



TOLL FREE - 1 (888) 713-7137

PRE-BANKRUPTCY CONSULTATION FORM

Personal Information

Name: _____
last first middle initial

Address: _____
street city zip

Social Security No. _____ - _____ - _____

Phone: _____

Email: _____

Marital status: ☐ single ☐ married ☐ divorced (if so when _____)
☐ separated ☐ widowed

Number of children/dependents: _____ ages: _____

Name of Spouse (or joint filer): _____

Address (if different than above) _____
street city zip

Spouse's Social Security No. _____ - _____ - _____

How do you prefer to be contacted by my office? ☐ phone ☐ email

How did you hear about Hensel Law Office? ☐ referral ☐ advertisement ☐ internet

*if referral, please indicate who you were referred by _____

*if advertisement, please specify which publication _____

*if internet, please specify which website _____

Prior Bankruptcy information

Have you or your spouse ever filed for bankruptcy before? ☐ No ☐ Yes

If you answered yes, please specify for each prior case:

Chapter filed: ☐ 7 ☐ 13 Case Number: _____ State filed: _____
Discharge received? ☐ Yes ☐ No (if not, please specify why _____)
Name of attorney who represented you (if any): _____

Chapter filed: ☐ 7 ☐ 13 Case Number: _____ State filed: _____
Discharge received? ☐ Yes ☐ No (if not, please specify why _____)
Name of attorney who represented you (if any): _____

Have you or your spouse filed more than 2 bankruptcy cases? ☐ No ☐ Yes

Income Information

Present Employment Information

Your employer: _____ Job title: _____

Address: _____
Street City Zip

Pay structure: ☐ salary ☐ hourly (\$_____/hour) ☐ commission ☐ other

Pay frequency: ☐ weekly ☐ bi-weekly (every other week) ☐ monthly
☐ bi-monthly (twice per month.) ☐ other

How long have you worked there? _____

Spouse's Employer: _____ Job title: _____

Address: _____
Street City Zip

Pay structure: ☐ salary ☐ hourly (\$_____/hour) ☐ commission ☐ other

Pay frequency: ☐ weekly ☐ bi-weekly (every other week) ☐ monthly
☐ bi-monthly (twice per month.) ☐ other

How long have they worked there? _____

Alternative means of income

- Do you or your spouse have any other jobs in addition to what's listed above?
☐ No ☐ Yes - \$_____ per (week/month/year)
- Do you or your spouse currently receive **social security** benefits?
☐ No ☐ Yes - \$_____ per (week/month/year)
- Do you or your spouse currently receive **pension or retirement** income?
☐ No ☐ Yes - \$_____ per (week/month/year)
- Do you or your spouse currently receive **unemployment** benefits?
☐ No ☐ Yes - \$_____ per (week/month/year)
- Do you or your spouse currently receive **workman's compensation** benefits?
☐ No ☐ Yes - \$_____ per (week/month/year)

- Do you or your spouse currently receive **disability** pay?
☐ No ☐ Yes - \$_____ per (week/month/year)
- Do you or your spouse currently receive any income from **rental property**?
☐ No ☐ Yes - \$_____ per (week/month/year)
- Do you or your spouse currently receive **alimony or child support**?
☐ No ☐ Yes - \$_____ per (week/month/year)
- Do you or your spouse currently have any other sources of income?
☐ No ☐ Yes - \$_____ per (week/month/year)

Monthly Expense Information

Housing

☐ Own/Buying ☐ Renting

Renters:

What is your monthly rent amount? \$_____
 Who is your landlord? _____
 Are you current with your rent? _____
 Do you have a written lease? _____

Owners/Buyers:

1st mortgage company: _____
 Balance owed on 1st mortgage: _____
 What is your regular monthly payment? _____
 Does this include Property Taxes and Insurance? ☐ Yes ☐ No
 If you are past due with this mortgage, how many months? _____
 What year did you obtain this mortgage? _____
 Is this an adjustable rate mortgage? ☐ Yes ☐ No

2nd mortgage company: _____
 Balance owed on 2nd mortgage: _____
 What is your regular monthly payment? _____
 If you are past due with this mortgage, how many months? _____
 What year did you obtain this mortgage? _____
 Is this an adjustable rate mortgage? ☐ Yes ☐ No

Are you aware of any other liens against this property? ☐ No ☐ Yes

What are your annual property taxes for this property? \$_____

Does your name(s) appear on the Deed to any other real estate? ☐ No ☐ Yes

Automobiles/Vehicles

Vehicle 1:

Year _____ Make: _____ Model: _____
☐ Purchase ☐ Lease (expires: _____) ☐ Free and clear (no liens)
 Lienholder/financier: _____
 Balance owed: \$_____ Date of contract : _____
 Mileage: _____ Condition: _____

Monthly payment: _____

Do you wish to keep this vehicle? ☐ Yes ☐ No

Are you current with the payment? ☐ Yes ☐ No

Do you have insurance on this vehicle? ☐ Yes ☐ No

Vehicle 2:

Year _____ Make: _____ Model: _____

☐ Purchase ☐ Lease (expires: _____) ☐ Free and clear (no liens)

Lienholder/financier: _____

Balance owed: \$ _____ Date of contract : _____

Mileage: _____ Condition: _____

Monthly payment: _____

Do you wish to keep this vehicle? ☐ Yes ☐ No

Are you current with the payment? ☐ Yes ☐ No

Do you have insurance on this vehicle? ☐ Yes ☐ No

Misc. Vehicles:

Do you own any other vehicles, including trailers, campers, ATVs, etc.?

