

# BILLBUSTERS

Giving Consumers a Fighting Chance!

## Consumer Bankruptcy Client Intake Forms

Ledford, Wu & Borges, LLC.

In order to consult with an attorney, you are required to provide the following information. Please do not leave any blanks. The attorney will review any questions with you. This information will allow for accurate advice.

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Client #: \_\_\_\_\_  
(To be filled in by attorney)

### CONTACT INFORMATION

Client Information		Spouse Information (if applicable)	
Full Name:	_____	Full Name:	_____
Social Security Number:	_____ - ____ - _____	Social Security Number:	_____ - ____ - _____
Home Address : _____ If you are married but residing at separate addresses, please advise the attorney.		_____	
Mailing Address: _____ Only complete if different from home address or a PO Box		_____	
Home Phone #:	_____ - _____ - _____	Cell Phone #:	_____ - _____ - _____
Email:	_____	Email:	_____
What is your marital status?	Married   Single   Divorced   Widowed	<u>Attorney Notes:</u>	
Have you ever filed for bankruptcy before?	Y   N		
Have you every been convicted of a crime?	Y   N		
Have you filed your income taxes every year	Y   N		
In the past eight years, have you gone by any other names, including maiden names? _____	Y   N		

### ASSET INFORMATION

Do you own, or are you purchasing, your primary residence?	Y   N	<u>Attorney Notes:</u>
If not, please provide the following information: Landlord Name: _____ Landlord Address: _____ Monthly rent: \$ _____ Security Deposit: \$ _____ Lease end date: ____/____/____ Is your rent current?   Y   N		
If yes, please provide the following information: Type of property: Single family   Condo   Townhouse   Mobile Home How many people are on title to the property?: _____ First mortgage company: _____ Balance owed: \$ _____ Monthly payment \$ _____ Months behind: _____ Taxes & Insurance Escrowed:   Y   N		
Second mortgage company: _____ Balance owed: \$ _____ Monthly payment \$ _____ Months behind: _____		
Is there any other debt against the property?	Y   N	
Do you have a homeowner's or condo association?	Y   N	
If yes, name: _____		
Do you own, or are you purchasing, any other real estate?	Y   N	
If yes, please ask attorney for multiple property form.		
Do you own a time share or vacation club property?	Y   N	
Do you own any other type of real estate?	Y   N	
Describe: _____		

Do you have any open bank accounts?	Y	N	If yes:
Bank: _____ Type: _____ Balance: \$ _____			
Bank: _____ Type: _____ Balance: \$ _____			
Bank: _____ Type: _____ Balance: \$ _____			
Is your name on anybody else's bank account?	Y	N	
Do you have a security deposit with anyone (other than landlord above)?			
Who: _____ How Much: \$ _____	Y	N	
Do you own any one item, other than real estate or a vehicle, that could be sold for more than \$1,000 today?	Y	N	
Do you have any life insurance?	Y	N	
If yes, is it whole or term life? Whole Term Universal			
Do you have any retirement accounts?	Y	N	If yes:
Type of Account: _____ Current balance: \$ _____			
Type of Account: _____ Current balance: \$ _____			
Do you have any other financial assets, such as:	Y	N	
stocks, bonds, annuities, prepaid tuition plans or educational IRAs?			
In the past six years, have you owned or started a business?	Y	N	
Does anybody owe you money for any reason?	Y	N	
Have you received an inheritance in the past one year?	Y	N	
Do you normally receive an income tax refund?	Y	N	
Are you currently suing anybody or do you believe that you could sue somebody and recover money damages?	Y	N	
Do you have any professional licenses, certifications, copyrights, patents, franchise agreements or intangible property?	Y	N	
Are you currently financing any vehicles of any kind?	Y	N	
Year, Make & Model: _____			
Finance Company: _____ Mileage: _____			
Amount owed: \$ _____ Monthly Pymt: \$ _____			
Purchase Date: _____ Full coverage insurance?	Y	N	
Year, Make & Model: _____			
Finance Company: _____ Mileage: _____			
Amount owed: \$ _____ Monthly Pymt: \$ _____			
Purchase Date: _____ Full coverage insurance?	Y	N	
If you own any vehicles free and clear, please list them below:			
Year, Make, Model & Mileage: _____			
Year, Make, Model & Mileage: _____			
Have you cosigned for anyone or has anyone cosigned for you?	Y	N	
If yes, what was it for: _____			
Name of creditor: _____			
Name of co-signor: _____			
Address of cosignor: _____			
Do you have any pets, livestock or crops?	Y	N	
Do you have any equipment, machinery, fixtures or inventory?	Y	N	
Other than your residence, are you renting, leasing or "renting to own" anything? If so, what? _____	Y	N	
Do you have any other personal property with value of any kind?	Y	N	

Attorney Notes:

