

CLIENT INFORMATION

DATE: _____

First Name MI Last Name

Spouse's First Name MI Last Name

Address (Apt.#)

Address (if different) (Apt.#)

City, State, Zip

City, State, Zip

Home / Cell Phone (circle one)

Home / Cell Phone (circle one)

Employer, Position

Employer, Position

Work Phone (ext)

Work Phone (ext)

How long have you lived at your present address? _____

____ Married ____ Single ____ Divorced ____ Separated

How did you hear about us? _____

What is the purpose of your visit? _____

Bankruptcy clients only:

Estimated monthly income from all sources \$ _____

Estimated monthly expenses* \$ _____

List of creditors* / Total amount owed \$ _____
(or your credit report)

* Attach worksheet / list