



# Initial Consultation Questionnaire

To have the most comprehensive consultation, please answer all of the questions to the best of your ability.

## CONTACT INFORMATION

Name:	Spouse's Name:
List any other aliases by which you are known:	
Street Address:	Mailing Address: <input type="checkbox"/> Same as street address
City:	City:
State:	State:
Zip Code:	Zip Code:
Home Telephone Number:	E-mail:
Fax Number:	Cell Number:
Which phone number is best at which to contact you? <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work	

## BACKGROUND INFORMATION

Your Age:	Spouse's Age:
Are you <input type="checkbox"/> married <input type="checkbox"/> single <input type="checkbox"/> divorced <input type="checkbox"/> separated (but not legally) <input type="checkbox"/> legally separated <input type="checkbox"/> widowed	
If you are divorced, when did your divorce become final?	
1. Have you ever filed bankruptcy before? <input type="checkbox"/> Yes <input type="checkbox"/> No	2. If yes, when did you file bankruptcy?
3. In what State did you file bankruptcy?	4. What Chapter did you file? <input type="checkbox"/> 7 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13
Did your bankruptcy result in a discharge? <input type="checkbox"/> Yes <input type="checkbox"/> No	
5. Are you a disabled veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No	
6. Do you live in CA? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, have you lived in CA continuously for the past 2 years?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	
7. How many people <i>TOTAL</i> live in your household? <i>For each person besides the debtor(s), identify each person living in the household by relationship and age.</i>	

## INCOME

8. Do you operate your own business?  Yes  No  
*If yes, describe your business:*
9. If you operate your own business, what type of entity?  Sole Proprietorship  Partnership  LLC  Corporation
10. Are you employed?  Yes  No  
*If yes, who do you work for and what do you do?*
11. Is your spouse employed?  Yes  No  
*If yes, who does s/he work for and what does s/he do?*
12. Check each box if you received income from any of the below-listed sources in the past six months or anticipate receiving any income from the source in the next 12 months (*provide an estimated monthly amount*):
- Worker's Compensation Benefits  Unemployment Benefits  Disability Benefits  Pension
- Spousal/Child Support/Foster Kids  Social Security  Rental Income  Public Benefits
- OTHER INCOME:

**WRITE YOUR GROSS ANNUAL INCOME HERE**

## REPAID DEBTS/SALES/TRANSFERS

13. Do you owe **any money** to relatives?  Yes  No
14. In the past 12 months, have you made **any payments** on **any debts** you owe to relatives?  Yes  No  
*If yes, how much did you pay in the past 12 months, to whom, & how much do you still owe?*
15. In the past 2 years, have you sold, transferred, or given away **any real or personal property**?  Yes  No  
*If yes, describe what you sold, to whom, whether you are related to the buyer, how much you sold it for, and the fair market value of the item sold.*
16. In the past 90 days, have you paid **any one particular** creditor \$600 or more in total?  Yes  No  
*If yes, who have you paid and how much?*

**SECURED DEBTS - REAL PROPERTY – PRIMARY RESIDENCE**

17. Do you have a house payment? (not rent) <input type="checkbox"/> Yes <input type="checkbox"/> No	18. Are taxes/insurance included? <input type="checkbox"/> Yes <input type="checkbox"/> No
19. Are you current on your payments? <input type="checkbox"/> Yes <input type="checkbox"/> No	20. If not, how many payments are you behind?
21. Monthly Payment (1 <sup>st</sup> Loan):	22. Balance Owed (1 <sup>st</sup> Loan):
23. Monthly Payment (2 <sup>nd</sup> Loan):	24. Balance Owed (2 <sup>nd</sup> Loan):
25. Estimated Value of Property:	26. Total Owed:

**OTHER REAL PROPERTY (i.e., RENTAL HOMES)**

27. Do you have another house payment? <input type="checkbox"/> Yes <input type="checkbox"/> No	28. Are taxes/insurance included? <input type="checkbox"/> Yes <input type="checkbox"/> No
29. Are you current on your payments? <input type="checkbox"/> Yes <input type="checkbox"/> No	30. If not, how many payments are you behind?
31. Monthly Payment (1 <sup>st</sup> Loan):	32. Balance Owed (1 <sup>st</sup> Loan):
33. Monthly Payment (2 <sup>nd</sup> Loan):	34. Balance Owed (2 <sup>nd</sup> Loan):
35. Estimated Value of Property:	36. Total Owed:

