

Today's Date \_\_\_\_\_

Interviewed by: \_\_\_\_\_

### **NEW CLIENT INTAKE FORM**

YOU	SPOUSE
<b>Name</b>	<b>Name</b>
<b>Other Names used in last 8 years:</b>	<b>Other Names used in last 8 years:</b>
<b>Address:</b>	<b>Address:</b>
<b>City:</b> <b>State:</b> <b>Zip:</b>	<b>City:</b> <b>State:</b> <b>Zip</b>
Have you lived in Nebraska for the last 90 days? ___ No ___ Yes	Have you lived at this address for at least 180 days? ___ No ___ Yes
Have you lived in Nebraska for the past 2 years? ___ No ___ Yes If no, list prior state: _____	Have you lived in Nebraska for the past 2 years? ___ No ___ Yes If no, list prior state: _____
<b>Home Phone:</b>	<b>Home Phone:</b>
<b>Cell Phone:</b>	<b>Cell Phone:</b>
<b>Email:</b>	<b>Email:</b>
<b>2<sup>nd</sup> Email:</b>	<b>2<sup>nd</sup> Email:</b>
<b>Social Security Number:</b>	<b>Social Security Number:</b>
<b>Date of Birth:</b> <b>Current Age:</b>	<b>Date of Birth:</b> <b>Current Age:</b>
<b>Marital Status:</b> ___ Never Married ___ Married and living together ___ Widowed ___ Married and living apart ___ Divorced    Year of Divorce: _____	<b>Marital Status:</b> ___ Never Married ___ Married and living together ___ Widowed ___ Married and living apart ___ Divorced    Year of Divorce: _____

<p>Have you filed a bankruptcy case in the last 8 years?  <input type="checkbox"/> No <input type="checkbox"/> Yes Year: _____</p> <p><b>If yes</b>, in which State was the case filed?          _____</p> <p>Did you receive a Discharge? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Have you filed a bankruptcy case in the last 8 years?  <input type="checkbox"/> No <input type="checkbox"/> Yes Year: _____</p> <p><b>If yes</b>, in which State was the case filed?          _____</p> <p>Did you receive a Discharge? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>
<p><b>Tenants of Residential Property</b></p> <p>Do you have an eviction pending against you?  <input type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p><b>Tenants of Residential Property</b></p> <p>Do you have an eviction pending against you?  <input type="checkbox"/> No <input type="checkbox"/> Yes</p>
<p><b>Business Owners</b></p> <p>Are you the owner of a full- or part-time business?  <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Name of business: _____</p>	<p><b>Business Owners</b></p> <p>Are you the owner of a full- or part-time business?  <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Name of business: _____</p>

How did you find our office?  Yellow Pages  Received Letter  Referred by Friend/Family  
 Referred by Attorney  Internet  Past Client  Other

**Household Size:** \_\_\_\_\_

<b>List all Members of the Household</b>		
Name	Age	Relationship

**Real Estate:**

Are you purchasing a home or renting? \_\_\_\_\_ Renting \_\_\_\_\_ Purchasing

If you are purchasing the home, what year did you purchase the home? \_\_\_\_\_.

What is the value of the home today? \$\_\_\_\_\_

Balance of 1<sup>st</sup> Mortgage: \$\_\_\_\_\_. Monthly payment: \$\_\_\_\_\_. Months in Arrears \_\_\_\_\_

Balance of 2<sup>nd</sup> Mortgage: \$\_\_\_\_\_. Monthly payment: \$\_\_\_\_\_. Months in Arrears \_\_\_\_\_

**Child Support:** Do you pay child support? \_\_\_\_\_ Are you current on Child Support? \_\_\_\_\_

**Tax Returns:**

Have you filed all required Income Tax Returns? \_\_\_\_\_ No \_\_\_\_\_ Yes

If not, what years are not filed? \_\_\_\_\_

How much do you owe the IRS? \$\_\_\_\_\_

How much do you owe in state income taxes? \$\_\_\_\_\_ What state? \_\_\_\_\_

**Student Loans:**

Do you owe student loans? \_\_\_\_\_ How much? \_\_\_\_\_

**Credit Cards & Medical Bills/Unsecured Debt:**

How much do you owe in Credit Cards? \$\_\_\_\_\_ Medical Bills: \$\_\_\_\_\_

**Lawsuits & Garnishments:** Have you been sued? \_\_\_\_ Yes \_\_\_\_ No

Are you being garnished? \_\_\_\_ Yes \_\_\_\_ No

**Vehicles:**

Year & Make of Vehicle	Mileage	Loan Balance	Current on Loan (yes/no)?

## MONTHLY INCOME

### Part A. Debtor's Income

1. What is your occupation? \_\_\_\_\_
2. Name of your employer:  
\_\_\_\_\_
3. Years employed there: \_\_\_\_\_
4. How often do you get paid?  
\_\_\_\_ once a week      \_\_\_\_ every two weeks  
\_\_\_\_ twice a month      \_\_\_\_ once a month
5. What is the hourly pay rate \$\_\_\_\_\_/hour  
or yearly salary? \$\_\_\_\_\_
6. Net Monthly Business Inome: \$\_\_\_\_\_
7. Rental income from **real estate** : \$\_\_\_\_\_/month
8. Child Support/Alimony :\$\_\_\_\_\_/month
9. Social Security: \$\_\_\_\_\_/month
10. Retirement/ pension money: \$\_\_\_\_\_/month
11. Do you have any other sources of income not listed?
12. Part-time Job?    \_\_\_\_No    \_\_\_\_ Yes  
\$\_\_\_\_\_/hour    Hours per week: \_\_\_\_\_
13. Other Income: \_\_\_\_\_

### Part B. Joint Debtor's Income

1. What is your occupation? \_\_\_\_\_
2. Name of your employer:  
\_\_\_\_\_
3. Years employed there: \_\_\_\_\_
4. How often do you get paid?  
\_\_\_\_ once a week      \_\_\_\_ every two weeks  
\_\_\_\_ twice a month      \_\_\_\_ once a month
5. What is the hourly pay rate \$\_\_\_\_\_/hour  
or yearly salary? \$\_\_\_\_\_
6. Net Monthly Business Inome: \$\_\_\_\_\_
7. Rental income from **real estate** : \$\_\_\_\_\_/month
8. Child Support/Alimony :\$\_\_\_\_\_/month
9. Social Security: \$\_\_\_\_\_/month
10. Retirement/ pension money: \$\_\_\_\_\_/month
11. Do you have any other sources of income not listed?
12. Part-time Job?    \_\_\_\_No    \_\_\_\_ Yes  
\$\_\_\_\_\_/hour    Hours per week: \_\_\_\_\_
13. Other Income: \_\_\_\_\_

Are you or your spouse expecting any increase or decrease in salary next year? If so, explain.