

CLIENT QUESTIONNAIRE

FULL NAME (Last, First & Middle)	FULL NAME (Last, First & Middle)
SSN:	SSN:
DATE OF BIRTH:	DATE OF BIRTH:
PHYSICAL ADDRESS:	PHYSICAL ADDRESS:
CONTACT INFO: Home: ()) Cell: ()) Email:	CONTACT INFO: Home: ()) Cell: ()) Email:
MAILING ADDRESS (if different from physical address) (include city, state, zip):	MAILING ADDRESS (if different from physical address) (include city, state, zip):
COUNTY OF RESIDENCE:	COUNTY OF RESIDENCE:
EMPLOYER NAME & ADDRESS:	EMPLOYER NAME & ADDRESS:
WORK PHONE NUMBER:	WORK PHONE NUMBER:
SELF EMPLOYED? <input type="checkbox"/> Yes <input type="checkbox"/> No	SELF-EMPLOYED? <input type="checkbox"/> Yes <input type="checkbox"/> No
OCCUPATION/JOB TITLE:	OCCUPATION/JOB TITLE:
LENGTH OF EMPLOYMENT:	LENGTH OF EMPLOYMENT:

Have you lived in Ohio for the past 3 years? Yes No Have you file bankruptcy before? Yes No

Has your vehicle been repossessed in the last 21 days? Yes No
If yes, what date was it repossessed?

Has your home been scheduled for a foreclosure sale? Yes No
If yes, when is the Foreclosure Date and Time?

What are you worried about?
Medical bills Loss of job Foreclosure/Eviction New job with lower income
Repossession Wage Garnishment Utility Shutoff Other: _____
Lawsuits Collection Agencies Credit Card Debt

Why did you select our firm?
Yellow Pages Referred by Attorney Sign in front of office Previous Client
Internet Radio Referred by friend Other: _____

Do you know anyone else who has come to our firm? Yes No
If Yes, please list person's name and relationship to you:

Part C. Prior/Pending Bankruptcy Cases

Has a bankruptcy case been filed by you or against you in the **last 8 years**? No Yes

If yes, in which district of which state was the case filed? _____

Case Number: _____ Date filed: _____

Are there currently any bankruptcy cases pending against you, your business, your spouse, or your spouse's business? No Yes

If yes, name of debtor: _____ Relationship to you: _____

Case Number: _____ Date filed: _____ Judge: _____

In which district of which state was the case filed? _____

Debtors Who Reside as Tenants of Residential Property

If you rent your home, are you current? No Yes

Please provide the name and address of the landlord:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Part D. Domestic Relations Order of Support Verification

(Please fill out a form for each divorce decree or order of support.)

Case No. _____

Type of Court Ordered Support: Child Spousal None

Name of Ex-spouse _____ Phone _____

Address _____

Email _____

Name of Support Enforcement Agency (SEA) _____

Address of SEA: _____

Monthly Payment _____

Amount of Past Due Payment _____

Copy of Divorce Decree or Support Order Attached: Yes No

Number of Children _____

(The following information regarding your children is CONFIDENTIAL and is for the use of this LAW OFFICE ONLY.)

Name	Date of Birth	Age	Disabled?
1.			
2.			
3.			
4.			

Part E. Real Estate

Your current residence is (circle one): Rented Leased Land Contract Own/Buying

If you are currently paying on your home, please provide the following information:

Location of Property: _____

Purchase Date: _____ Purchase Price: _____ Current Value: _____ Date Financed: _____

Name(s) listed on Deed: _____

Name (s) listed on Mortgage: _____

Co-owners: _____

1st Mortgage Information

Equity: _____
(Attorney Only)

Name of Mortgage Company: _____

Address: _____

Amount of Debt: _____

Months behind: _____

Monthly payment: _____

Is the insurance included? _____

Is the taxes included? _____

Do you have a second mortgage, home equity, home improvement loan, window loan or furnace loan?

