

Please fill out and return

Date: \_\_\_\_\_

**LEONARD & MOORE, PLLC**  
ATTORNEYS AT LAW

FULL NAME: \_\_\_\_\_  
Last First Middle SSN Date of Birth

SPOUSE: \_\_\_\_\_  
Last First Middle SSN Date of Birth

MARITAL STATUS: \_\_\_\_\_

PHYSICAL ADDRESS: \_\_\_\_\_  
Street(Route & Box Number) City County State Zip

MAILING ADDRESS: \_\_\_\_\_  
Street(Route & Box Number) City County State Zip

PHONES: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Home His Work(Extension) Her Work(Extension)

Cellular number: \_\_\_\_\_ E-mail address: \_\_\_\_\_

PLACE OF EMPLOYMENT:(HE) \_\_\_\_\_

PLACE OF EMPLOYMENT:(SHE) \_\_\_\_\_

LOCAL FRIEND/RELATIVE NOT LIVING WITH YOU(Emergency Contact)

Name: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Have you consulted another attorney prior to today? YES: \_\_\_\_\_ NO: \_\_\_\_\_

Name of Attorney: \_\_\_\_\_

Have you consulted any agency or counseling service concerning you current problems?

If so, which one? \_\_\_\_\_

How did you select this law firm?

Newspaper \_\_\_\_\_ Yellow Pages \_\_\_\_\_ Iwanna \_\_\_\_\_ Radio \_\_\_\_\_ Attorney \_\_\_\_\_ Friend \_\_\_\_\_

Internet \_\_\_\_\_ Relative \_\_\_\_\_ I am a prior client \_\_\_\_\_ I am an existing client \_\_\_\_\_ Other \_\_\_\_\_

State the general nature of your legal matter: \_\_\_\_\_

Any monies paid to this office, whether filing fees or other, are non-refundable.

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

Rev. 12/11, 1/12

INFORMATION NECESSARY FOR CHAPTER FILING

**HIS:** ALL SOURCES OF MONEY RECEIVED WITHIN THE LAST 6 MONTHS (employment, worker's comp., etc) \_\_\_\_\_ Amount received \$ \_\_\_\_\_

PLACE(S) OF EMPLOYMENT THIS YEAR \_\_\_\_\_

Income year to date \$ \_\_\_\_\_

PLACE(S) OF EMPLOYMENT LAST YEAR \_\_\_\_\_

Total Income/year \$ \_\_\_\_\_

PLACE(S) OF EMPLOYMENT PREVIOUS YEAR \_\_\_\_\_

Total Income/year \$ \_\_\_\_\_

**HERS:** ALL SOURCES OF MONEY RECEIVED WITHIN THE LAST 6 MONTHS (employment, worker's comp., etc) \_\_\_\_\_ Amount received \$ \_\_\_\_\_

PLACE(S) OF EMPLOYMENT THIS YEAR \_\_\_\_\_

Income year to date \$ \_\_\_\_\_

PLACE(S) OF EMPLOYMENT LAST YEAR \_\_\_\_\_

Total Income/year \$ \_\_\_\_\_

PLACE(S) OF EMPLOYMENT PREVIOUS YEAR \_\_\_\_\_

Total Income/year \$ \_\_\_\_\_

**PLEASE BRING A CURRENT PAYCHECK STUB TO YOUR APPOINTMENT.**

LIST INCOME OTHER THAN FROM EMPLOYMENT OR OPERATION OF BUSINESS (such as insurance, workers compensation, Social Security Disability, cash from retirement, prize/contest winning, child support) \_\_\_\_\_

Have you repaid loans from or made any gifts to a relative in the past 2 years \_\_\_\_\_ Yes \_\_\_\_\_ No

Do you have any gambling winnings or loses for the last 6 months? \_\_\_\_\_ Yes \_\_\_\_\_ No

LIST ANY PROPERTY OR PERSONAL ITEMS ALREADY RETURNED TO A CREDITOR: (Also, list on the debt schedule the creditor information and amount of debt owing at the time items returned.) \_\_\_\_\_

LIST ANY PROPERTY YOU WANT TO RETURN TO A CREDITOR (List creditor name and amount owed here and on debt schedule.) \_\_\_\_\_

LIST ANY ASSET (land, car, etc.) sold, conveyed or transferred to another name or control within the past two years. \_\_\_\_\_

LIST CREDITORS, IF ANY, YOU HAVE PAID AS MUCH AS **\$600.00**, IN THE LAST **90 DAYS**. \_\_\_\_\_

LIST PLACE OF RESIDENCE AND DATES RESIDED THERE FOR THE PAST TWO (2) YEARS. \_\_\_\_\_

Do you pay child support or alimony? If so, provide the payees name, address and telephone number: \_\_\_\_\_

