



LED FORD & WU
Giving Consumers a Fighting Chance!
CLIENT INTAKE FORMS

Federal Law requires you to provide all of the following information when you file bankruptcy. We can not give you proper legal advice without it. **DO NOT LEAVE BLANKS!** Thank you for your cooperation.

For Office Use Only

Date: _____

Client # _____

Debtor			Spouse (If Married)		
Last <small>(Include Jr., Sr., III, etc.)</small>	First	Middle	Last <small>(Include Jr., Sr., III, etc.)</small>	First	Middle
Social Security No. (List all if used more than one)			Social Security No. (List all if used more than one)		
Street Address (INCLUDE APARTMENT #)			Street Address (INCLUDE APARTMENT #) (IF DIFFERENT FROM SPOUSE)		
City	State	Zip	City	State	Zip
County	Prior Names Used Past 6 years		County	Prior Names Used Past 6 Years	
Mailing Address (if different from above)			Mailing Address (if different from above)		
Mailing City	Mailing State	Mailing Zip	Mailing City	Mailing State	Mailing Zip
Home Phone	Work Phone		Home Phone	Work Phone	
Cell Phone	Email Address (Please print legibly)		Cell Phone	Email Address (Please print legibly)	
Date of Birth	Would you like to receive communications by email? <input type="checkbox"/> YES <input type="checkbox"/> NO		Date of Birth	Would you like to receive communications by email? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Are you: (circle one) MARRIED SINGLE SEPARATED DIVORCED WIDOWED			Have you <u>ever</u> filed a bankruptcy before? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Are both you and your spouse filing this bankruptcy together? <input type="checkbox"/> YES <input type="checkbox"/> NO			If Yes: Year _____ Chapter _____ Location _____		
Are you behind on any mortgage payments? <input type="checkbox"/> YES <input type="checkbox"/> NO			Are you behind on any vehicle payments? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Are you behind on any other payments? <input type="checkbox"/> YES <input type="checkbox"/> NO			Have you repaid any loans to any family or friends within the last year? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Have you ever been divorced? <input type="checkbox"/> YES <input type="checkbox"/> NO			Do you have any co-signed debts? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Have you ever owned any real estate? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, what property and when: _____			Have you co-signed for anyone? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Have you ever been convicted of a felony? <input type="checkbox"/> YES <input type="checkbox"/> NO			Has anyone co-signed for you? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Are you completely current on your child support obligations? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NOT APPLICABLE			Do you currently pay or have you paid child support? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Have you filed your income tax returns in the last 4 years? Federal State			Who do you make your child support payments to? <input type="checkbox"/> State Agency <input type="checkbox"/> Individual _____		
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO			Are you currently being evicted by your landlord or are you currently behind in rent payments? <input type="checkbox"/> YES <input type="checkbox"/> NO		

Do you own Real Estate? Yes No

Your Real Estate

Address of property:		City	State	Zip
Type of property (check one) <input type="checkbox"/> Single Family Home <input type="checkbox"/> Condominium <input type="checkbox"/> Multi Family Home <input type="checkbox"/> Vacant Lot <input type="checkbox"/> Mobile Home <input type="checkbox"/> Co-op (Cooperative)				
Name(s) on Deed or Title to Property: _____				
Number of people on title: _____ Names: _____				
Year you purchased property:	Purchase Price: \$	Down Payment: \$	Year last appraised:	Appraisal Value now: \$

First Mortgage

Mortgage Company Name		Address		
City	State	Zip	Account No.	Date Incurred
Payoff Balance: \$	Monthly Payment: \$	Are you behind in payments? <input type="checkbox"/> YES <input type="checkbox"/> NO		How many months behind?
Interest Rate	Amount to catch up on payments: \$		Are taxes and insurance included in payment? <input type="checkbox"/> YES <input type="checkbox"/> NO	

Second Mortgage or Home Equity Loan

Second Mortgage Company Name		Address		
City	State	Zip	Account No.	Date Incurred
Payoff Balance: \$	Monthly Payment: \$	Are you behind in payments? <input type="checkbox"/> YES <input type="checkbox"/> NO		How many months behind?
Interest Rate	Amount to catch up on payments: \$		Are taxes and insurance included in payment? <input type="checkbox"/> YES <input type="checkbox"/> NO	

Do you have any other mortgages or liens on your real estate? <input type="checkbox"/> YES <input type="checkbox"/> NO	Do you own any real estate other than your home? <input type="checkbox"/> YES <input type="checkbox"/> NO
Do you own a timeshare? <input type="checkbox"/> YES <input type="checkbox"/> NO	Have your real estate taxes been sold? <input type="checkbox"/> YES <input type="checkbox"/> NO

Do you own a Financed Vehicle? Yes No

Your Financed Motor Vehicles

Vehicle # 1

Year	Make	Model	Do you want to keep this vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Creditor Name		Address		
City	State	Zip	Are you behind in this car payment? <input type="checkbox"/> YES <input type="checkbox"/> NO How Many Months Behind?	
Account Number	Balance:	Monthly Payment	Date of loan	Interest Rate
Mileage	Condition	Who is on title?	Is vehicle Insured?	

