

**CONTACT INFORMATION**

Law Office of Lazaro E. Fernandez (951) 684-4474

Today's Date		How did you hear about us?			Is this your first Bk consultation?		
					<input type="checkbox"/> NO <input type="checkbox"/> YES		
Have you filed Bankruptcy before?				Are you filing jointly with your spouse?		Office Use Only	
<input type="checkbox"/> NO <input type="checkbox"/> YES When?				<input type="checkbox"/> NO <input type="checkbox"/> YES		<input type="checkbox"/> NC <input type="checkbox"/> CMF	
Your First Name Middle Last			Spouse's First Name <input type="checkbox"/> N/A Middle Last				
Street Address (Residence)				Street Address (Residence) If different from spouse.			
City State Zip Code			City State Zip Code				
Home Phone Cell Phone Work Phone			Home Phone Cell Phone Work Phone				
E-mail Address What state did you reside in 2 years ago?				E-mail Address What state did you reside in 2 years ago?			
Social Security No. D.O.B Marital Status No. of Dependants				Social Security No. D.O.B Marital Status No. of Dependants			

**REAL ESTATE - If none, skip to next section and check here**

Description						Present Value	Basis of Value
Year Purchased	Purchase Price	Homestead?		Property Intentions			
		<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> Keep	<input type="checkbox"/> Sell	<input type="checkbox"/> Surrender	
Estimate if unknown	Balance Owed	Monthly Payment	No. Months Late	Reinstatement Amount	Notice of Default Date	How is Title Held?	
						<input type="checkbox"/> Individual	<input type="checkbox"/> Joint <input type="checkbox"/> Other
1st Mortgage							
2nd Mortgage							
3rd Mortgage							
Association Dues							
Property Taxes							
Other Liens							

**VEHICLES, MOTORCYCLES, RECREATIONAL VEHICLES-** If none, skip to next section and check here

Yr.	Auto Make	Model	Current Value	Loan/Lease	Payment	Balance/ Payoff	# Mo. Late	Intent
				<input type="checkbox"/> Purchase <input type="checkbox"/> Lease <input type="checkbox"/> Paid				<input type="checkbox"/> Keep <input type="checkbox"/> Surrender
				<input type="checkbox"/> Purchase <input type="checkbox"/> Lease <input type="checkbox"/> Paid				<input type="checkbox"/> Keep <input type="checkbox"/> Surrender
				<input type="checkbox"/> Purchase <input type="checkbox"/> Lease <input type="checkbox"/> Paid				<input type="checkbox"/> Keep <input type="checkbox"/> Surrender
				<input type="checkbox"/> Purchase <input type="checkbox"/> Lease <input type="checkbox"/> Paid				<input type="checkbox"/> Keep <input type="checkbox"/> Surrender

**OTHER CREDITORS/DEBTS**

<i>Please Provide your best estimates. If you decide to file bankruptcy, we will pull your credit report.</i>			Approx. # Items	Approx Total Combined Balances	Total Charges in Last 6 Months	Total Pmts in Last 6 Months	Did anyone Co-sign?	Months Late
1	Credit Cards (i.e. Visa, MasterCard, Amex, Discover)						<input type="checkbox"/> Yes <input type="checkbox"/> No	
2	Dept. Store Cards (i.e. Best Buy, Macys, Sears, etc.)						<input type="checkbox"/> Yes <input type="checkbox"/> No	
3	Personal Loans (Secured/Unsecure, Credit Unions)						<input type="checkbox"/> Yes <input type="checkbox"/> No	
4	Auto Repossessions						<input type="checkbox"/> Yes <input type="checkbox"/> No	
5	Lawsuits/ Judgments						<input type="checkbox"/> Yes <input type="checkbox"/> No	
6	Student Loans						<input type="checkbox"/> Yes <input type="checkbox"/> No	
7	Taxes- Years Owed:	Returns Filed? Yes No					<input type="checkbox"/> Yes <input type="checkbox"/> No	
8	Child/ Domestic Support						<input type="checkbox"/> Yes <input type="checkbox"/> No	
9	401K						<input type="checkbox"/> Yes <input type="checkbox"/> No	
*	Other (Misc., medical bills, family, friends, etc)						<input type="checkbox"/> Yes <input type="checkbox"/> No	
TOTALS							<input type="checkbox"/> Yes <input type="checkbox"/> No	

**GROSS INCOME FROM ALL SOURCES**

[Median 1-\$3,708; 2-\$4,924; 3-\$5,343; 4-\$6,083; 5-\$6,658; 6-\$7,223; 7-\$7,808]

Occupation	Gross Income ( 2 years ago)	Gross Income (Prior Full Year)	Year to Date Gross Income	Average Monthly Income
Spouse's Occupation	Gross Income ( 2 years ago)	Gross Income (Prior Full Year)	Year to Date Gross Income	Average Monthly Income

# AVERAGE MONTHLY LIVING EXPENSES

Monthly Expenses	Estimate	Leave Blank	Leave Blank	Do you have Savings, 401K, IRS, Stock, or Business Interest? <input type="checkbox"/> No <input type="checkbox"/> Yes    Please explain:
Rent/Total Mortgage Payment				Do you have any other valuable assets? <input type="checkbox"/> No <input type="checkbox"/> Yes    Please explain:
Association Dues				
Property Taxes Impounded				Are Creditors calling you, harassing you, or making threats? <input type="checkbox"/> No <input type="checkbox"/> Yes    Please explain:
Ins. - Homeowner's Impounded				
Gas & Electricity				Have you transferred or sold any assets in the last 2 years? <input type="checkbox"/> No <input type="checkbox"/> Yes    Please explain:
Water & Sewer				
Phone (Home/Cell)				Are you expecting a tax refund this year? <input type="checkbox"/> No <input type="checkbox"/> Yes    Please explain:
Cable/ Internet				
Food				Are you going to inherit any money soon? <input type="checkbox"/> No <input type="checkbox"/> Yes    Please explain:
Clothing				
Out of pocket Medical /Dental Expenses				Are you suing anyone? (i.e.) Work Comp, MVA, etc.) <input type="checkbox"/> No <input type="checkbox"/> Yes    Please explain:
Transportation				
Recreation, Enter., Magazines				Have you taken any cash advances in the last 6 months? <input type="checkbox"/> No <input type="checkbox"/> Yes    Please explain:
Charitable Contributions				
Health Insurance				Have you made any big pruchases in the last 6 months? <input type="checkbox"/> No <input type="checkbox"/> Yes    Please explain:
Car Insurance				
Taxes (not already deducted from pay)				Have you repaid any family/ friends in the last year? <input type="checkbox"/> No <input type="checkbox"/> Yes    Please explain:
Car Payment				
Alimony/Spousal/ Child Support				Do you expect your income to change in the next year? <input type="checkbox"/> No <input type="checkbox"/> Yes    Please explain:
Support - dependant not at home				
Regular Business Expense				Have you paid anyone more than \$600 in the last 90 days? <input type="checkbox"/> No <input type="checkbox"/> Yes    Please explain:
Student Loan Repayment				
Government Fines/ Restitution				What is the main reason why you fell behind in your payments?
Other				
Other				Do you want to eliminate your debt or restructure and repay? <input type="checkbox"/> Eliminate- Ch. 7 <input type="checkbox"/> Restructure- Ch. 13    Why:
<b>Total</b>				