

## **BANKRUPTCY INTAKE FORM**

***Instructions:*** Fill out this form in its entirety. Upon completion, you may fax the form with a cover sheet with my name on it to (804) 796-6775, you may email the form to my attention at [attorneymatzen1@gmail.com](mailto:attorneymatzen1@gmail.com). This is the form that I would complete at an initial consultation with you. Due to everyone's complex schedules these days, I offer this to make the process as easy as possible for you. You are hereby advised, that the filling out of this form does not automatically mean that I will represent you in your matter. Before taking on a case, I will review this form and contact you personally to discuss the bankruptcy process and any special matters that may need to be dealt with in your particular case. Before I can discuss your situation with you in any manner, you ***MUST*** completely sign and date all of the required disclosures which you can find on the website. By new bankruptcy law, I am required to have these signed and dated ***BEFORE*** consulting with you. These disclosures describe bankruptcy and they also seem to be a nuisance, nevertheless, they are required by law or I cannot speak with you. Upon offering my services, you must sign a contract for such services prior to my commencing the work.

### **I. Information About You:**

**First Name:** \_\_\_\_\_

**Middle Name:** \_\_\_\_\_

**Last Name:** \_\_\_\_\_

**Age:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_

**Street w/ Number:** \_\_\_\_\_

**City:** \_\_\_\_\_

**State, Zip:** \_\_\_\_\_

**What county is your residence in?** \_\_\_\_\_

**Work Number w/ Extention:** \_\_\_\_\_

**Home Number:** \_\_\_\_\_

**Cell Number:** \_\_\_\_\_

**Email address:** \_\_\_\_\_

**How long have you continuously resided in VA?** \_\_\_\_\_

**Have you every filed for bankruptcy before?** \_\_\_\_\_

**If yes, what year(s)** \_\_\_\_\_ **Chapter** \_\_\_\_\_ **County/City where you lived at that time** \_\_\_\_\_

**In the last six years, have you operated, or are you currently operating, any type of business?** \_\_\_\_\_

**If yes, what type of business?** \_\_\_\_\_

**When did operations start?** \_\_\_\_\_ **When did you stop?** \_\_\_\_\_

**INFORMATION ABOUT YOUR SPOUSE (if filing with you):**

**First Name:** \_\_\_\_\_

**Middle Name:** \_\_\_\_\_

**Last Name:** \_\_\_\_\_

**Home Address:**

**Street w/ Number:** \_\_\_\_\_

**City:** \_\_\_\_\_

**State, Zip:** \_\_\_\_\_

**What county is your residence in?** \_\_\_\_\_

**Work Number w/ Extention:** \_\_\_\_\_

**Home Number:** \_\_\_\_\_

**Cell Number:** \_\_\_\_\_

**Email address:** \_\_\_\_\_

How long have you continuously resided in VA? \_\_\_\_\_

Age: \_\_\_\_\_

Have you every filed for bankruptcy before? \_\_\_\_\_

If yes, what year(s) \_\_\_\_\_ Chapter \_\_\_\_\_ County/City where you lived at that time \_\_\_\_\_

In the last six years, have you operated, or are you currently operating, any type of business? \_\_\_\_\_

If yes, what type of business? \_\_\_\_\_

When did operations start? \_\_\_\_\_ When did you stop? \_\_\_\_\_

## II. Information About the Household

How many people live in the home with you? \_\_\_\_\_

How many dependents do you have? \_\_\_\_\_

## III. Information About Property

### 1. Home:

a. Present market value: \_\_\_\_\_

b. Balance due on mortgage(s): \_\_\_\_\_

c. Are you up to date on your payments? \_\_\_\_\_

d. How much is your monthly mortgage payment(s)? \_\_\_\_\_

### 2. Vehicles:

#### a. Vehicle One

i. Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ Mileage \_\_\_\_\_

ii. Are you up to date on your payment? \_\_\_\_\_

#### b. Vehicle Two

i. Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ Mileage \_\_\_\_\_

ii. Are you up to date on your payment? \_\_\_\_\_

3. Do you own anything else that is valued at more than \$800.00? For example, bank account balances, stocks, jewelry, boats, etc.

\_\_\_\_\_

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**IV. Income Information**

What type(s) of income do you have? Mark all that apply.