Name (s) listed on Mortgage: _____

Name of Mortgage Company: _____

Address: _____

Amount of Debt: _____

Months behind: _____

Monthly payment: _____

Date Financed: _____

Does the second mortgage have any additional security such as vehicles listed as collateral? _____

If so, please list: _____

*If you have additional mortgages on your real estate or own any other pieces of real estate, empty lots, or timeshares please ask the secretary for more paperwork.

HAVE YOU OWNED ANY REAL ESTATE IN THE LAST FOUR YEARS ? _____

Part F. Motor Vehicles/Mobile Homes

Please list all vehicles titled in your name even if you do not owe money on the car.

If you do not have a vehicle titled in your name, please indicate your method of transportation.

VEHICLE #1

Description (Yr. & Make): _____

Titled in the name: _____

Amount owed: _____ Monthly payment: _____

Current Value: _____ Mileage: _____

Equity: _____ (For Attorney Only) Vehicle ID No. _____

Is there any damage? _____

Name & Address of Creditor: _____

Date of Purchase: _____ Original Length of Loan: _____ Interest Rate: _____

Is anyone else responsible for this debt? Please note their name, address and relationship to you:

Is this a leased vehicle? _____ When was the vehicle leased? _____ Term of the lease _____

Has this vehicle been repossessed or is it close to being repossessed? _____

VEHICLE #2

Description (Yr. & Make): _____

Titled in the name: _____

Amount owed: _____ Monthly payment: _____

Current Value: _____ Mileage: _____

Equity: _____ (For Attorney Only) Vehicle ID No. _____

Is there any damage? _____

Name & Address of Creditor: _____

Date of Purchase: _____ Original Length of Loan: _____ Interest Rate: _____

Is anyone else responsible for this debt? Please note their name, address and relationship to you:

Is this a leased vehicle? _____ When was the vehicle leased? _____ Term of the lease _____

Has this vehicle been repossessed or is it close to being repossessed? _____

Do you have any other vehicles even if driven by a relative? If so, please see the secretary for an additional form.

Part G. Household Goods and Furnishings

For personal, family and household purposes the replacement value is the value a retail merchant selling the item would charge considering the age and condition of the item. **Example:** Assume that you have a DVD player that is 3 years old. You have been using the DVD player regularly and it works. The replacement value for this item would be what a used store or flea market would *price* the item.

<i>Room/Description</i>	<i>Replacement Value</i>	<i>Room Total</i>
<i>Living Room</i>		
Carpets/Rugs	\$	
Sofas, Chairs	\$	
Tables	\$	
Lamps	\$	
Pictures/Mirrors	\$	
Window Coverings	\$	
TVs, Stereos	\$	
Computer	\$	
Other (list)	\$	
Total Living Room		\$
<i>Kitchen</i>		
Appliances	\$	
Small Appliances	\$	
Table, Chairs	\$	
Cookware	\$	
Dishes, Utensils	\$	
Other (list)	\$	
Total Kitchen		\$
<i>Dining Room</i>		
Carpet/Rugs	\$	
Table, Chairs	\$	
Buffet, Sideboard	\$	
China, Glassware	\$	
Silver	\$	
Pictures/Mirrors	\$	
Other (list)	\$	
Total Dining Room		\$
<i>Bedrooms</i>		
Carpet/Rugs	\$	
Beds	\$	
Bedding	\$	
Bureaus, Dressers	\$	
Pictures/Mirrors	\$	
Desk, Chairs, Tables	\$	
TVs, Stereos	\$	
Computer	\$	
Other (list)	\$	
Total Bedrooms		\$

<i>Family Room/Den</i>		
Sofas, Chairs	\$	
Tables, Chairs	\$	
Pictures/Mirrors	\$	
TVs, Stereos	\$	
Computer	\$	
Other (list)	\$	
Total Family Room/Den		\$
<i>Garage/Car Port/Shed</i>		
Tools	\$	
Lawn Mower	\$	
Grill	\$	
Lawn Furniture	\$	
Hobby/Sport Equipment	\$	
Other (list)	\$	
Total Garage/Car Port/Shed		\$
TOTAL HOUSEHOLD		\$