**SECURED DEBTS - PERSONAL PROPERTY (i.e., cars, toys, appliances)**

**VEHICLE ONE**

If you are financing a car or an RV or a boat, etc., please provide the following information: *(estimates are acceptable)*

37. Year, Make, and Model:	38. Mileage:
39. Condition: <input type="checkbox"/> Poor <input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Excellent	40. Any mechanical defects or body damage? <input type="checkbox"/> Yes <input type="checkbox"/> No
41. Date Debt Incurred:	42. Lender:
43. Interest Rate:	44. Monthly Payment:
45. Amount Owed:	46. Retail Value:

**VEHICLE TWO**

47. Year, Make, and Model:	48. Mileage:
49. Condition: <input type="checkbox"/> Poor <input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Excellent	50. Any mechanical defects or body damage? <input type="checkbox"/> Yes <input type="checkbox"/> No
51. Date Debt Incurred:	52. Lender:
53. Interest Rate:	54. Monthly Payment:
55. Amount Owed:	56. Retail Value:

**OTHER SECURED DEBTS**

57. Are you financing anything else (i.e., jewelry, computers, furniture, toys, motorcycles, RVs, boats, quads, etc.)?  Yes  No

## UNSECURED DEBTS

58. How much do you owe on credit cards? *(Provide an estimate.)*
59. How much do you owe on medical bills? *(Provide an estimate.)*
60. How much do you owe on any personal loans? *(Provide an estimate.)*
61. How much do you owe on **any** pay day or internet loans? *(Provide an estimate.)*
62. Have you co-signed or guaranteed **any** debts? *(With whom?)*  Yes  No
63. Do you have **any** judgments against you?  Yes  No
64. Do you have **any** other debts we should be aware of?

## TAXES

65. Have you filed your state and federal taxes for the previous four years?  Yes  No
66. Have you received all tax refunds to which you are entitled?  Yes  No
67. Do you owe any income taxes?  Yes  No  
*If yes, which agency (IRS, FTB, BOE), what tax years and how much do you owe for each year?*

## OTHER LIENS

68. Do you have **any** tax liens?  Yes  No
69. Do you have **any** judgment liens (also called involuntary liens or Abstracts of Judgment)  Yes  No
70. Have your bank accounts been levied in the past 90 days?  Yes  No
71. Are you currently having your wages garnished?  Yes  No
72. Any other liens I should be aware of? *(e.g., UCC Liens, Attachment Liens, Ag Liens, etc.)*  Yes  No  
*If yes, please describe:*

## PRIORITY & NON-DISCHARGEABLE DEBTS

73. Are there **any** allegations or accusations against you that you obtained goods and/or services as a result of fraud, making false statements, embezzlement or forgery?  Yes  No
74. Do you have unpaid traffic tickets?  Yes  No
75. Do you owe any amounts on student loans? *(Provide an estimate.)*  Yes  No
76. Do you owe any child/spousal support?  Yes  No Are you current on your obligations?  N/A  Yes  No
77. Have you ever had a DUI where someone was injured and you were ordered to pay damages?  Yes  No

## FORECLOSURE, REPOSSESSION, & LITIGATION

78. Are you currently in foreclosure?  Yes  No
79. Have you been served with a summons and complaint?  Yes  No
80. Is there **any** litigation currently pending against you?  Yes  No
81. Have you had a vehicle repossessed in the past 30 days?  Yes  No
82. Are you concerned a vehicle may be repossessed right now or very soon?  Yes  No

## LEASES

83. Are you leasing (or buying) anything Rent-to-Own?  Yes  No
84. Are you leasing any residential space?  Yes  No
85. Are you leasing any commercial space?  Yes  No
86. Are you leasing any vehicles?  Yes  No

## RETIREMENT ACCOUNTS

87. Are you currently contributing to a retirement account (i.e., 401(k), etc.)?  Yes  No
88. Have you borrowed against your retirement account?  Yes  No  
*If yes, how much did you borrow, what are the repayment terms, and when is the final payment to be made?*