Vehicle # 2

Year	Make	Model	Do you want to keep this vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Creditor Name		Address		
City	State	Zip	Are you behind in this car payment? <input type="checkbox"/> YES <input type="checkbox"/> NO How Many Months Behind?	
Account Number	Balance:	Monthly Payment	Date of loan	Interest Rate
Mileage	Condition	Who is on title?	Is vehicle insured?	

Do you have any other financed vehicles besides the two listed above? YES NO

Description of Property

1 Please list the amount of cash that you have in your possession today: \$ _____

Please list all bank accounts, including all checking accounts, savings accounts, CD's, and Credit Union accounts:

	Bank Name	Account Number	Type	Account Balance
2	1.		<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> CD <input type="checkbox"/> CU	\$
	2.		<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> CD <input type="checkbox"/> CU	\$
	3.		<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> CD <input type="checkbox"/> CU	\$
	4.		<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> CD <input type="checkbox"/> CU	\$

Are you on someone else's bank account but the money in the account is not yours? YES NO If yes, Who? _____

Please list any and all persons or companies that are holding security deposits of yours:

3 Name of Creditor/Utility/Landlord: _____ Amount of Deposit: \$ _____
 Name of Creditor/Utility/Landlord: _____ Amount of Deposit: \$ _____

Household Goods – Please check all items that you own:

	Item		Item		Item		Item
4	<input type="checkbox"/> Sofa	<input type="checkbox"/>	China Cabinet	<input type="checkbox"/>	Coffee maker	<input type="checkbox"/>	Stereo
	<input type="checkbox"/> Loveseat	<input type="checkbox"/>	Refrigerator	<input type="checkbox"/>	Bedroom Set #1	<input type="checkbox"/>	Lamps
	<input type="checkbox"/> Entertainment Center	<input type="checkbox"/>	Freezer	<input type="checkbox"/>	Bedroom Set #2	<input type="checkbox"/>	Telephone
	<input type="checkbox"/> Television #1	<input type="checkbox"/>	Stove	<input type="checkbox"/>	Bedroom Set #3	<input type="checkbox"/>	Answering Machine
	<input type="checkbox"/> Television #2	<input type="checkbox"/>	Microwave	<input type="checkbox"/>	Dresser	<input type="checkbox"/>	Fax Machine
	<input type="checkbox"/> Television #3	<input type="checkbox"/>	Dishwasher	<input type="checkbox"/>	Desk	<input type="checkbox"/>	Lawnmower
	<input type="checkbox"/> VCR	<input type="checkbox"/>	Washer/Dryer	<input type="checkbox"/>	Filing Cabinet	<input type="checkbox"/>	Snowblower
	<input type="checkbox"/> DVD Player	<input type="checkbox"/>	Kitchen Table/Chairs	<input type="checkbox"/>	Bookshelves	<input type="checkbox"/>	Hand Tools
	<input type="checkbox"/> Coffee Table	<input type="checkbox"/>	Pots/Pans	<input type="checkbox"/>	Computer	<input type="checkbox"/>	Other _____
	<input type="checkbox"/> End Tables	<input type="checkbox"/>	Dishes/Silverware	<input type="checkbox"/>	Printer	<input type="checkbox"/>	Other _____
	<input type="checkbox"/> Dining Table/Chairs	<input type="checkbox"/>	Vacuum	<input type="checkbox"/>	Video Game System	<input type="checkbox"/>	Other _____

5 List any and all books, pictures, art objects, records, compact discs, collectibles: _____ Resale Value \$ _____

6 List the USED value of your clothing: _____ Used Value \$ _____

7 List any furs or jewelry: If none, check box. None
 Wedding Rings Watch Engagement Ring Necklace Bracelet Fur Coat Rings Diamonds Used Value \$ _____

8 List any sports, photographic, hobby equipment, firearms, etc... If none, check box. None
 Camera Camcorder Bicycles Golf Clubs Firearms other: _____ Used Value \$ _____

