

# CLIENT QUESTIONNAIRE 2012

<b>FULL NAME:</b> (Last, First & Middle)	<b>SPOUSE FULL NAME:</b> (Last, First & Middle)
<b>SSN:</b>	<b>SSN:</b>
<b>DATE OF BIRTH:</b>	<b>DATE OF BIRTH:</b>
<b>MARITAL STATUS:</b>	<b>MARITAL STATUS:</b>
<b>PHYSICAL ADDRESS:</b>	<b>PHYSICAL ADDRESS:</b>
<b>CONTACT INFO:</b> Home: (     )     ) Cell: (     )     ) E-mail:	<b>CONTACT INFO:</b> Home: (     )     ) Cell: (     )     ) E-mail:
<b>MAILING ADDRESS</b> if different from physical address: (include city, state, zip):	<b>MAILING ADDRESS</b> if different from physical address: (include city, state, zip):
<b>COUNTY OF RESIDENCE:</b>	<b>COUNTY OF RESIDENCE:</b>
<b>EMPLOYER NAME &amp; ADDRESS:</b>	<b>EMPLOYER NAME &amp; ADDRESS:</b>
<b>WORK PHONE NUMBER:</b>	<b>WORK PHONE NUMBER:</b>
<b>SELF EMPLOYED?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>SELF-EMPLOYED?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>OCCUPATION/JOB TITLE:</b>	<b>OCCUPATION/JOB TITLE:</b>
<b>LENGTH OF EMPLOYMENT:</b>	<b>LENGTH OF EMPLOYMENT:</b>
<b>Have you lived in Ohio for the past 3 years?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Have you filed bankruptcy before?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If so when?</b>
<b>Has your vehicle been repossessed in the last 21 days?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If yes, what date was it repossessed?</b>	
<b>Has your home been scheduled for a foreclosure sale?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If yes, when is the Foreclosure Date and Time?</b>	
<b>What are you worried about?</b> <input type="checkbox"/> Medical bills <input type="checkbox"/> Loss of job <input type="checkbox"/> Foreclosure/Eviction <input type="checkbox"/> New job with lower income <input type="checkbox"/> Repossession <input type="checkbox"/> Wage Garnishment <input type="checkbox"/> Utility Shutoff <input type="checkbox"/> Other: _____ <input type="checkbox"/> Lawsuits <input type="checkbox"/> Collection Agencies <input type="checkbox"/> Credit Card Debt	
<b>Why did you select our firm?</b> <input type="checkbox"/> Yellow Pages <input type="checkbox"/> Referred by Attorney <input type="checkbox"/> Sign in front of office <input type="checkbox"/> Previous Client <input type="checkbox"/> Internet <input type="checkbox"/> Radio <input type="checkbox"/> Referred by friend <input type="checkbox"/> Other: _____	
<b>Do you know anyone else who has come to our firm?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If yes, please list person's name and relationship to you:</b>	

**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: \_\_\_\_\_

1<sup>st</sup> 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 provide the information on the back of this page.

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

**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 cars, trucks, motorcycles, boats, four-wheelers or airplanes, even if operated by a relative? If so, please list on the back of this page.**

**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 to sell it at a flea market or thrift store\*\*\*\*\*

Type of Property	Yes/ No	Description & Location	How Much is it Worth?
1. Tax Refunds		2011 Refund Fed \$ _____ When did you get it? _____ State \$ _____ When did you get it? _____	
2. Checking/Savings Account, Certificates of deposit, other bank accounts			
3. Interest in insurance policies		Type:                      Owner                      Beneficiary Term Insurance _____ Insurance at work _____ Whole Life Ins _____	
4. Interests in pension or profit sharing plans		TYPE OF PLAN (ck box)                      husband/wife 401(k) _____ 403(b) _____ PERS _____ SERS _____ STERS _____ IRS _____ Other _____	
5. Household Goods			
6. Jewelry			

# CURRENT INCOME:

Current Marital Status:	List all dependents of you and your spouse, their ages, and their relationship to you:		
<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed	Name	Age	Relationship

## Part A. 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 \$ \_\_\_\_\_

## 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:

## 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 monthly for each item...

1. Rent payment **or** home mortgage payment \$ \_\_\_\_\_  
Does that amount include real estate taxes? Yes No  
Does it include property insurance? Yes 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 Not 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 \$ \_\_\_\_\_

**ADDITIONAL QUESTIONS:**

1. Have you been sued or have you sued anyone else? Yes No
2. Are you facing a utility shutoff? Yes No
3. Are you being garnished? Yes No.
4. Have you transferred money or property out of your name in the last 4 years? Yes No
5. Have you repaid any relatives more than \$600 in the last 4 years? Yes No.
6. Do you pay or receive child/spousal support? Yes No
7. Have you owned or operated your own business in the last 6 years? Yes No