

# CLIENT INTAKE FORM

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[www.NYcounselor.com](http://www.NYcounselor.com)  
[Help@NYcounselor.com](mailto:Help@NYcounselor.com)

Please complete this form for both you and your spouse. Be sure to write "N/A," "0" or "NO" to all questions that do not apply to you. We are unable to offer a consultation unless ALL questions are answered truthfully and accurately. Be sure to first save this form to your computer and then e-mail the completed form to [Help@NYcounselor.com](mailto:Help@NYcounselor.com). All information is kept strictly confidential.

HOW DID YOU HEAR ABOUT US?	
<input type="checkbox"/> Internet	<input type="checkbox"/> Television
<input type="checkbox"/> Radio	<input type="checkbox"/> Letter
Referred by:	Other:

CONTACT INFORMATION (YOU)				YOUR SPOUSE			
Name				Name			
	First	Middle	Last		First	Middle	Last
Address				Address			
Email				Email			
Cell	Home		Work	Cell	Home		Work
ATTORNEY USE ONLY: DOISC: _____ DOIP: _____ DOFUC: _____ FQ: _____ IIIC: _____ BR 7, 11, 13, 20   <u>Debt Settlement</u> <input type="checkbox"/> Yes <input type="checkbox"/> No   <u>FC Def</u> <input type="checkbox"/> Yes <input type="checkbox"/> No   <u>Loan Mod</u> <input type="checkbox"/> Yes <input type="checkbox"/> No   <u>Short Sale</u> <input type="checkbox"/> Yes <input type="checkbox"/> No							

CREDITOR HARASSMENT
If a creditor has called you more than 5 times a day, called before 8:00 a.m. or after 9:00 p.m., or threatened to garnish your wages, provide creditor's name, address and phone number along with any correspondence you have received.
ATTORNEY USE ONLY: Fdcpa <input type="checkbox"/> Yes <input type="checkbox"/> No

REAL ESTATE (Homes, Vacant Land, Timeshares, Investment Properties, etc. Both In & Out Of The United States)									
Property Address	Appraised Value of Property	1 <sup>st</sup> Mortgage Payoff Total	Amount Behind on 1 <sup>st</sup> Mortgage	2 <sup>nd</sup> Mortgage Payoff Total	Amount Behind on 2 <sup>nd</sup> Mortgage	In Loan Mod or Short Sale?	Property In Fore-closure?	Are Other People On The Title Or Mortgage?	I Want To
1	\$	\$	\$	\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Keep Home <input type="checkbox"/> Surrender <input type="checkbox"/> Not Sure
2	\$	\$	\$	\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Keep Home <input type="checkbox"/> Surrender <input type="checkbox"/> Not Sure
3	\$	\$	\$	\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Keep Home <input type="checkbox"/> Surrender <input type="checkbox"/> Not Sure
ATTORNEY USE ONLY: Appraisal   Deed   Mortgage Stmtnt   FC Notice   Leases for Rentals   <u>Domicile 1, 2, 3</u>   <u>Anyone On/Off Title 6 Yrs</u> <input type="checkbox"/> Yes <input type="checkbox"/> No   <u>Overstd Inc</u> <input type="checkbox"/> Yes <input type="checkbox"/> No   <u>Jdgmnt Liens</u> <input type="checkbox"/> Yes <input type="checkbox"/> No   <u>Lien Strip</u> <input type="checkbox"/> Yes <input type="checkbox"/> No   <u>522F</u> <input type="checkbox"/> Yes <input type="checkbox"/> No   <u>FC Def</u> <input type="checkbox"/> Yes <input type="checkbox"/> No   <u>Loan Mod</u> <input type="checkbox"/> Yes <input type="checkbox"/> No   <u>Sht SL</u> <input type="checkbox"/> Yes <input type="checkbox"/> No									

RENTAL PROPERTY WHERE YOU ARE A TENANT			
Are You A Tenant In A Rental Property?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Amount Behind On Rent	\$
Is The Lease In Your Name?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Has Your Landlord Sued You?	<input type="checkbox"/> Yes <input type="checkbox"/> No
		Security Deposit Amount?	\$
List Other Important Information Here:			
ATTORNEY USE ONLY: Lease   Eviction Notice			