## CREDIT AND BANKING

89. Is anyone an authorized signatory on **any** of your credit cards? (*Not a joint obligor*)  Yes  No
90. Have you used **any** credit cards in the past 180 days? (*Not a debit card*)  Yes  No
91. Have you initiated **any** credit card balance transfers in the past 180 days?  Yes  No
92. Have you taken **any** cash advances on your credit cards in the past 180 days?  Yes  No
93. Do you bank at **any** of the following banks? (*If yes, change banks!*)  Yes  No  
 Wells Fargo  US Bank  MOCSE  Bank of the West  Premiere Credit Union
94. Do you hold funds at any bank **AND** owe that **same bank** money? (*If yes, change banks!*)  Yes  No  
Name of the Bank: \_\_\_\_\_  
Debt Owed:  Credit Card  Personal Loan  Mortgage  Car Loan  Other:

## ASSETS

95. How much cash do you currently have on hand? (**Estimate your total liquid cash on hand right now**)
96. If you have a brokerage account, what is the current value of the account?
97. What is the estimated total value of **all** of your jewelry? (*include husband and wife*)
98. Are you currently owed **any** inheritance or **any** property or money from an estate?  Yes  No
99. Are you (*as the plaintiff*) suing **anyone** right now? (e.g., personal injury, breach of contract, etc.)  Yes  No  
*If yes, what is the lawsuit about?*
100. Has **anything** happened to you that would allow you to sue anyone in the future?  Yes  No  
*If yes, who you can sue, what harm did they cause you, and what are your damages?*
101. Does **anyone** owe you money for **any** reason?  Yes  No  
*If yes, who owes you money and how much?*
102. Do you have **any** joint bank accounts with **anyone** (besides your spouse)?  Yes  No

103. Do you own **any** life insurance policies?  Yes  No

If yes, chose one:  I pay for or receive a life Insurance policy through my employer  I pay for life insurance directly

104. What kind of life insurance policy do you have?

Term Life Policy  Whole Life Policy (also known as Universal Life)  Burial Policy  AD&D  Other:

If you own whole life insurance, what is the **current cash surrender value** of the policy/policies?

105. Do you have burial plot(s)?  Yes  No

106. Do you have **any** tools you use in a trade or professions or to earn a living?  Yes  No

107. Do you collect or own **any** firearms, antiques, paintings, prints, books, pictures, art objects, stamps, coins, sports memorabilia, or other collections or collectibles of **any** kind?  Yes  No

108. List **all** of your **paid for** vehicles, boats, toys, motorcycles, quads, RVs, trailers, travel trailers, etc.:

Year: \_\_\_\_\_

Year: \_\_\_\_\_

Make: \_\_\_\_\_

Make: \_\_\_\_\_

Model: \_\_\_\_\_

Model: \_\_\_\_\_

Trim: \_\_\_\_\_

Trim: \_\_\_\_\_

Mileage: \_\_\_\_\_

Mileage: \_\_\_\_\_

Condition: \_\_\_\_\_

Condition: \_\_\_\_\_

Value: \_\_\_\_\_

Value: \_\_\_\_\_

Year: \_\_\_\_\_

Year: \_\_\_\_\_

Make: \_\_\_\_\_

Make: \_\_\_\_\_

Model: \_\_\_\_\_

Model: \_\_\_\_\_

Trim: \_\_\_\_\_

Trim: \_\_\_\_\_

Mileage: \_\_\_\_\_

Mileage: \_\_\_\_\_

Condition: \_\_\_\_\_

Condition: \_\_\_\_\_

Value: \_\_\_\_\_

Value: \_\_\_\_\_

Year: \_\_\_\_\_

Year: \_\_\_\_\_

Make: \_\_\_\_\_

Make: \_\_\_\_\_

Model: \_\_\_\_\_

Model: \_\_\_\_\_

Trim: \_\_\_\_\_

Trim: \_\_\_\_\_

Mileage: \_\_\_\_\_

Mileage: \_\_\_\_\_

Condition: \_\_\_\_\_

Condition: \_\_\_\_\_

Value: \_\_\_\_\_

Value: \_\_\_\_\_