# AVERAGE MONTHLY COST OF LIVING (ESTIMATE)

Number of people living in your home- - - - -		
Mortgage or Rent - - - - -		\$ _____
Real Estate taxes or homeowners insurance included? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Utilities - - - - -	Electricity & Heating	\$ _____
	Water & Sewer	\$ _____
	Telephone	\$ _____
	Garbage Collection	\$ _____
	Cable	\$ _____
	Other _____	\$ _____
Home Maintenance (repair and upkeep) - - - - -		\$ _____
Food - - - - -		\$ _____
Clothing- - - - -		\$ _____
Laundry and dry cleaning- - - - -		\$ _____
Medical and Dental expenses- - - - -		\$ _____
Transportation (not including car payments) gas, maintenance, etc.- - - - -		\$ _____
Recreation, clubs, entertainment, Newspaper, magazines, etc. - - - - -		\$ _____
Charitable contributions (church, donations, etc.)- - - - -		\$ _____
Insurance (not deducted from wages or included in home mortgage payments)		
	Homeowners or renters- - -	\$ _____
	Life- - - - -	\$ _____
	Health- - - - -	\$ _____
	Auto- - - - -	\$ _____
Taxes (not deducted from wages or included in home mortgage payments)		
	Home (real estate)- - - - -	\$ _____
	Auto (personal property)- - -	\$ _____
Tobacco addiction- - - - -		\$ _____
Personal care (haircuts, etc.) - - - - -		\$ _____
Alimony, maintenance and support paid to others- - - - -		\$ _____
Student loan payment- - - - -		\$ _____
Child care- - - - -		\$ _____
Support of additional dependants not living in your home- - - - -		\$ _____
Lot Rent- - - - -		\$ _____
Regular expenses from operation of business, profession, or farm- - - - -		\$ _____
	(Attach detailed statement)	
Other- - - - -		\$ _____

Please make a brief list of your assets (example: house, timeshare, burial plots, car, boat, personal jewelry, furniture, air conditioners, sports equipment, TV, VCR, books, pictures, and other art objects and collectibles, stocks, bonds, guns, photographic equipment, appliances, bank accounts, retirement accounts, etc.)

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# LIST CREDITORS AND DEBTS

Name & Correspondence Address	DESCRIPTION	REMARKS
Home, 1 <sup>st</sup> mortgage	Accnt No. _____ Payoff amount \$ _____ Interest rate _____ P/I pymnt \$ _____ Describe collateral _____	Loan His _____ Hers _____ Joint _____ \$ _____ Value of collateral _____ Payments behind _____
Phone # _____	Name on Deed: His    Hers    Both	
Home, 2 <sup>nd</sup> mortgage	Accnt No. _____ Payoff amount \$ _____ Interest rate _____ P/I pymnt \$ _____ Describe collateral _____	Loan His _____ Hers _____ Joint _____ \$ _____ Value of collateral _____ Payments behind _____
Phone # _____	Name on Deed: His    Hers    Both	
Vehicle #1, 1 <sup>st</sup> lien	Accnt No. _____ Payoff amount \$ _____ Date of Purchase _____ Vehicle type, year, make: _____ Name on Title: His    Hers    Both	Loan His _____ Hers _____ Joint _____ \$ _____ Value of collateral _____ Payments behind _____
Phone # _____		
Vehicle #2, 1 <sup>st</sup> lien	Accnt No. _____ Payoff amount \$ _____ Date of Purchase _____ Vehicle type, year, make: _____ Name on Title: His    Hers    Both	Loan His _____ Hers _____ Joint _____ \$ _____ Value of collateral _____ Payments behind _____
Phone # _____		
Vehicle #1, 2 <sup>nd</sup> lien	Accnt No. _____ Payoff amount \$ _____ Date of Purchase _____ Vehicle type, year, make: _____ Name on Title: His    Hers    Both	Loan His _____ Hers _____ Joint _____ \$ _____ Value of collateral _____ Payments behind _____
Phone # _____		
List additional motor vehicles in your possession or titled in your name	Date of Purchase:    Value: _____ _____ _____ _____	Ownership: (name on title) His/ Hers/ Joint His/ Hers/ Joint His/ Hers/ Joint
Lease to own contract or rent of property	Accnt No. _____ Payoff amount \$ _____ \$ _____ Describe collateral _____	His _____ Hers _____ Joint _____ Value of collateral _____

# LIST SECURED DEBTS AND JUDGMENTS (lawsuits)

(Financed or purchase of furniture, appliances, electronics, jewelry, 4-wheelers, etc.)

**PUT A STAR BY ANY CREDITORS**, if any, from whom you have borrowed or charged, including balance transfers, **\$600.00** or more in the last **90 days**.

Name & Correspondence Address	DESCRIPTION	REMARKS
Phone #	Acct No. _____	His _____
		Hers _____
	Payoff amount \$ _____	Joint _____
	Describe collateral _____	Value _____
Phone #	Acct No. _____	His _____
		Hers _____
	Payoff amount \$ _____	Joint _____
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Phone #	Acct No. _____	His _____
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		Hers _____
	Payoff amount \$ _____	Joint _____
	Describe collateral _____	Value _____
Phone #	Acct No. _____	His _____
		Hers _____
	Payoff amount\$ _____	Joint _____
	Describe collateral _____	Value _____



# LIST UNSECURED DEBTS

(credit card, medical, personal loans and taxes)

**PUT A STAR BY ANY CREDITORS**, if any, from whom you have borrowed or charged, including balance transfers, **\$600.00** or more in the last **90 days**.

Name & Correspondence Address	DESCRIPTION	REMARKS
	Accnt No. _____ Payoff amount \$ _____	His _____ Hers _____ Joint _____
Phone # _____		
	Accnt No. _____ Payoff amount \$ _____	His _____ Hers _____ Joint _____
Phone # _____		
	Accnt No. _____ Payoff amount \$ _____	His _____ Hers _____ Joint _____
Phone # _____		
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Phone # _____		
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Phone # _____		
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