

Date of Appointment: _____ Time of Appointment: _____

Initial Consultation Information Form

Name: _____

Address: _____ Contact Telephone Number: _____

_____ Marital Status: _____

Have you lived at your current address for at least the past 180 days: _____

If not, please list previous addresses and dates: _____

Dependents: _____

Employer: _____ How Long have you been employed? _____

Prior Bankruptcies: Please indicate any bankruptcy filings within the last eight (8) years.

Do you own a home? _____ Value of your home? _____ How much is owed? _____

Are you behind on your payments? _____ If so, how many payments? _____

Do you own any more real property (land or houses, etc.)? Where is it located? _____

How many cars do you own? _____ How much are they worth and how much do you owe?

How Much Other Debt?

Credit Cards _____

Medical _____

Other _____

Have you taken cash advances in the last 90 days? _____ When and for how much? _____