies <input type="checkbox"/> rifles, guns or pistols <input type="checkbox"/> stamp, coin, record or other collections <input type="checkbox"/> spa, hot tub <input type="checkbox"/> stocks, bonds, commodity investments <input type="checkbox"/> tools
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Please describe and _____
 include the item's value: _____

Your Income:

How often are you paid?	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Bi-monthly (1 st and 15 th , or 15 th and 30 th) <input type="checkbox"/> Monthly	Usual amount of your paycheck before deductions (Gross): \$ _____	Usual amount of your paycheck after deductions (Net): \$ _____
How often is your spouse paid?	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Bi-monthly (1 st and 15 th , or 15 th and 30 th) <input type="checkbox"/> Monthly	Usual amount of your spouse's paycheck before deductions (Gross): \$ _____	Usual amount of your spouse's paycheck after deductions (Net): \$ _____
Do you have a second job? <input type="checkbox"/> Yes <input type="checkbox"/> No How much does it pay monthly? \$ _____ Does your spouse have a second job? <input type="checkbox"/> Yes <input type="checkbox"/> No How much does it pay monthly? \$ _____ <p style="text-align: center;">(Please bring copies of your most recent 6 month of pay stubs when you come to meet with us.)</p>			
What was your total income for 2012 ? \$ _____ for 2011? \$ _____ What was your spouses total income for 2012? \$ _____ for 2011? \$ _____			

Taxes:

Name of Agency	Total amount owed	Amount of monthly payment	Amount of past-due payments	Tax year (if applicable)

For what year did you last file federal and state income tax returns? 20 ____

Do you expect income tax refunds for any year/s? Yes No What year/s? 20 ____ How much? \$ _____

(Please bring copies of your last two years federal and state income tax returns when you meet with us.)

Please list below the names and addresses **(including zip codes)** of all other parties (companies) you owe money to. Be sure to include all the following types of debts (credit cards, department store and gasoline charge accounts; utility and telephone bills; deficiencies resulting from home foreclosures or vehicle repossessions; judgments resulting from lawsuits for any reason; **you MUST list the original creditor in addition to the collection agency**)

Name of Creditor, including address and ZIP code	Type of Debt (credit card, open account, medical bill etc.)	Amount remaining owed on account	Amount of monthly pmt	Date Incurred
Acct No.: Name: Address: City:				
Acct No.: Name: Address: City :				

(Continue on additional sheet(s) or make copies of this page if necessary)

Your Budget:

House payment or rent	\$ _____
<i>(Does payment include insurance and taxes? <input type="checkbox"/> yes <input type="checkbox"/> no</i>	
Utilities:	
Electricity	\$ _____
Gas or Propane	\$ _____
Water/Trash	\$ _____
Telephone	\$ _____
Cable T.V.	\$ _____
Cell Phone/Pager	\$ _____
Home Maintenance (repairs and upkeep)	\$ _____
Food	\$ _____
Clothing	\$ _____
Laundry, Dry Cleaning	\$ _____
Medical, Dental expenses	\$ _____
Vehicle expenses (gas and oil)	\$ _____
Entertainment	\$ _____
Charitable Contributions	\$ _____
Insurance:	
Homeowner's/Renters	\$ _____
Health	\$ _____
Life	\$ _____
Vehicle	\$ _____
Real Estate taxes	\$ _____
Federal/State income taxes	\$ _____
Monthly vehicle payments	\$ _____
Child support/Alimony	\$ _____
Installment payments	\$ _____
Credit card payments	\$ _____
Other monthly payments	\$ _____