

Date: _____ 20_____

New Client(s):_____ Former Client(s):_____ (check one)

Marital Status? (S/M/D):_____

Name: _____ Spouse's Name: _____

SS: _____ Spouse's SS: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Employer: _____ Employer (Spouse): _____

Cell Phone: _____ Cell Phone (Spouse): _____

Home Phone: _____ Home Phone (Spouse): _____

Work Phone: _____ Work Phone (Spouse): _____

Email: _____ Email (Spouse): _____

Where did you hear about us? _____

(Please do not write below this line -- for office use only)

MATTER

BK _____ Chapter 7 _____ Chapter 13 _____ Chapter 12 _____

Other _____

Filing Fees	
Ch. 7	\$338
Ch. 13	\$313
Matrix (Emergency Filing)	\$32
Credit Report	
Single CLR (3 source)	\$45
Joint CLR (3 source)	\$90

Tax Transcripts	
Four Years Tax Transcripts	\$19
Credit Counseling	
Pre-Filing Credit Counseling	\$25
Financial Mgt. Course	
Post-Filing FMI Course	\$25

FEES

Attorney Fee \$ _____

Filing Fee(s) \$ _____

Other Costs \$ _____

Total Fees & Costs \$ _____

TERMS

Required Up-Front: \$ _____ Remaining Fees \$ _____

Payable: _____

NAME: _____

DATE: _____

MONTHLY LIVING EXPENSES

RENT or HOUSE PAYMENT

(1st lien) \$ _____
(2nd lien) \$ _____
(3rd lien) \$ _____

TOTAL \$ _____

Are you behind on any house payments? If yes, how many? _____

UTILITIES

(Electric) \$ _____
(Water) \$ _____
(Heat/Gas) \$ _____
(Phone) \$ _____
(Cable TV) \$ _____
(Internet Service) \$ _____
(Security) \$ _____
(Other) \$ _____

TOTAL UTILITIES \$ _____

HOME MAINTENANCE \$ _____

FOOD \$ _____

CLOTHING \$ _____ LAUNDRY/CLEANING \$ _____

CHARITABLE CONTRIBUTIONS \$ _____

READING, SCHOOL BOOKS, NEWSPAPERS & MAGAZINES \$ _____

MEDICAL (not covered by insurance) \$ _____

DENTAL \$ _____ PRESCRIPTIONS \$ _____

GASOLINE \$ _____ TIRES \$ _____ OIL/REPAIRS \$ _____

RECREATION / ENTERTAINMENT \$ _____ DAYCARE \$ _____

CHILD SUPPORT or ALIMONY \$ _____

INSURANCE (not deducted from wages or included in house payment)

(Auto) \$ _____ (Life) \$ _____
(Health) \$ _____ (Home) \$ _____
(Other) \$ _____

TOTAL INSURANCE \$ _____

TOTAL estimated future monthly expenses \$ _____