



# 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. <i>If yes</i> , did the debts arise during the time you were in the service? <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No	
7. Do you live in CA? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>If yes</i> , have you lived in CA continuously for the past 2 years? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>If not</i> , when did you move to CA & what other States have you lived in during the past two and half years?	
8. 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

9. Do you operate your own business?  Yes  No  
*If yes, describe your business:*
10. If you operate your own business, what type of entity?  Sole Proprietorship  Partnership  LLC  Corporation
11. Are you employed?  Yes  No  
*If yes, who do you work for and what do you do?*
12. Is your spouse employed?  Yes  No  
*If yes, who does s/he work for and what does s/he do?*
13. 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

**WRITE YOUR GROSS ANNUAL INCOME HERE**

## REPAID DEBTS/SALES/TRANSFERS

14. Do you owe ***any money*** to relatives?  Yes  No
15. 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?*
16. 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.*
17. 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?*
18. In the past 12 months, has ***anyone*** paid ***any of your debts*** on your behalf?  Yes  No  
*If yes, who has made the payments, how much, and who was paid?*

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

19. Do you have a house payment? (not rent) <input type="checkbox"/> Yes <input type="checkbox"/> No	20. Are taxes/insurance included? <input type="checkbox"/> Yes <input type="checkbox"/> No
21. Are you current on your payments? <input type="checkbox"/> Yes <input type="checkbox"/> No	22. If not, how many payments are you behind?
23. Monthly Payment (1 <sup>st</sup> Loan):	24. Balance Owed (1 <sup>st</sup> Loan):
25. Monthly Payment (2 <sup>nd</sup> Loan):	26. Balance Owed (2 <sup>nd</sup> Loan):
27. Estimated Value of Property:	28. Total Owed:

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

29. Do you have another house payment? <input type="checkbox"/> Yes <input type="checkbox"/> No	30. Are taxes/insurance included? <input type="checkbox"/> Yes <input type="checkbox"/> No
31. Are you current on your payments? <input type="checkbox"/> Yes <input type="checkbox"/> No	32. If not, how many payments are you behind?
33. Monthly Payment (1 <sup>st</sup> Loan):	34. Balance Owed (1 <sup>st</sup> Loan):
35. Monthly Payment (2 <sup>nd</sup> Loan):	36. Balance Owed (2 <sup>nd</sup> Loan):
37. Estimated Value of Property:	38. Total Owed:

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

39. If you are financing a car or an RV or a boat, etc., please provide the following information: <i>(estimates are acceptable)</i>	
40. Year, Make, and Model:	41. Mileage:
42. Condition: <input type="checkbox"/> Poor <input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Excellent	43. Any mechanical defects or body damage? <input type="checkbox"/> Yes <input type="checkbox"/> No
44. Date Debt Incurred:	45. Lender:
46. Interest Rate:	47. Monthly Payment:
48. Amount Owed:	49. Retail Value:
50. Year, Make, and Model:	51. Mileage:
52. Condition: <input type="checkbox"/> Poor <input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Excellent	53. Any mechanical defects or body damage? <input type="checkbox"/> Yes <input type="checkbox"/> No
54. Date Debt Incurred:	55. Lender:
56. Interest Rate:	57. Monthly Payment:
58. Amount Owed:	59. Retail Value:

**OTHER SECURED DEBTS**

60. Do you have a Best Buy credit card? <i>If yes, what's the balance?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
61. Are you financing <b>any</b> jewelry, furniture, or computers?	<input type="checkbox"/> Yes <input type="checkbox"/> No
62. Do you have credit card with Kawasaki, Suzuki, or Yamaha?	<input type="checkbox"/> Yes <input type="checkbox"/> No
63. Are you financing anything else (i.e., toys, motorcycles, RVs, boats, quads, etc.)?	<input type="checkbox"/> Yes <input type="checkbox"/> No

## UNSECURED DEBTS

64. How much do you owe on credit cards? *(Provide an estimate.)*
65. How much do you owe on medical bills? *(Provide an estimate.)*
66. How much do you owe on any personal loans? *(Provide an estimate.)*
67. How much do you owe on **any** pay day or internet loans? *(Provide an estimate.)*
68. Have you co-signed **any** debts? *(With whom?)*  Yes  No
69. Have you personally guaranteed any debts?  Yes  No
70. Do you have **any** judgments against you?  Yes  No
71. Do you have **any** other debts we should be aware of?

## TAXES

72. Have you filed your state and federal taxes for the previous four years?  Yes  No
73. Have you received all tax refunds to which you are entitled?  Yes  No
74. 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

75. Do you have **any** tax liens?  Yes  No
76. Do you have **any** judgment liens (also called involuntary liens or Abstracts of Judgment)  Yes  No
77. Have your bank accounts been levied in the past 90 days?  Yes  No
78. Are you currently having your wages garnished?  Yes  No
79. 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

80. 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
81. Do you have unpaid traffic tickets?  Yes  No
82. Do you owe any amounts on student loans? *(Provide an estimate.)*  Yes  No
83. Do you owe any child/spousal support?  Yes  No      Are you current on your obligations?  N/A  Yes  No
84. Have you ever had a DUI where someone was injured and you were ordered to pay damages?  Yes  No

## FORECLOSURE, REPOSSESSION, & LITIGATION

85. Are you currently in foreclosure?  Yes  No
86. Have you been served with a summons and complaint?  Yes  No
87. Is there **any** litigation currently pending against you?  Yes  No
88. Have you had a vehicle repossessed in the past 30 days?  Yes  No
89. Are you concerned a vehicle may be repossessed right now or very soon?  Yes  No

## LEASES

90. Are you leasing (or buying) anything Rent-to-Own?  Yes  No
91. Are you leasing any residential space?  Yes  No
92. Are you leasing any commercial space?  Yes  No
93. Are you leasing any vehicles?  Yes  No

## RETIREMENT ACCOUNTS

94. Are you currently contributing to a retirement account (i.e., 401(k), etc.)?  Yes  No
95. 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

96. Is anyone an authorized signatory on **any** of your credit cards? (*Not a joint obligor*)  Yes  No
97. Have you used **any** credit cards in the past 180 days? (*Not a debit card*)  Yes  No
98. Have you initiated **any** credit card balance transfers in the past 180 days?  Yes  No
99. Have you taken **any** cash advances on your credit cards in the past 180 days?  Yes  No
100. 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
101. 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:

## SOCIAL MEDIA

102. Do you have a social media account(s)?  Yes  No  
*If yes, is the account set to  public (everyone can see) or  private (you choose who can see)?*
103. What social media do you use?  
 Facebook  Twitter  Instagram  Google+  LinkedIn  Tumblr  Pinterest  YouTube  Vine  
 Other:

## ASSETS

104. How much cash do you currently have on hand? (***Estimate your total liquid cash on hand right now***)
105. If you have a brokerage account, what is the current value of the account?
106. What is the estimated total value of **all** of your jewelry? (*include husband and wife*)
107. Are you currently owed **any** inheritance or **any** property or money from an estate?  Yes  No
108. 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?*
109. 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?*

110. Does **anyone** owe you money for **any** reason?  Yes  No  
*If yes, who owes you money and how much?*

111. Do you have **any** joint bank accounts with **anyone** (besides your spouse)?  Yes  No

112. 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

113. 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?*

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

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

116. 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

117. 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: _____