



Patrick Neale & Associates

CLIENT INFORMATION SHEET - Bankruptcy

Please fill out the following information. Today's Date: _____

Name: _____ Date of Birth: _____

Street Address: _____ City _____ Zip _____

Best phone number to reach you: _____ Cell or Home (please circle)

Additional phone number to reach you: _____ Cell or Home or Work

Email Addresses _____

How long have you resided in Florida? _____ S.S. #: _____

In what other states, if any, have you lived during the last three years? _____

Marital Status: Single/never married Married Separated Divorced Domestic Partner Widowed

If married:

Spouse's Name: _____ Date of Birth: _____

Address if different: _____ S.S. #: _____

Are both spouses filing? Yes No (If Yes, answer all following questions for both spouses)

How many children/dependents? _____ Ages: _____ Do any live with you? _____

Background:

1. Primary reason you are considering filing bankruptcy: _____

2. Are there any emergency situations that apply to you?

- Lawsuit Pending
- Garnishment
- Foreclosure/Repossession

3. Have you filed bankruptcy before? Yes No

a. If Yes:

i. Filing date: _____

ii. Chapter: _____

iii. Location: _____

4. Are you currently involved in any businesses? Yes No

a. If Yes, please describe: _____

5. Have you been involved in any businesses in the last eight years? Yes No

a. If Yes, please describe: _____

6. Have you held any professional licenses in the past eight years? Yes No

a. If Yes, please describe: _____

Debt Information:

1. Estimated current debt total: \$ _____

2. Number of creditors: _____

3. Check all of the following that apply:

Mortgage(s) on primary residence

Mortgage(s) on rental properties

Bank Loans/Lines of Credit

Credit Cards (Visa, MasterCard, AmEx, Dis.

Etc.)

Car Lease(s)

Medical Debt

Child Support/Alimony

Debt associated with criminal charges (i.e. restitution, fines, etc.)

Store Cards (Sears, HSBC Retail, etc.)

Student Loans

Taxes

Income:

1. Employment:

a. Name of Employer: _____

b. Average Gross Monthly Income (Before Taxes): _____

2. Other Sources of Income and Amount Monthly:

Social Security \$ _____

Disability \$ _____

Pension \$ _____

Stocks/Bonds \$ _____

Retirement \$ _____

Ownership interest in company (corporation, LLC, partnership, etc.) \$ _____

Other: _____ \$ _____

3. Spouse's Employment:

- a. Name of Employer: _____
b. Average Gross Monthly Income (Before Taxes): _____

4. Spouse's Other Sources of Income:

- Social Security \$ _____
 Disability \$ _____
 Pension \$ _____
 Stocks/Bonds \$ _____
 Retirement \$ _____
 Ownership interest in company (corporation, LLC, partnership, etc.) \$ _____
 Other: _____ \$ _____

Assets/Property:

1. For each property you own list the following, the current market value, and any mortgage/debt you owe against that property.

1. Location: _____
2. Value: _____
3. Mortgage/Lien amounts: _____
4. Are Taxes current?: _____
5. HOA: _____
6. Is HOA current: _____

2. Vehicles:

a. Vehicle 1:

- I. Make/Model/Year: _____
II. Current Market Value: _____
III. Debt Secured By Vehicle: _____
IV. Lien Holder: _____
V. Date Purchase: _____

b. Vehicle 2:

- I. Make/Model/Year: _____
II. Current Market Value: _____
III. Debt Secured By Vehicle: _____
IV. Lien Holder: _____
V. Date Purchase: _____

3. Other Property (please show estimated valuation):

- | | |
|--|--|
| <input type="checkbox"/> Boats/RV/ATV/Camper \$ _____ | <input type="checkbox"/> Guns/Firearms \$ _____ |
| <input type="checkbox"/> Life Insurance Policy | <input type="checkbox"/> Collections \$ _____ |
| <input type="checkbox"/> Term | <input type="checkbox"/> Livestock/Horses \$ _____ |
| <input type="checkbox"/> Whole Life | <input type="checkbox"/> Stocks/Bonds/Annuities \$ _____ |
| <input type="checkbox"/> Oil/Gas/Mineral Rights \$ _____ | <input type="checkbox"/> Other: _____ |

4. Other Assets (please enter estimated valuation):

- Stocks/Bonds \$ _____
Retirement \$ _____

Ownership interest in company (corporation, LLC, partnership, etc.) \$ _____
Other (Jewelry, club memberships): _____
\$ _____

5. Do you anticipate receiving an inheritance in the near future? _____

6. Where are your current bank accounts located? _____

7. Do you have any credit cards and/or loans associated with any current bank accounts?

If so, please list: _____

Other Information:

1. Have you transferred/sold/gifted any property in the last two (2) years? Yes No

2. Have you been sued or been involved in any lawsuits in the last year? Yes No

How did you hear about us? _____

Your email address _____

Best way to reach you _____

Law Suits:

1. Is anyone suing you (or someone close to you)? Yes No

If yes, please provide Case Number, County and a short description of each law suit.

2. Has anyone obtained a judgment against you? If so, when and for how much? Please provide case number and description of why judgment was entered.

THIS PORTION TO BE COMPLETED BY ATTORNEY

- Will represent (*See signed Retainer Agreement. Send MyCaseInfo to Client*)
- Bankruptcy not a viable option (*see notes below*)
- Party will “think about it” and get back with us - No action to be taken and party was so informed.
- Client declined Representation at this time.
- Representation declined – Decline Representation Letter will be sent.
- 30 days 60 days 90 days Other: _____

Chapter: <input type="checkbox"/> 7 <input type="checkbox"/> 13 <input type="checkbox"/> 11		Loan Modification Mediation: <input type="checkbox"/> YES <input type="checkbox"/> NO	
Amount of Payment:		Method of Payment:	
Fee Arrangement:			
Retainer Letter Signed: <input type="checkbox"/> YES <input type="checkbox"/> NO	Credit Report Run: <input type="checkbox"/> YES <input type="checkbox"/> NO	Deadlines Docketed: <input type="checkbox"/> YES <input type="checkbox"/> NO	
File Opened: <input type="checkbox"/> YES <input type="checkbox"/> NO	Clio Matter Opened: <input type="checkbox"/> YES <input type="checkbox"/> NO	MyCaseInfo Sent: <input type="checkbox"/> YES <input type="checkbox"/> NO	

Notes: _____
