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Client Bankruptcy Information

DATE: ____/____/____

NAME:
(Last)_____ (First)_____ (Middle)_____

SPOUSE:
(Last)_____ (First)_____ (Middle)_____

ADDRESS: _____

CITY: _____ STATE: ____ ZIP: _____

COUNTY: _____

PHONE: Home: () _____ cell: () _____

work: (His)() _____ work: (Her)() _____

EMPLOYER: (His) _____ (Her) _____

How were you referred to us ? _____

Any prior case in bankruptcy ? If yes: Chapter _____ Date

filed _____

Date of Birth: (His) ____/____/____ Date of Birth: (Her) ____/____/____

Soc. Sec. No.: (His) _____ - _____ - _____ Soc. Sec. No.: (Her): _____ - _____ - _____

Marital status: _____

Number of Dependent Children: _____ Ages: _____

Do you owe any taxes ? IRS: \$ _____ Sales: \$ _____ Property: \$ _____

Do you pay or receive child support ? (circle one) Pay / Receive Monthly Amount
\$ _____

Has anyone co-signed with you ? _____

Relationship: _____

Vehicles: Year _____ Make _____ Pmt. \$ _____ Bal. \$ _____

Year _____ Make _____ Pmt. \$ _____ Bal. \$ _____

Year _____ Make _____ Pmt. \$ _____ Bal. \$ _____

Real Estate:

1st Mortgage Bal. \$ _____ Pmt. \$ _____ Value \$ _____

2nd Mortgage Bal. \$ _____ Pmt. \$ _____ Value \$ _____

Timeshare Bal. \$ _____ Pmt. \$ _____ Value \$ _____

Other secured debts (furniture, appliances) \$ _____

Student Loans \$ _____

Total unsecured debt (credit cards, medical, signature loans) \$ _____

POST PETITION INCOME AND EXPENDITURES

Give estimated average future income for each spouse unless separated.

1. Debtor's monthly take-home pay \$ _____

2. Spouses monthly take-home pay\$ _____

3. Other monthly income (specify).....\$ _____
(Bonuses, second job, child support, social security, etc.)

TOTAL \$ _____

Estimated average future monthly family expenses.

1. Rent or home mortgage payment\$ _____
(include lot rental for trailer)

2. Utilities: Elec. \$ _____ Heat \$ _____ Cable \$ _____
Water \$ _____ Phone \$ _____ Internet \$ _____

3. Food..... \$ _____

- 4. Clothing\$ _____
 - 5. Laundry and Cleaning\$ _____
 - 6. Books, Newspapers & periodicals.....\$ _____
 - 7. Medical, Dental, & Prescription Drugs\$ _____
 - 8. Insurance (not deducted from wages)
 - a) Auto\$ _____
 - b) Other (specify)\$ _____
 - 9. Transportation\$ _____
 - 10. Auto Payments\$ _____
 - 11. Recreation\$ _____
 - 12. Club and Union Dues (not deducted from wages)\$ _____
 - 13. Taxes (not deducted from wages)\$ _____
 - 14. Alimony or support payments (not deducted from wages)\$ _____
 - 15. Other support payments for dependents not living at home\$ _____
 - 16. Miscellaneous (specify):\$ _____
- TOTAL \$ _____**

Have you taken any credit card cash advances or made significant charges within the last 90 days ? (Circle One) YES NO

THIS INFORMATION IS BEING SUPPLIED FOR US TO EVALUATE THE OPTIONS AVAILABLE TO YOU. THIS DOES NOT CONSTITUTE AN AGREEMENT TO REPRESENT YOU. NO SUCH REPRESENTATION WILL EXIST UNTIL AN ENGAGEMENT LETTER HAS BEEN EXECUTED BY BOTH THE FIRM AND THE CLIENT.

FOR OFFICE USE ONLY Quote Fees: \$ _____ Chapter 7 13 Attorney: _____

Retainer: \$ _____ SIGN: ____/____/____