

Initial Analysis Questionnaire



Today's Date: _____

Office use only: Client # _____

Your Full Name: _____ SS# _____
[First Middle Last]

Spouse/Co-Client: _____ SS# _____
[First Middle Last]

Home Address: _____

City: _____ County: _____ STATE: _____ Zip: _____

Mailing Address (if different): _____

City: _____ County: _____ STATE: _____ Zip: _____

Client

Home Phone: _____ Work Phone: _____ Cell Phone: _____

E-mail: _____

Spouse/Co-Client

Home Phone: _____ Work Phone: _____ Cell Phone: _____

E-mail: _____

Emergency Contact

Full Name: _____ Relationship _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Address: _____

How did you hear about us?

Google search Lawyers.com Yahoo search Other Internet

Letter Radio Pre-Paid Legal Friend or Family Member

Realtor: _____ (name)

Attorney: _____ (name)

Credit Counselor : _____ (name)

Mortgage Broker: _____ (name)

Accountant: _____ (name)

Other: _____ (describe)



DEBT ASSISTANCE INITIAL CONSULTATION AGREEMENT

1. The client desires to obtain advice and assistance with debt issues and relief from debt and has scheduled an initial consultation with the Bankruptcy Law Professionals of Colorado. This initial consultation with an attorney is free of charge. The client understands that in order for the attorney to give meaningful advice, certain detailed financial information must be provided fully and accurately. The client agrees to give accurate, honest, full and fair disclosure of financial information concerning average income over the previous 6 months from all sources, monthly living expenses, the type and amount of all debts (including names and addresses of all creditors), and a disclosure of all assets and property owned by the client.
2. The Bankruptcy Law Professional of Colorado agree to interview the client and give advice and counsel to assist the client in making decisions about debt problems, the possibility of filing bankruptcy, selecting the appropriate chapter of bankruptcy, and how a bankruptcy case may help or hurt the debt problems of the client. The initial consultation will consist of a review of the client's current monthly income, preliminary analysis of qualifications for certain chapters of bankruptcy, a preliminary analysis of the client's debt statements and a recommendation.
3. The initial one-hour consultation and interview will be performed free of charge. In the event that the client decides to file a bankruptcy case, a new written agreement must be signed by the client and the attorney that will supersede this agreement relating to attorney fees and expenses. This new agreement will also provide a detailed explanation of the services performed or to be performed by the Bankruptcy Law Professionals of Colorado.
4. All information provided by the client with a bankruptcy petition must be complete, accurate, and truthful.

Signed this, the ____ day of _____, 200____.

Client signature

Client signature

Attorney Signature



GETTING TO KNOW YOU:

1. Have you visited our web site? Yes No
2. Which internet search tool do you most often use? None Google Yahoo MSN
 Other : _____
3. What *type(s)* of radio stations do you listen to? news/talk sports/talk country pop
 alternative gospel/Christian contemporary Other
4. Where do you get your news from? newspaper radio internet television magazine
5. What is your occupation? _____
6. Are you married? Yes No
7. Do you have minor children? Yes No
8. What is your current combined annual gross income?
 less than \$40,000 \$40 – \$70,000 \$70 – \$99,999 over \$100,000
9. Have you every used an attorney before? Yes No
 - a. If so, who: _____; what type of case? _____
10. How would you describe your level of knowledge about bankruptcy?
 I/we know very little
 I/we have read/heard a few things
 I've/we've read everything I can get my hands on!
 I/we have friends or family who have filed and they told us all about their experience
 I/we have been through it once (or more) already
(year you filed: _____; chapter 13 or chapter 7? Who was your attorney for that bankruptcy? _____)
11. Which issues are you most concerned about and want to discuss today? (check all that apply)

<input type="checkbox"/> Keeping the house	<input type="checkbox"/> Student loans	<input type="checkbox"/> Divorce debt
<input type="checkbox"/> Automobiles	<input type="checkbox"/> Taxes	<input type="checkbox"/> Business Ownership
<input type="checkbox"/> Credit Card debt	<input type="checkbox"/> Medical debts	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Child Support	<input type="checkbox"/> Retirement Funds	



