

LAW OFFICE

INTAKE SHEET

BANKRUPTCY

Appointment Date & Time: _____ Referred By: _____

Name: _____

Mailing Address: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Are you Married: Yes No If married, are you living together: Yes No
Any dependents Yes No If yes, what are the ages of your dependents? _____

Spouse Name: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

E-Mail: _____ Spouse E-Mail: _____

Any prior bankruptcy: Yes No
If so, when was it filed, what type, and when was it discharged: _____

Employer Name and address: _____

Length of employment: _____ Net Salary Per Pay Period: _____

How Often Paid: _____

Spouse's Employer Name and address: _____

Length of employment: _____ Net Salary Per Pay Period: _____

How Often Paid: _____

Please describe any other sources of income including Social Security, Child Support, Unemployment, Second Job, or Disability (even if you receive cash only):

Do either of you own a business: Yes No If so, please describe:

What is the TOTAL of ALL DEBTS NOT including home mortgages, automobile loans, and other secured debts:

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For purposes of these questions, equity means do they have any value above the loans on them:

Do you own a home: Yes No If so, how much equity does it have: _____

Are you current on your primary home: Yes No

If not, how many months behind are you? _____ Monthly payment? _____

Do you intend to keep your home: Yes No

Do you have any other homes: Yes No If so, please describe:

If no vehicles, check this box: and describe how you travel around: _____

Vehicle #1: Describe: _____

Financed: Leased: Owned Out Right: Value: _____

Current: Yes No Keeping: Yes No

Vehicle #2: Describe: _____

Financed: Leased: Owned Out Right: Value: _____

Current: Yes No Keeping: Yes No

Vehicle #3: Describe: _____

Financed: Leased: Owned Out Right: Value: _____

Current: Yes No Keeping: Yes No

(IF YOU NEED EXTRA ROOM, PLEASE PLACE THE INFORMATION ON A SEPARATE PAGE)

Please describe any other significant assets (boat, trailer, RV, ATVs, stocks, bonds, etc.):

Do you have other secured debts: Yes No If yes, are you current: Yes No

If not, do you intend to keep it: Yes No

Please describe the nature of these secured debts: _____

Please provide the following documents in preparation for your initial consult:

- **The Last One Month of Paystubs for each position held over the past six months.**
- **Proof of income for non-employment positions (i.e. copy of checks or bank statements)**
- **If this is ONLY a business bankruptcy for a corporation or LLC, then do NOT complete the expense form on the following page, but you MUST provide the last 12 months of Profit and Loss Statements and a current Balance sheet.**

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EXPENSES

Please provide the expenses for each of the categories below (MONTHLY average):

- \$ _____ Primary Home Mortgage or Rent:
- \$ _____ Primary Second Mortgage or Second HELOC:
Are Property Taxes Impounded with Mortgage: Yes No
If not, what is the annual amount: _____
- Is Home Insurance Impounded with Mortgage: Yes No
If not, what is the annual amount: _____
- \$ _____ Electricity
- \$ _____ Home Gas
- \$ _____ Water/Sewer
- \$ _____ Trash:
- \$ _____ Home Phone
- \$ _____ Cellular
- \$ _____ Cable
- \$ _____ Internet
- \$ _____ Home Maintenance
- \$ _____ Food
- \$ _____ Clothing
- \$ _____ Laundry/Dry Cleaning
- \$ _____ Medical/Dental Expenses: (Only Co-Payments and Prescription Costs)
- \$ _____ Transportation Gas
- \$ _____ Auto Registration (Annual)
- \$ _____ Auto Maintenance (Annual)
- \$ _____ Auto Payments
- \$ _____ Auto Insurance
- \$ _____ Entertainment/Recreation Costs
- \$ _____ Charitable Contributions:
- \$ _____ Renter's Insurance
- \$ _____ Life Insurance
- \$ _____ Back Taxes
- \$ _____ Payments for Dependents: (Only if NOT living at home)
- \$ _____ Childcare/daycare/preschool
- \$ _____ Other Insurance: Please specify _____
- \$ _____ Other Installment Payments: Please specify _____
- (DO NOT INCLUDE CREDIT CARDS OR PERSONAL LOANS PAYMENTS)
- \$ _____ Business Expenses: (Please provide monthly financial statement and balance sheet)
- \$ _____ Other Expenses: _____

ONLY FILL OUT THE ITEMS BELOW IF THEY ARE NOT DEDUCTED FROM YOUR PAYCHECK:

- \$ _____ Health Insurance:
- \$ _____ Alimony/Child Support:

KOA KODAM & ASSOCIATES, P.C.

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Please provide a list of each and every BALANCE TRANSFER between credit cards or lines of credit over the preceding 12 months below: If none, check this box:

Creditor Transferred To Name: _____
Date of Transfer: _____ Amount of Transfer: _____

Creditor Transferred To Name: _____
Date of Transfer: _____ Amount of Transfer: _____
(IF YOU NEED EXTRA ROOM, PLEASE PLACE THE INFORMATION ON A SEPARATE PAGE)

Please provide a list of each and every CASH ADVANCE from a credit card or line of credit over the preceding 12 months below: If none, check this box:

Creditor Name: _____
Date of Cash Advance: _____ Amount of Cash Advance: _____

Creditor Name: _____
Date of Cash Advance: _____ Amount of Cash Advance: _____
(IF YOU NEED EXTRA ROOM, PLEASE PLACE THE INFORMATION ON A SEPARATE PAGE)

Please provide a list of each and every card you had MORE THAN \$3,000 IN CHARGES within the preceding 12 months below. Only list this if the charges were done over a 90 Day period or less. If none, check this box:

Creditor Name: _____
Date Range of Purchases: _____ Amount of Purchases: _____

Creditor Name: _____
Date Range of Purchases: _____ Amount of Purchases: _____
(IF YOU NEED EXTRA ROOM, PLEASE PLACE THE INFORMATION ON A SEPARATE PAGE)

OFFICE USE ONLY

Retainer: H C C7 C13 CR EP FF WC Other _____ PPL

Case Information Sheet: BK BK LIT CIV LIT EP EMP WC PI-GEN PI-MV

Other Forms: CIS COI CA NCA

523 Issues: _____ Delay in Filing: _____ BE Name: _____

Key Issues: _____

SOL: _____ Misc Deadlines: _____