**CURRENT AND RECENT FINANCIAL ISSUES**

Have you borrowed more than \$600 from one creditor, including credit card usage, in the past three months? Y N
Have you paid more than \$600 to any one creditor, excluding mortgage, rent and vehicle payments, in the past three months? Y N
Have you paid back any family members, friends or business associates more than \$500 within the past one year? Y N
To the best of your knowledge, have any lawsuits been filed against you within the past one year? Y N
In the past one year, has any creditor taken any property away from you, including repossessions, foreclosures, wage garnishments, etc.? Y N
In the past four months, has any of your property been assigned to a receiver by the court? Y N
Do you make any regular cash charitable contributions or tithes? Y N If yes, to whom: _____ How much \$ _____ per _____
In the past year, have you paid anyone to assist you with your debts in any way (such as consolidation, settlement or bankruptcy)? Y N
In the past five years, have you sold, given away or transferred any property, including gifts, worth more than \$1,500? Y N
Do you have a safe deposit box anywhere? Y N If yes, where: _____ What's in it? _____
Do you have any property that is titled in someone else's name? Y N Commonly this is a car title in someone else's name that you drive.
Have you lived at your current address for the past 3 years? Y N If not, prior address: _____
Have you lived in Illinois for the past six years? Y N If not, what state(s) did you live in? _____

Attorney Notes:

**HOUSEHOLD BUDGET INFORMATION**

Note: All household income information must be included, even for non-filing spouses, by federal law!

Who lives within your household besides you: Name: _____ Age: ____ Relation: _____ Name: _____ Age: ____ Relation: _____ Name: _____ Age: ____ Relation: _____ Name: _____ Age: ____ Relation: _____
If you are currently working, please provide the following: Name of Employer: _____ Address of Employer: _____ Position/Title: _____ Years Employed Here: _____
If your spouse is currently working, please provide the following: Name of Employer: _____ Address of Employer: _____ Position/Title: _____ Years Employed Here: _____

Attorney Notes:

How much is your normal, take-home, after taxes and deductions pay?  
 \$ \_\_\_\_\_ every \_\_\_\_\_ (yours)  
 \$ \_\_\_\_\_ every \_\_\_\_\_ (Spouse if applicable)

Do either you or your spouse have a second job? Y N  
 If yes, your pay is \$ \_\_\_\_\_ every \_\_\_\_\_

Do you or your spouse receive income from self-employment? Y N  
 If so, how much in an average month, after expenses? \$ \_\_\_\_\_

Is there any income from child support or alimony? Y N  
 If yes, how much: \$ \_\_\_\_\_ per \_\_\_\_\_

Is there any income from SSI, SSDI or VA Disability? Y N  
 If yes, how much: \$ \_\_\_\_\_ per \_\_\_\_\_

Is there any income from a pension or retirement plan? Y N  
 If yes, how much: \$ \_\_\_\_\_ per \_\_\_\_\_

Are there any public benefits being received in the household? Y N  
 If yes, from: \_\_\_\_\_ \$ \_\_\_\_\_ per \_\_\_\_\_

Is there any other income from any other source? Y N  
 If yes, from: \_\_\_\_\_ \$ \_\_\_\_\_ per \_\_\_\_\_

Are you currently repaying any retirement loans? Y N  
 If yes, how much per check \$ \_\_\_\_\_ for how much longer \_\_\_\_\_

**Please list your average, ordinary monthly expenses. We know that some of these vary month to month, just estimate an average. Do NOT include any expenses deducted from your paycheck.**

Rent/First Mortgage	\$ _____	Medical/Dental	\$ _____
Real Estate Taxes	_____	Gasoline	_____
Property Insurance	_____	Other Transportation	_____
Home Maintenance	_____	Recreation	_____
Homeowner's Assoc.	_____	Charitable Contrib.	_____
Second Mortgage	_____	Life Insurance	_____
Third Mortgage	_____	Health Insurance	_____
Electric	_____	Vehicle Insurance	_____
Natural Gas	_____	Other Insurance	_____
Water & Sewer	_____	Income Taxes	_____
Home Phone	_____	Vehicle Payment 1	_____
Cell Phone	_____	Vehicle Payment 2	_____
Cable/Satellite	_____	Vehicle Payment 3	_____
Internet	_____	Installment Payment	_____
Trash Collection	_____	Auto Repairs/Maint	_____
Home Security	_____	Alimony	_____
Food/Groceries	_____	Child Support	_____
School Lunches	_____	Support of Others	_____
Child Care/Education	_____	Other Real Estate	_____
Clothing	_____	Tuition - Self	_____
Laundry/Dry Cleaning	_____	Postage	_____
Haircuts/Personal Care	_____	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 the attorney is based on the information I/we have provided. I/We agree to inform Ledford, Wu & Borges, LLC. if any of the information provided changes for as long as Ledford, Wu & Borges, LLC. represents me/us. I/We agree to update and/or correct any information provided that proves inaccurate as soon as we learn of such inaccuracy. I/We agree to hold Ledford, Wu & Borges, LLC. harmless in the event that the information provided proves to be inaccurate or false.

X \_\_\_\_\_ X \_\_\_\_\_ Date \_\_\_\_\_