**YOUR FAMILY
AND INCOME**

INFORMATION

13. How many people are there in your household, including you?
 1 2 3 4 5 6 7 8 9 10

14. Have you been divorced? Yes No

If yes, please answer the following:

a. What year was your divorce final? _____

b. Current on child support? Yes No N/A

If no, how much do you owe? _____

c. Current on maintenance/alimony? Yes No N/A

If no, how much do you owe? _____

d. Did you agree to take debt in a separation *agreement*? Yes No Don't Know

15. Are you employed?H: Yes No W: Yes No

a. If so, are you employed full time?H: Yes No W: Yes No

Name of Employer(s) _____

b. How long have you been with this employer? H: _____ W: _____

16. Approximately what is your monthly gross (pre-tax) income?

Husband/single: _____

Wife: _____

17. Do you have any other source of income? (i.e. – second jobs, social security, disability, unemployment, regular contributions from friends or family, child support, alimony/maintenance, trust or retirement account distributions, or ANY other money) : Yes No

a. If yes, how much total other income do you receive per month? \$ _____

b. If yes, what is the source/type of additional income?: _____

18. Have you received bonuses, overtime or other “extra” income within the last 6 months? Yes No

a. If yes, please describe: _____

19. Do (either of) you anticipate receiving any devise, bequest, inheritance, property settlement in divorce, proceeds from trust funds, or proceeds from life insurance within the next 6 months? Yes No

a. If so, what are the source and the value of the assets which you anticipate receiving:



YOUR DEBT INFORMATION

** Unsecured debts do not have liens or direct ties to a specific asset include most credit cards, medical bills, etc.; Secured debts do have liens and include mortgages, car loans, etc.**

20. Do you have more than \$330,000 in *unsecured* debt? Yes No
21. Do you have more than \$900,000 in *secured* debt? Yes No
22. Approximately how much *unsecured* debt do you have? _____
23. Do you owe income taxes? Yes No Maybe
- a. If yes, please complete the following:

Year	Amount owed to IRS	Amount owed to Colorado
2009	\$	\$
2008	\$	\$
2007	\$	\$
2006 and before	\$	\$

24. Do you owe any other taxes (Property, sales, unemployment insurance, etc)? Yes No
- a. If so, please describe: _____.
25. Have you filed accurate and complete Income Tax Returns for all years? Yes No
26. Are you expecting a tax refund? Yes No Don't Know
- a. If so, how much? IRS: \$_____. Colorado \$_____.
27. Will any of the refund be Earned Income Credit? Yes No Don't Know
28. Please complete the following UNSECURED debts chart to the best of your ability (your best guess is fine):

Creditor (i.e. "Visa", "Discover," etc.)	Monthly Payment Amount	Total balance due	Husband/Wife/Joint?
Totals:			



YOUR ASSET INFORMATION

29. Do you own any partnership interests, stocks, bonds, warrants, options, debentures, negotiable instruments, promissory notes, annuities, or other securities? Yes No. If so, please list the securities and their approximate value: _____.
30. Please describe any antiques, heirlooms, art work, boats, trailers, camping equipment, recreational vehicles, stamps, coins or other collectables and sporting goods: None: _____.
31. Do you own any guns? Yes No
If so, what kind and how many? _____.
32. Do you own any season tickets? Yes No
If so, what kind? _____.
33. Do you have a college savings plan for yourself or your children? Yes No **** IF YOU HAVE A COLLEGE SAVINGS PLAN FOR YOU OR YOUR CHILD(REN), YOU WILL NEED TO SUPPLY DOCUMENTATION FOR THE ACCOUNT TO OUR OFFICE BEFORE FILING YOUR CASE****



Houses, Timeshares & Land

34. Are you **current** applying for a loan modification? Yes No

	Value	1 st Mortgage	2 nd Mortgage	3 rd Mortgage	Keep/Surrender/Sell
Residence	\$				
2nd Home	\$				
Vacation/Other	\$				

35. Are you **current** on your residential mortgage payments? Yes No

a. If not, please complete the following chart:

	Regular Monthly Payment	# of payments behind	Total Amount Past Due
1st Mortgage	\$		
2nd Mortgage	\$		
3rd Mortgage/Other	\$		
Property taxes	\$		
HOA Fees	\$		
Water Bill	\$		

