



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:*

1<sup>st</sup> mortgage company: \_\_\_\_\_  
 Balance owed on 1<sup>st</sup> 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

2<sup>nd</sup> mortgage company: \_\_\_\_\_  
 Balance owed on 2<sup>nd</sup> 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.

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

4.	_____	\$ _____	_____
	_____		
5.	_____	\$ _____	_____
	_____		
6.	_____	\$ _____	_____
	_____		
7.	_____	\$ _____	_____
	_____		
8.	_____	\$ _____	_____
	_____		
9.	_____	\$ _____	_____
	_____		
10.	_____	\$ _____	_____
	_____		
11.	_____	\$ _____	_____
	_____		
12.	_____	\$ _____	_____
	_____		
13.	_____	\$ _____	_____
	_____		
14.	_____	\$ _____	_____
	_____		
15.	_____	\$ _____	_____
	_____		
16.	_____	\$ _____	_____

17.	_____	\$ _____	_____
	_____		
18.	_____	\$ _____	_____
	_____		
19.	_____	\$ _____	_____
	_____		
20.	_____	\$ _____	_____
	_____		