

Do You: Own or Lease a Vehicle? NONE: Year & Model _____

Name & Address of Creditor: _____

Purchase Price: _____ Vehicle Mileage: _____

Date Purchased: _____

Current Market Value of the Vehicle: _____

Total Amount of Loan on the Vehicle: _____ No Loan

Do you want to Keep this Vehicle? No Yes

Do you have a Pension Plan Annuity 401K IRA? NONE

How much Money in Total is in All of your Bank Accounts? \$ _____

List the Names of All Banks in which you have Bank Accounts. _____

What is the Most Amount of Money you had in Any Account in the Last Two Years? ____

Do you Have More than \$100 in Actual Cash? No Yes Amount \$ _____

Have you Closed any Checking accounts, Savings accounts, or CD's or Any other Accounts in the Last 12 Months? No Yes

Bank Name & Address, Date Closed, Account# & Closing Balance: _____

Do You Own a Boat or Taxi Medallion or Radio Rights? No Yes

Are you Expecting a Tax Refund? No Yes, I Expect \$ _____

Does anyone Owe You Money? Or Are you Owed Any Commissions or Fees or otherwise expect any other Payments for any work that you did? No Yes

Do you have a Safety Deposit Box? No Yes in Bank: _____

Do you have A Life Insurance Policy? Term Whole Life (cash value) NONE

Do you own Any Stock or Bonds or CD's or Partnerships? No Yes _____

Do you own any Patents or Copyrights or Licenses or Franchises? No Yes

Do you expect to Receive any Inheritance, or anything of value? No Yes

Are you Holding any property that belongs to Another Person? No Yes

Were there any Businesses that you were the Director, Partner, Officer or Managing Executive or any other ownership within the last Six Years? No Yes

List Business Name, ID# & Address: _____

Did you make any payments to any One Creditor more than \$600 within the last 90 days?
No Yes _____

Did you make any payments to One Family Member more than \$600 within the last year?
No Yes _____

Did you Ever Transfer Any Money or Assets or Give any Gifts or Have any
Gambling or other Losses over \$2,000.00? NONE _____

Are You Suing Anyone for Any Reason? No Yes _____
ie. A Claim for Personal Injury or Property Loss? Name of Attorney _____

Is Anyone Suing You? No Yes _____

Did you Transfer or sell any Property or Stock within the last Six years? No Yes

Did anyone Repossess anything of yours, or did a Bank take any Money from your
account against a Debt that You Owed? No Yes _____

How much in Total did you Charge in the Last 6 months on Credit Cards? \$ _____

EMPLOYMENT INFORMATION:

Are you Currently Employed? No Yes Years Employed at This Job: _____

Address and Name of Employer: _____

How much did you earn so far This Year? _____ Job Title: _____

How much did you earn Last Year? _____ The Year Before? _____

CLIENT'S SECOND INCOME No Yes OR SPOUSE INCOME No Yes

Are you Currently Employed? No Yes Years Employed at This Job: _____

Address and Name of Employer: _____

How much did you earn so far This Year? _____ Job Title: _____

How much did you earn Last Year? _____ The Year Before? _____

PAYCHECK INCOME:

I Received Each Paycheck: Weekly Biweekly Semi-Monthly Monthly

OTHER MONTHLY INCOME:

Do You Receive Other Monthly Income?

Unemployment: \$ _____

Social Security: \$ _____

Workers Compensation: \$ _____

Pension: \$ _____

Disability: \$ _____

Child Support: \$ _____

Food Stamps: \$ _____

Alimony: \$ _____

Rental Income: \$ _____

Other Income: \$ _____

Business Income: \$ _____

Gifts from Family or Friends: \$ _____

No Other Income

TOTAL AMOUNT OF DEBT OWED:

1. Credit Card Debt: \$ _____

2. Loans: \$ _____

3. Mortgage Debt: \$ _____

4. Student Loans: \$ _____

5. Tax Debt: \$ _____

6. Other Debt: \$ _____

OTHER INFORMATION:

Who Referred you to this Law Office? _____

Total Legal Fee & Expenses: _____

MONTHLY EXPENSES

Rent or Mortgage: _____ Homeowners/Rental Insurance: _____

Electric, Gas, Heat: _____ Life Insurance: _____

Water & Sewer: _____ Health Insurance: _____

Telephone & Cell: _____ Auto Insurance: _____

Cable TV and/or Internet: _____ Car Payments: _____

Food & Restaurant: _____ Child Support: _____
Court Ordered? No Yes

Clothing: _____ Support for Dependents: _____

Laundry & Dry Cleaning: _____ Child Care Expenses: _____

Medical & Dental Expenses: _____ Educational Materials: _____

Public Transportation: _____ Job Related Expenses: _____

Car - Gas, Oil, Repairs _____ Hair Care and Makeup: _____

Recreation, Magazines: _____ Home Maintenance: _____

Charity: _____ Baby Supplies: _____

Toiletries: _____ Child Visitation Expenses: _____

Other Expenses (List): _____ Pet food & medical care: _____

TOTAL EXPENSES: _____

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When you come to my office, Please Bring in the Following:

1. Photo Identification and Social Security Card. No Yes
2. One new or old bill from each creditor that you have. No Yes
3. Please bring All Debt Collection Letters that you received from collection agencies and attorneys. No Yes
4. ALL Pay Stubs or other income documentation from each Job that you and your spouse have received for the Last Seven Months. I only need one paystub for the initial consultation. No Yes
5. Your Most Recent Federal and State Tax Returns. If you misplaced it, then order a free Tax Return Transcript from the IRS, by calling (800) TAX-1040 or by filling out the IRS form f4506t. No Yes
6. If you owe the IRS Taxes, then Call them at (800) TAX-1040 and order the free Account Transcript for each of the years that you may owe taxes. No Yes
7. If you own a Car or other Vehicle, bring in a statement showing the remaining balance that you still owe. No Yes
8. If you own a house or other real estate, bring in a mortgage document that lists the total balance that you owe to the lender. No Yes
9. If you have any Life Insurance Policies with a Cash Value (called Whole Life Policies), contact them and find out how much the cash value is. No Yes
10. Bring in One Bank Statements for Each Bank Account such as each Savings, Checking, or CD's that you have. No Yes