36. Is your home in foreclosure or has foreclosure been completed? Yes No

a. When was/is the foreclosure sale date? _____

37. To the best of your knowledge, are there any judgment liens on your house? Yes No



Business Ownership

36. If you've owned or operated a business in the last **6** years, please indicate the name(s) they operated under:

Name of Business	Type of entity	Nature of business
1.	<input type="checkbox"/> Sole Prop <input type="checkbox"/> LLC <input type="checkbox"/> Corp <input type="checkbox"/> Partnership	
2.	<input type="checkbox"/> Sole Prop <input type="checkbox"/> LLC <input type="checkbox"/> Corp <input type="checkbox"/> Partnership	



Automobiles/Motor Vehicles

For your vehicles:

37. Do you have full coverage auto insurance on all your vehicles? Yes No

38. Are you driving a vehicle that does not belong to you? Yes No

39. If so, whose vehicle is it? _____.

a. What is the year and make of the vehicle? _____.

b. Are you paying for the vehicle? _____.

Please describe **all** the motor vehicles which you own/lease on the form **on the next page**.

Please include boats, motorcycles, trailers, tractors, 4-wheelers and RV's

	Year, Make & Model	Monthly Payment	Value	Amt. Owed Or Lease	Date Purchased	Interest Rate	Current on pmts?	# of months left	Co-signer?	Keep or Surrender?
1	Year: _____ Make: _____ Model: _____	\$ _____	\$ _____	\$ _____ <input type="checkbox"/> Lease		____%	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Keep <input type="checkbox"/> Surrender <input type="checkbox"/> Don't know
2	Year: _____ Make: _____ Model: _____	\$ _____	\$ _____	\$ _____ <input type="checkbox"/> Lease		____%	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Keep <input type="checkbox"/> Surrender <input type="checkbox"/> Don't know
3	Year: _____ Make: _____ Model: _____	\$ _____	\$ _____	\$ _____ <input type="checkbox"/> Lease		____%	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Keep <input type="checkbox"/> Surrender <input type="checkbox"/> Don't know
4	Year: _____ Make: _____ Model: _____	\$ _____	\$ _____	\$ _____ <input type="checkbox"/> Lease		____%	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Keep <input type="checkbox"/> Surrender <input type="checkbox"/> Don't know
5	Year: _____ Make: _____ Model: _____	\$ _____	\$ _____	\$ _____ <input type="checkbox"/> Lease		____%	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Keep <input type="checkbox"/> Surrender <input type="checkbox"/> Don't know
5	Year: _____ Make: _____ Model: _____	\$ _____	\$ _____	\$ _____ <input type="checkbox"/> Lease		____%	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Keep <input type="checkbox"/> Surrender <input type="checkbox"/> Don't know

I/we own more than 4 vehicles (Include information on separate sheet)



AND FINALLY (Other things we need to know)

- 40. Did you pay any unsecured creditor more than \$600.00 (total) within the last 90 days? Yes No
 - a. If so, who did you pay and how much? _____.
- 41. Did you pay, give money or transfer any real or personal property (houses, cars, furniture, and/or money) to or for the benefit of any friend or family member within the last 2 years (includes repaying debt to a friend or family member)? Yes No
 - a. If so, please describe: _____
- 42. Is anyone threatening to garnish you or repossess any property? Yes No
 - a. If so, who: _____.
- 43. Have you ever been sued by a creditor? Yes No
- 44. Do you have any non-sufficient fund checks? Yes No
- 45. If you own a credit card, have you used it/them in the past 90 days? Yes No
 - a. If so, when was the last time you used them? _____
 - b. Have you taken out any cash advances totaling over \$750.00 or made any purchases on your credit cards totaling over \$750.00 in the last 3 months (90 days)? Yes No
- 46. Do you owe student loans? Yes No
 - a. If so, how much? Total: _____ Monthly payment: _____
- 47. Do you owe any criminal fines, fees, restitution, traffic tickets, etc.? Yes No
- 48. Have you been involved in an auto accident involving drugs and/or alcohol? Yes No
- 49. Have you (both) lived in Colorado for more than 6 months? Yes No
- 50. Have you (both) lived in Colorado for the past 3 years? Yes No
- 12. Have you consulted with a debt counselor? Yes No
 - a. If so, who? _____
 - b. Did you receive a bankruptcy approval certificate? Yes No Don't Know
 - c. Was this within the past 6 months? Yes No

Please sign and date:

Date _____

Date: _____

Client _____

Co-Client _____