- Full time job                       Pension                       Child Support  
 Part time job                       Soc. Sec.                       Rental  
 Worker's Comp                       Disability                       Assistance from other  
 Unemployment                       Spousal Support                       Govt assistance

State the total amount of income from all sources above that you bring into the home (after deductions). \_\_\_\_\_

<i>Attorney Use Only:</i>	
<i>Paid how often?</i> _____	<i>Paid how often?</i> _____
<i>Total income net</i> _____	<i>Total income net</i> _____
<i>HH Size</i> _____ <i>Median</i> _____	
<i>Over</i> _____ <i>Under</i> _____	

**V. Debt Information**

What type(s) of debts do you have? Mark all that apply.

- Credit Cards                      **Est. total amount of debt** \_\_\_\_\_
- Medical Bills                      **Est. total amount of debt** \_\_\_\_\_
- Personal Loans                      **Est. total amount of debt** \_\_\_\_\_
- Student Loans                      **Est. total amount of debt** \_\_\_\_\_
- Back Taxes                      **Est. total amount of debt** \_\_\_\_\_
- Criminal fines, restitution, etc. **Est. total amount of debt** \_\_\_\_\_
- Back child or spousal support **Est. total amount of debt** \_\_\_\_\_
- Other debt    **What** \_\_\_\_\_ **Amount** \_\_\_\_\_

*Attorney Use Only:*

Total amount of debt \_\_\_\_\_

**VI. Monthly Expenses**

Do you and your spouse maintain separate households? Yes \_\_\_\_\_ No \_\_\_\_\_

a. Rent or home mortgage: \$ \_\_\_\_\_

Does that amount include real estate taxes? Yes \_\_\_\_\_ No \_\_\_\_\_

Does it include property insurance? Yes \_\_\_\_\_ No \_\_\_\_\_

b. Electricity and heating \$ \_\_\_\_\_

c. Water and sewage \$ \_\_\_\_\_

d. Telephone service / long distance \$ \_\_\_\_\_

e. Do you have any other utility bills, including cable, Direct tv, cellular phone, etc., if yes, please list monthly amount. \$ \_\_\_\_\_

f. Home maintenance, inc. repairs and general upkeep \$ \_\_\_\_\_

g. Food \$ \_\_\_\_\_

h. Clothing \$ \_\_\_\_\_

i. Laundry and dry cleaning expense \$ \_\_\_\_\_

j. Medical and dental expenses \$ \_\_\_\_\_

k. Transportation (not inc. car payments) \$ \_\_\_\_\_

l. Entertainment, recreation, newspapers, magazines \$ \_\_\_\_\_

m. Charitable contributions, including church \$ \_\_\_\_\_

n. Insurance not deducted from paycheck

i. homeowner's or renter's insurance \$ \_\_\_\_\_

ii. life insurance \$ \_\_\_\_\_

iii. health insurance \$ \_\_\_\_\_

iv. auto insurance \$ \_\_\_\_\_

v. other insurance \$ \_\_\_\_\_

o. Taxes not deducted from paycheck \$ \_\_\_\_\_

- p. Installment payments for car, furniture, etc. (Specify) \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 Student loan payments \_\_\_\_\_ \$ \_\_\_\_\_
- q. Alimony, maintenance, support paid to others \_\_\_\_\_ \$ \_\_\_\_\_
- r. Payments for support of dependents not living at home \_\_\_\_\_ \$ \_\_\_\_\_
- s. Expenses from operation of business \_\_\_\_\_ \$ \_\_\_\_\_
- t. Other expenses not listed above \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_

*Attorney Use Only:*  
 Total monthly expenditures: \_\_\_\_\_  
 Disposable Income: \_\_\_\_\_

What particular concerns do you have if any to discuss with me? \_\_\_\_\_  
 \_\_\_\_\_

What is prompting you to make contact with me, i.e. feeling overwhelmed, harassment by creditors, a lawsuit or garnishment is pending, etc.?  
 \_\_\_\_\_

How did you hear about me? \_\_\_\_\_

If referral, please state who. \_\_\_\_\_

If phone book, please state which one. \_\_\_\_\_

Please specify what number to reach you at between the hours of 8:30 a.m. and 5:00 p.m. \_\_\_\_\_