9 Interest in insurance policy – specify refund or cancellation value If none, check box. None
 Term Policy: _____ Beneficiary: _____ Face Value: _____
 Term Policy: _____ Beneficiary: _____ Face Value: _____
 Whole Policy: _____ Beneficiary: _____ Cash Value: _____
 Whole Policy: _____ Beneficiary: _____ Cash Value: _____
 Have you borrowed against your policies? Yes No Can you currently borrow against any policies? Yes No If Yes, amount \$ _____

10 List any and all annuities that you may have: If none, check box. None _____

11 List any interests in an education IRA or under a state 529 plan. If none, check box. None _____

Interest in pension, retirement or profit sharing plans: If none, check box. None

Debtor's Pension or Profit Sharing Plans		Spouse's Pension or Profit Sharing Plans	
<input type="checkbox"/> 401(k)	Balance \$ _____	<input type="checkbox"/> 401(k)	Balance \$ _____
<input type="checkbox"/> Pension	Balance \$ _____	<input type="checkbox"/> Pension	Balance \$ _____
<input type="checkbox"/> IRA	Balance \$ _____	<input type="checkbox"/> IRA	Balance \$ _____
<input type="checkbox"/> 403(b)	Balance \$ _____	<input type="checkbox"/> 403(b)	Balance \$ _____

13 List any and all stocks and interests in incorporated/unincorporated businesses (if stock, list number of shares): If none, check box. None

14 List any interest in partnerships or joint ventures: If none, check box. None

15 List any and all bonds that you own (including U.S. Savings Bonds): If none, check box. None Value \$ _____

16 List any and all account receivables that are owed to you: If none, check box. None Value \$ _____

17 List any and all alimony or child support owed to you: If none, check box. None

Alimony Monthly amount \$ _____ Ending in year _____ Child Support Monthly Amount \$ _____ Ending in Year _____

18 Other liquidated debts owed to you including tax refunds: If none, check box. None Value \$ _____

19 List any and all equitable or future interests or life estates: If none, check box. None

Are you a beneficiary on someone's life estate or trust? Yes No If yes, explain: _____

20 List any and all interest in the estate of a decedent or a life insurance plan or trust: If none, check box. None

Has anyone passed away and left you as a beneficiary in a will, trust, or life insurance policy? Yes No _____

21 List any and all contingent/unliquidated claims including tax refunds or counter claims:

Do you expect a tax refund for tax year 2008? Yes No Did you already receive it? Yes No Amount \$ _____

Do you have the right to sue someone in court to receive money damages? Yes No

Have you ever been injured at work? Yes No

Have you been injured in an automobile accident or any other personal injury? Yes No

Have you or your family been the victim of a medical malpractice? Yes No

Were you the victim of a wrongful termination, sexual harassment or any other act in which you might have an EEOC claim? Yes No

22 Please list any and all patents, copyrights, or other intellectual property: If none, check box. None

23 Please list any and all licenses or franchises (including liquor licenses, taxi medallions, etc..) If none, check box. None

24 Please list any and all customer lists or other compilations containing personally identifiable information provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes. If none, check box. None

25 Please list any automobiles, motorcycles, trucks, trailers or accessories (whether paid for or not): If none, check box. None

	Year	Make	Model	Mileage	List who is on title	Value
1						\$
2						\$
3						\$
4						\$

Are you a co-signer on any other vehicle? Yes No If yes, who: _____

26	List any and all boats, motors and accessories: If none, check box. <input type="checkbox"/> None _____ Value \$ _____
27	List any and all aircraft and accessories: If none, check box. <input type="checkbox"/> None _____ Value \$ _____
28	List any and all office equipment and supplies: If none, check box. <input type="checkbox"/> None _____ Value \$ _____
29	List any and all machinery, fixtures, etc. for business: If none, check box. <input type="checkbox"/> None _____ Value \$ _____
30	List any and all inventory that you have: If none, check box. <input type="checkbox"/> None _____ Value \$ _____
31	List any pets and animals: If none, check box. <input type="checkbox"/> None _____ Value \$ _____
32	List any crops (growing or harvested): If none, check box. <input type="checkbox"/> None _____ Value \$ _____
33	List any farming equipment or implements: If none, check box. <input type="checkbox"/> None _____ Value \$ _____
34	List any and all farm supplies, chemicals or feed: If none, check box. <input type="checkbox"/> None _____ Value \$ _____
35	List any or all other personal property not listed in #1 through #34 above: If none, check box. <input type="checkbox"/> None _____ Value \$ _____

Leases and Executory Contracts

Do you have any vehicle leases? YES NO If yes, complete below.
 Do you have any tenants with whom you have leases? YES NO If yes, complete below.
 Do you have any business leases? YES NO If yes, complete below.