**VEHICLES YOU OWN (Cars, Trucks, Motorcycles, Boats, Recreational Vehicles, etc.)**

Vehicle Description	Mileage & Condition	Month/Year Vehicle Was Purchased	Loan Payoff Total	Amount Behind on Loan	Is There A Co-signer For This Loan?	Own or Lease	I Want To
1 Year: Make: Model:			\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Own <input type="checkbox"/> Lease	<input type="checkbox"/> Keep Vehicle <input type="checkbox"/> Surrender <input type="checkbox"/> Not Sure
2 Year: Make: Model:			\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Own <input type="checkbox"/> Lease	<input type="checkbox"/> Keep Vehicle <input type="checkbox"/> Surrender <input type="checkbox"/> Not Sure
3 Year: Make: Model:			\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Own <input type="checkbox"/> Lease	<input type="checkbox"/> Keep Vehicle <input type="checkbox"/> Surrender <input type="checkbox"/> Not Sure

ATTORNEY USE ONLY: Appraisal | Title | Recent Stmnts | Redeem  Yes  No | Reaffirm  Yes  No | Ch 13 > 910 Cram Secur Purch \$  Yes  No | N.E.E.  Yes  No |

**YOUR PERSONAL PROPERTY (Approximate Amounts Are Okay)**

	YOU	YOUR SPOUSE
Bank Account Balance For All Bank Accounts: \$	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are Your Bank Accounts Frozen?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do You Owe These Banks Money In Overdraft, Credit Cards, Personal Or Vehicle Loans?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have You Removed Your Name Or Closed A Bank Or Financial Account In The Last 12 Months?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Security Deposits With Anyone? With Whom? Value \$	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Jewelry Value \$	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Firearms, Sports and Hobby Equipment Value \$	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Life Insurance Value \$	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Retirement Accounts (401K, 403B, IRA, etc.) Value \$	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Stocks, Bonds, Annuities Value \$	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are You Owed Alimony, Maintenance Or Child Support? Describe: Value \$	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does Anyone Owe You Money Including Tax Refunds? Describe: Value \$	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
How Much Was Last Year's Tax Refund? Value \$	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did Something Happen That Gave You The Right To Sue Anyone? Describe:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do You Have Pending Lawsuits Or Are You Owed Money From A Lawsuit? Describe:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do You Expect To Inherit From Anyone? Describe:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Interest In A Business, Corporation, Partnership or D.B.A.? Describe:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
List Any Other Personal Property And Its Value Here:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No

ATTORNEY USE ONLY: 12 Month Stmnts All Accnts | Bus Doc Coi/Tax Id/Sh's, Asset/Liab/A.R., P&L | Ass of Ref  Yes  No | Unfreeze  Yes  No | Non-Exempt  Yes  No |

YOUR DEBTS (Approximate Amounts Are Okay)		YOU	YOUR SPOUSE
Home Loans, HOA Fees, Property Taxes Describe: How Much \$		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Vehicle Loans & Vehicle Title Loans Describe: How Much \$		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Credit Cards Describe: How Much \$		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Total Credit Card Charges And Cash Advances In Last 4 Months Describe: How Much \$		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Personal Loans Describe: How Much \$		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Pay Day Loans Describe: How Much \$		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Medical Bills Describe: How Much \$		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Child Support Arrears Describe: How Much \$		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Alimony/Maintenance Arrears Describe: How Much \$		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
I.R.S. & State Tax Debts Describe: How Much \$		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Student Loans Describe: How Much \$		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Lawsuit Judgments Describe: How Much \$		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have You Co-Signed A Debt For Anyone? Describe:		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has Someone Else Co-Signed A Debt For You? Describe:		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
List Other Debts Here:		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>ATTORNEY USE ONLY: 2 Yrs CH 7 or 4 Yrs Ch 13 Return Transcript and/or Verification of Non Filing 4506-T   Verif Of All Debts   J Lien From Lawsuits <input type="checkbox"/> Yes <input type="checkbox"/> No   Adv Proc <input type="checkbox"/> Yes <input type="checkbox"/> No   Debt Settlement <input type="checkbox"/> Yes <input type="checkbox"/> No   SL Disch <input type="checkbox"/> Yes <input type="checkbox"/> No   Tax Disch (Account Transcript) <input type="checkbox"/> Yes <input type="checkbox"/> No</b>			