☐ Yes

☐ No

Other expenses:

Gas/Electric: \$ _____

Food: \$ _____

Water/Sewer \$ _____

Clothing: \$ _____

Phone: \$ _____

Daycare: \$ _____

Cable/Internet \$ _____

Medical/Dental: \$ _____

Homeowners Ins.: \$ _____

Health Ins.: \$ _____

Home maintenance: \$ _____

Life Ins. \$ _____

Automobile Ins.: \$ _____

Charity: \$ _____

Alimony: \$ _____

Child support: \$ _____

Student loans: \$ _____

Laundry/dry clean: \$ _____

Hair care/grooming: \$ _____

Pet food/care: \$ _____

Transportation: \$ _____
(gas/auto maintenance)

Cigarettes: \$ _____

Other monthly expense: \$ _____
(please specify)

Other monthly expense: \$ _____
(please specify)

Additional Asset Information

Do you or your spouse have any checking accounts? ☐ Yes ☐ No

If yes, at what financial institution(s)? _____

Do you or your spouse have any savings accounts? ☐ Yes ☐ No

If yes, at what financial institution(s)? _____

Are you or your spouse named as a joint owner on anybody else's checking/savings account?

☐ Yes ☐ No

Do you/your spouse keep any cash on hand? ☐ Yes ☐ No

Do you/your spouse own the furniture in your home? ☐ Yes ☐ No

What do you believe the furniture at your home is worth*? \$_____

Do you/your spouse own any consumer electronic equipment? ☐ Yes ☐ No

What do you believe that your electronic equipment is worth*? \$_____

Do you/your spouse own any jewelry? ☐ Yes ☐ No

What do you believe that your jewelry is worth*? \$_____

Do you/your spouse own any firearms? ☐ Yes ☐ No

What do you believe your firearms are worth*? \$_____

Do you/your spouse own any collectibles (i.e. stamps, coins, etc.)? ☐ Yes ☐ No

What do you believe your collectibles are worth*? \$_____

Do you/your spouse own any books, pictures or art work? ☐ Yes ☐ No

What do you believe that your books, pictures or art work is worth*? \$_____

What do you believe that your personal clothing is worth*? \$_____

Do you/your spouse have any retirement accounts (401k, IRA, etc.)? ☐ Yes ☐ No

What is the present value of this/these account(s)? \$_____

Do you or your spouse any ownership interest in any property not listed? ☐ Yes ☐ No

****All values should be approximate values you could get if you sold the property at a garage sale***

Note: It is important that you list all property that you own, so that it may be properly disclosed to the

Court, and (in most cases) exempted from your creditors. The law is very generous as far as what you are allowed to keep. Consequences for failing to disclose assets/property can be disastrous, and perhaps even criminal.

Debt Information

- | | | |
|---|------------------------------|-----------------------------|
| Are you presently being sued? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Are you aware of any Judgments entered against you? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Have you been garnished in the past year? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Have you co-signed for any debts that are not your own? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do you owe any tax debts? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do you owe on any student loans? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Are your debts primarily consumer debts? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Have you incurred any debt in the past 90 days? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Have you used money from anyone else to pay tax debts? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do you have any debts owed to family members? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Creditors

Please indicate who you presently owe:

NOTE: All Debts **MUST** be listed, including debts you wish to keep paying, Debts to family and friends, Debts that you are a co-signer on, and Debts that you dispute.

NOTE: If you have a copy of a recent credit report, it is not necessary for you to complete this section.

	<u>Name/address of creditor</u>	<u>Amount Owed</u>	<u>Date account opened</u>
1.	<hr/>	\$ <hr/>	<hr/>
	<hr/>		
2.	<hr/>	\$ <hr/>	<hr/>
	<hr/>		
3.	<hr/>	\$ <hr/>	<hr/>
	<hr/>		

4.	<hr/> <hr/>	\$ <hr/>	<hr/>
5.	<hr/> <hr/>	\$ <hr/>	<hr/>
6.	<hr/> <hr/>	\$ <hr/>	<hr/>
7.	<hr/> <hr/>	\$ <hr/>	<hr/>
8.	<hr/> <hr/>	\$ <hr/>	<hr/>
9.	<hr/> <hr/>	\$ <hr/>	<hr/>
10.	<hr/> <hr/>	\$ <hr/>	<hr/>
11.	<hr/> <hr/>	\$ <hr/>	<hr/>
12.	<hr/> <hr/>	\$ <hr/>	<hr/>
13.	<hr/> <hr/>	\$ <hr/>	<hr/>
14.	<hr/> <hr/>	\$ <hr/>	<hr/>
15.	<hr/> <hr/>	\$ <hr/>	<hr/>
16.	<hr/> <hr/>	\$ <hr/>	<hr/>

17.

\$ _____

18.

\$ _____

19.

\$ _____

20.

\$ _____