Type of contract	Name and address of party	Terms and expiration
<input type="checkbox"/> Vehicle Lease <input type="checkbox"/> Apartment Lease <input type="checkbox"/> Residential Lease <input type="checkbox"/> Furniture Lease <input type="checkbox"/> Business Lease <input type="checkbox"/> Other	Name _____ Address _____ City Zip _____	Monthly Pmt. \$ _____ Expires _____ Buyout? \$ _____
Type of contract	Name and address of party	Terms and expiration
<input type="checkbox"/> Vehicle Lease <input type="checkbox"/> Apartment Lease <input type="checkbox"/> Residential Lease <input type="checkbox"/> Furniture Lease <input type="checkbox"/> Business Lease <input type="checkbox"/> Other	Name _____ Address _____ City Zip _____	Monthly Pmt. \$ _____ Expires _____ Buyout? \$ _____

Co-Signers

Have you co-signed on any debt for anyone (car, mortgage, credit card, student loan, etc.)? YES NO If yes, complete below.
 Has anyone co-signed any debt for you (car, mortgage, credit card, student loan, etc.)? YES NO If yes, complete below.

1	<input type="checkbox"/> I have co-signed a debt <input type="checkbox"/> Someone co-signed for me	Person		Creditor		Information
		Name	_____	Name	_____	Balance \$
		Address	_____	Address	_____	Terms:
		City, Zip	_____	City, Zip	_____	For What?
2	<input type="checkbox"/> I have co-signed a debt <input type="checkbox"/> Someone co-signed for me	Person		Creditor		Information
		Name	_____	Name	_____	Balance \$
		Address	_____	Address	_____	Terms:
		City, Zip	_____	City, Zip	_____	For What?

Statement of Financial Affairs

1	List how much you have made from your job or self-employment (include any rental income) If none, check box. <input type="checkbox"/> None	Debtor		Spouse	
		Year to Date	\$	Year to Date	\$
		2008	\$	2008	\$
		2007	\$	2007	\$
2	List any other income: <i>(Include Rental Income, Social Security, pension or other retirement income, unemployment or worker's comp.)</i> If none, check box. <input type="checkbox"/> None	Debtor	Source:	Spouse	Source:
		Year to Date	\$	Year to Date	\$
		2008	\$	2008	\$
		2007	\$	2007	\$
3	List all payments to creditors or family:	Name of creditor or relative	Date of payment	Amount Paid	Amount still owed:
	a. Greater than \$600 to any one creditor within the last 90 days.	3a			
	b. All payments made within 1 year to relatives or partners (in business)	3b			
4a	List all any and all lawsuits or foreclosures to which you were a party within the last year. If none, check box. <input type="checkbox"/> None	Case number and party	Reason for suit	Court and Location	Status
					<input type="checkbox"/> Pending <input type="checkbox"/> Judgment
					<input type="checkbox"/> Pending <input type="checkbox"/> Judgment
4b	List all property that has been garnished, seized, or attached under any process within the last year <i>(include paycheck garnishments)</i> If none, check box. <input type="checkbox"/> None	Name of person/creditor who took property	Date property taken	Description of what taken	
5	List all property that has been repossessed, returned to a creditor, or has been foreclosed within the last year: <input type="checkbox"/> None	Name of Creditor	Date of repossession, transfer or return	Description and value of property	
6	Assignments or receiverships	Name of assignee or custodian	Date of assignment or court order	Description and value of property	
	a. List any assignment of property for the benefit of a creditor within last 120 days:				
	b. List all property which is in the hands of a custodian, receiver or court-appointed official				
7	List all gifts or charitable contributions made within the last year <i>(do not include gifts to family less than \$200 and charitable donations less than \$100)</i> <input type="checkbox"/> None	Name of recipient or charitable organization	Relationship to you	Date of gift or contribution	Description and value
8	List all losses from fire, theft, gambling or other casualty within the last year: <input type="checkbox"/> None	Description and value of property	Circumstances of loss and amount covered by insurance.	Date of loss	
9	List all payments related to debt counseling or bankruptcy. <input type="checkbox"/> None	Name of attorney or consolidator	Date of payments	Amount of Payment	
10	List all other property transfers not in the ordinary course of business within the last year <i>(include sale of cars, title loans, etc.)</i>	Name and address of transferee	Date of transfer	Description of property and amount received	
11	List all financial accounts which were closed, sold or otherwise transferred <i>(include all closed checking and savings accounts, CD's, IRA's, annuities, etc.)</i>	Name and address of institution	Type of account, final balance and acct. number	Date of closing	
12	List all safe deposit boxes or depositories within the last year. <input type="checkbox"/> None	Name and address of bank	Names of people who have access	Contents	Date of transfer
13	List all setoffs made by a creditor, including a bank against a debt or deposit of yours within the last 90 days.	Name of Creditor	Date of Setoff	Amount of Setoff	
14	List all property that you hold or control that is owned by another person.	Name of Owner	Description and value of property	Location of Property	
15	List your prior addresses within the last 2 years <i>(include name if a name change)</i>	Address	Name at the time	Dates of occupancy	
16	If you reside or resided in a community property state, (including Alaska, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington or Wisconsin) within the last 6 years, list the name of your spouse or former spouse that resided with you in the states named above) <input type="checkbox"/> None				