INCOME INFORMATION (Approximate Amounts Okay)	YOU	YOUR SPOUSE
Annual Income Before Tax:	\$	\$
How Many People Do You Claim As A Dependent On Your Taxes INCLUDING YOURSELF?		
What Is Your Marital Status?	<input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Married <input type="checkbox"/> Widow <input type="checkbox"/> Separated	<input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Married <input type="checkbox"/> Widow <input type="checkbox"/> Separated
Are You Self-Employed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are Your Wages Being Garnished?	<input type="checkbox"/> Yes <input type="checkbox"/> No By Whom?	<input type="checkbox"/> Yes <input type="checkbox"/> No By Whom?
<b>STATE AMOUNT RECEIVED IN LAST SIX (6) MONTHS FROM:</b>		
Your Job and/or Self Employment	\$	\$
Rental Income and/or Income from Investments, etc.	\$	\$
Alimony, Maintenance or Child Support	\$	\$
Pension, Retirement or Social Security	\$	\$
Unemployment, Disability or Government Assistance	\$	\$
Describe Other Income in last 6 months:	\$	\$
<b>ATTORNEY USE ONLY: 6 Month Income Verif (Stubs/P&amp;L)   2 Yr Non-Emp Verif   Award Ltrs   Afd of Sup   Garnish Verif   Garnish <input type="checkbox"/> Yes <input type="checkbox"/> No   Means Test Issues <input type="checkbox"/> Yes <input type="checkbox"/> No  </b>		

MISCELLAENOUS	YOU	YOUR SPOUSE
Do You Have A Validly Issued Social Security Card?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
How Long Have You Lived In New York?	Years    Months	Years    Months
Did You File Bankruptcy In The Last 8 Years?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other Than The Property Already Listed, Has Your Or Your Spouse's Name Appeared The Title To Any Other Real Property In The Last 6 Years?	<input type="checkbox"/> Yes <input type="checkbox"/> No Describe:	<input type="checkbox"/> Yes <input type="checkbox"/> No Describe:
Have You Paid Any One Creditor More Than \$600 In Total In The Last 90 Days?	<input type="checkbox"/> Yes <input type="checkbox"/> No Amount \$	<input type="checkbox"/> Yes <input type="checkbox"/> No Amount \$
Have You Paid A Family Member Any Money In The Last 12 Months?	<input type="checkbox"/> Yes <input type="checkbox"/> No Amount \$	<input type="checkbox"/> Yes <input type="checkbox"/> No Amount \$
Has Any Of Your Property Been Attached, Garnished, Seized, Repossessed or Foreclosed In The Past 12 Months?	<input type="checkbox"/> Yes <input type="checkbox"/> No Describe:	<input type="checkbox"/> Yes <input type="checkbox"/> No Describe:
Any Large Gifts Or Transfers In The Last 6 Years Such As The Sale Of A Vehicle Or A Business?	<input type="checkbox"/> Yes <input type="checkbox"/> No Describe:	<input type="checkbox"/> Yes <input type="checkbox"/> No Describe:
Any Losses From Fire, Theft, Casualty Or Gambling In The Last 12 Months?	<input type="checkbox"/> Yes <input type="checkbox"/> No Describe:	<input type="checkbox"/> Yes <input type="checkbox"/> No Describe:
Have You Had A Safe Deposit Box In The Last 12 Months?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are You Holding Or Does Your Name Appear On Any Property Such As A House, Vehicle or Financial Account That Belongs To SOMEONE ELSE?	<input type="checkbox"/> Yes <input type="checkbox"/> No Describe:	<input type="checkbox"/> Yes <input type="checkbox"/> No Describe:
Is Anyone Holding Anything That Belongs To You?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
State Other Information You Feel May Be Relevant To Your Case:		
ATTORNEY USE ONLY:		

CERTIFICATION	
I certify that all information is accurate to the best of my ability. I understand that any legal advice given to me will be based solely upon the information provided by me in this form. I further certify that I understand that The Law Office of Neil E. Colmenares, P.C. does not represent me until both Attorney Neil E. Colmenares and myself have signed a fee agreement.	
_____	_____
Your Signature & Today's Date	Spouse Signature & Today's Date