Part H. Personal Property

For each type of property listed below, indicate whether you own any property of that category, and if you do, fill in the remaining information. ***** List the value of the property if you would sell it at a flea market or thrift store.*****

Type of Property	Yes/ No	Description & Location	How Much is it Worth?
1. Cash on hand			
2. Checking/Savings Account, Certificates of deposit, other bank accounts			
3. Security deposits held by utility companies, landlord			
4. Household Goods (See above form)			

Type of Property	Yes/ No	Description & Location	How Much is it Worth?
5. Books, pictures, art objects, records, compact discs, collectibles			
6. Clothing (used value)			
7. Furs and jewelry (list Jewelry and value if you were to sell it)			
8. Firearms and sports, photographic, hobby equipment, firearms			
9. Interest in insurance policies		Type: Owner Beneficiary Term Insurance _____ _____ Insurance at work _____ _____ Whole Life Ins _____ _____	
10. Annuities			
11. Interests in an Education IRA or Qualified State Tuition Plan			
12. Interests in pension or profit sharing plans		TYPE OF PLAN (ck box) husband/wife 401(k) _____ _____ 403(b) _____ _____ PERS _____ _____ SERS _____ _____ STERS _____ _____ IRS _____ _____ Other _____ _____	
13. Stock and interests in incorporated/ unincorporated business			

Type of Property	Yes/ No	Description & Location	How Much is it Worth?
14. Interests in partnerships/joint ventures			
15. Bonds (Including Savings bonds)			
16. Accounts receivable			
Alimony/family support to which you are entitled (are you owed Back support)			
17. Other liquidated debts owed to you, including tax refunds		2008 Refund Fed \$ _____ When did you get it? _____ State \$ _____ When did you get it? _____	
18. Equitable or future interests or life estates			
19. Are you expecting to inherit any money or property			
20. Are you currently suing anyone or expect to be able to sue someone			
21. Patents, copyrights, other intellectual property			
22. Licenses, franchises			
List cars, trucks, fifth wheels, motorcycles, dirt bikes, trailers not previously listed			
23. Boats, motors, and accessories			
24. Aircraft and accessories			
25. Office equipment, supplies			

Type of Property	Yes/ No	Description & Location	How Much is it Worth?
26. Machinery, fixtures etc. for business			
27. Inventory			
28. Animals			
29. Crops-growing or harvested			
30. Farming equipment and implements			
31. Farm supplies, chemicals, feed			
32. Other personal property of any kind not listed			

Part I. Current Income

List all dependents of you and your spouse, their ages, and their relationship to you:

Current Marital Status:

- Married
- Single
- Divorced
- Separated
- Widowed

List all dependents of you and your spouse, their ages, and their relationship to you:

Part A. Debtor's Income

Current Marital Status:
 Married
 Single
What is your occupation? _____

Divorced
 Separated
 Widowed
Name and address of your employer:

How long have you been employed? _____

Gross per pay \$ _____

Overtime per pay period \$ _____

Taxes/Social Security \$ _____

Insurance \$ _____

Union Dues \$ _____

Child Support Deducted \$ _____

Pension/401K \$ _____

Amount You Bring Home \$ _____

Other Sources of Monthly Income:

Rental Property \$ _____

Social Security/Gov. Assistance \$ _____

Pension/Retirement \$ _____

Spousal Support Received \$ _____

Child Support Received \$ _____

Second Job Income Gross \$ _____

How often are you paid? Monthly Twice a month
 Every two weeks Weekly Other (explain):

Second Job Net Income \$ _____

TOTAL ADDITIONAL INCOME \$ _____

TOTAL INCOME \$ _____

Part B. Joint Debtor's Income

What is your occupation? _____

Name and address of your employer:

How long have you been employed? _____

Gross per pay \$ _____

Overtime per pay period \$ _____

Taxes/Social Security \$ _____

Insurance \$ _____

Union Dues \$ _____

Child Support Deducted \$ _____

Pension/401K \$ _____

Amount You Bring Home \$ _____

Other Sources of Monthly Income:

Rental Property \$ _____

Social Security/Gov. Assistance \$ _____

Pension/Retirement \$ _____

Spousal Support Received \$ _____

Child Support Received \$ _____

Second Job Income Gross \$ _____

How often are you paid? Monthly Twice a month
 Every two weeks Weekly Other (explain):

Second Job Net Income \$ _____

TOTAL ADDITIONAL INCOME \$ _____

TOTAL INCOME \$ _____

COMBINED MONTHLY INCOME \$ _____

Are you or your spouse expecting any increase or decrease in salary of more than 10% next year? If so, explain.

Part J. Current Expenses

Do you and your spouse maintain separate households? Yes No. If so, fill one page out for your household and another for your spouse.

The following questions ask for your expenses each month. If you are unsure of the amount you pay each month, but know the amount for a different period (per week, per day, every 2 months, etc.), write in the amount and the frequency that you pay the amount.

Indicate how much you pay for each item each month...

- | | | |
|-----|------------------------------------------------------------------------------------------------------|----------|
| 1. | Rent payment or home mortgage payment | \$ _____ |
| | Does that amount include real estate taxes? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | Does it include property insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 2. | Electricity/Heating | \$ _____ |
| 3. | Water and Sewage | \$ _____ |
| 4. | Telephone Service/Long Distance | \$ _____ |
| 5. | Cable/Cell phone/Internet | \$ _____ |
| 6. | Food | \$ _____ |
| 7. | Clothing | \$ _____ |
| 8. | Laundry/Dry Cleaning | \$ _____ |
| 9. | Medical and Dental Expenses | \$ _____ |
| 10. | Transportation (not including car payments) | \$ _____ |
| 11. | Entertainment/Recreation | \$ _____ |
| 12. | Charitable Contributions | \$ _____ |
| 13. | Insurance <u>Not</u> Deducted from Wages | |
| | (a) Homeowners or renters insurance | \$ _____ |
| | (b) Life Insurance | \$ _____ |
| | (c) Auto Insurance | \$ _____ |
| 14. | Taxes not deducted from paycheck | \$ _____ |
| 15. | Alimony/Child support payments NOT deducted | \$ _____ |
| 16. | Other Expenses Not Listed Above | |
| | (a) _____ | \$ _____ |
| | (b) _____ | \$ _____ |
| | (c) _____ | \$ _____ |
| | (d) _____ | \$ _____ |
| | TOTAL EXPENSES | \$ _____ |

Part K. Additional Questions

1. Have your wages been **garnished or bank account seized**? Yes No
If yes, by whom? _____

2. Has any property been **repossessed, foreclosed or returned**? Yes No
If yes, please give a brief summary. _____

3. Are you currently facing a **utility shutoff**? Yes No. If yes, please list the name of the company and the date for shutoff.

4. Are you involved in any lawsuits resulting from a car accident or any other type of matter? Yes No. If yes, please describe _____

5. Have you repaid money to a relative? Yes No. How much & when _____
6. Have you had any losses from fire, theft or gambling? Yes No _____

7. Have you sold, given away or traded a car or house in the last 4 years? Yes No
What property was sold, given away or traded? _____
Did you owe money on the property? Yes No If yes, to whom? _____
How much was owed? _____
What was its fair market value? _____
How much did you receive? _____
7. Have you closed a bank account in the last year? Yes No
8. Do you have a safe deposit box? Yes No
9. Do you have rent-to-own contracts for furniture? Yes No
10. Are you currently **involved in a business or have been involved in a business during the last EIGHT years**? Yes No If yes, please see the secretary for additional forms.
11. What is your primary concern that has brought you to my office?