Dependants

Do you have any Dependants who are living with you? Yes No If Yes, complete below:

	Name	Age	Relationship
1			
2			
3			
4			
5			

Income

	Debtor	Spouse
Employer's Name		
Employer's Address		
Employer's City, State, Zip		
Occupation		
How Long have you been there?		
Pay Frequency	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> 2x per Month <input type="checkbox"/> Monthly	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> 2x per Month <input type="checkbox"/> Monthly

Gross Pay per Pay Period		
Estimated Overtime per Pay Period		
.....SUBTOTAL		
Taxes (Federal, State, Social Security, Medicare)		
Medical & Dental & Life Insurance		
Union Dues		
Pension Deduction		
401(k) Deduction		
401(k) Loan Repayment		
Credit Union Deduction		
Child Support Deduction		
.....NET PAY		

Regular income (from Operation of Business)		
Income From Rental Properties		
Regular Interest and/or Dividends		
Alimony / Support / Maint. Income		
Social Security Income		
Other Gov't Assist. _____		
Pension/Retirement Income		
Other _____		
.....TOTAL		

Do you expect any increase or decrease in income over 10% over the next year? Yes No If yes, describe:

Monthly Expenses

Rent payment	\$	Life Insurance (monthly)	\$
Mortgage Payment	\$	Health Insurance (if not deducted from paycheck)	\$
Second Mortgage Payment	\$	Automobile Insurance (monthly)	\$
Third Mortgage Payment	\$	Renter's Insurance (monthly)	\$
Are real estate taxes included in payment? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, list monthly amount →	\$	Taxes (if not deducted from paycheck)	\$
Is home insurance included in payment? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, list monthly amount →	\$	Vehicle Payment #1	\$
Home Owner's Association Payment	\$	Vehicle Payment #2	\$
Electricity Bill (monthly)	\$	Vehicle Payment #3	\$
Natural Gas Bill (monthly)	\$	Auto Repairs / Auto Maintenance	\$
Water & Sewer Bill (monthly)	\$	Student Loan Payment(s)	\$
Home Phone Bill (monthly)	\$	Alimony Paid (monthly)	\$
Cell Phone Bill (monthly)	\$	Child Support Paid (monthly)	\$
Cable / Satellite Bill (monthly)	\$	Haircuts / Personal Care	\$
Internet Bill (monthly)	\$	Childcare / Babysitting	\$
Home Maintenance (monthly)	\$	Tuition / School Expenses – for your children	\$
Food / Groceries (monthly)	\$	Tuition / School Expenses – for yourself	\$
Clothing (monthly)	\$	After-school / Recreation Programs – for your children	\$
Laundry & Dry Cleaning (monthly)	\$	School Lunches	\$
Medical & Dental Expenses (monthly)	\$	Postage	\$
Gasoline (monthly)	\$	Other _____	\$
Other Transportation (Bus/Train) (monthly)	\$	Other _____	\$
Tolls (monthly)	\$	Other _____	\$
Parking (monthly)	\$	Other _____	\$
Recreation / Entertainment (monthly)	\$	Other _____	\$
Charitable Contributions (monthly)	\$	Other _____	\$

I/We have completed the forms honestly and completely to the best of my/our knowledge. I/we understand that any legal advice and/or recommendations made by Ledford & Wu are based on the information I/we have provided. It is my/our responsibility to provide honest and complete information to Ledford & Wu. I/we agree to hold Ledford & Wu harmless in the event the information provided is false or incorrect.

X _____
Debtor

Date _____

X _____
Spouse

Date _____