

FOR DLF OFFICE USE: [] R [] HL [] NQ	Ch <input type="checkbox"/> 7 <input type="checkbox"/> 13 <input type="checkbox"/> 11	Total Fees: \$	IC Staff:	Office:
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► CONFIDENTIAL INTAKE FORM *The information you provide will remain strictly confidential. Please provide your best estimates.*

Today's Date	Is this your first bankruptcy consultation? <input type="checkbox"/> Yes <input type="checkbox"/> No	Filed bankruptcy before? <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, what Chapter? <input type="checkbox"/> 7 <input type="checkbox"/> 13 <input type="checkbox"/> 11 If Yes, what month and year did you file?
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► DEBTOR CONTACT INFORMATION

JOINT-DEBTOR (SPOUSE) CONTACT INFORMATION None

Your First Name Middle Last	Spouse's First Name Middle Last
Street Address (Residence)	Street Address (Residence) <input type="checkbox"/> Same as Spouse
City State Zip	City State Zip
Home Phone Cell Phone Work Phone	Home Phone Cell Phone Work Phone
Email Address What State did you live in 2 years ago?	Email Address What State did you live in 2 years ago?
Social Security No Date of Birth	Social Security No Date of Birth
Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widow	Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widow
No of Dependents	No of Dependents

► DESCRIBE HOW YOU HEARD ABOUT US

Personal Referral Internet Printed Ad Radio TV Seminar Webinar Other:

If you were referred to DLF by a friend, family member, attorney, etc, we would like to personally thank them. Please provide their contact info below:

Referring Person's Name	Referring Person's Phone	Referring Person's Email Address
Referring Person's Mailing Address	Referring Person's City	State Zip

► REAL ESTATE [] None *If more than 1, attach additional pages.*

[CH 13 DEBT LIMITS: D: \$1,081,400 E/F: \$360,475]

Description	Present Value \$	Basis of Value	Yr Purchased	Purchase Price \$	Homestead? <input type="checkbox"/> Yes <input type="checkbox"/> No	Property Intentions <input type="checkbox"/> Keep <input type="checkbox"/> Sell <input type="checkbox"/> Surrender
<i>Estimate if Unknown</i>	<i>Balance Owed</i>	<i>Monthly Payment</i>	<i># Months Late</i>	<i>Amt to Reinstate</i>	<i>Notice of Default Date</i>	<i>How is Title Held?</i>
First Mortgage	\$	\$		\$		<input type="checkbox"/> Individual <input type="checkbox"/> Joint <input type="checkbox"/> Other
Second Mortgage	\$	\$		\$		
Third Mortgage	\$	\$		\$		
Association Dues	\$	\$		\$		
Property Taxes	\$	\$		\$		
Judgment Liens	\$	\$		\$		
Other Liens	\$	\$		\$		

► VEHICLES, MOTORCYCLES, BOATS, RECREATIONAL VEHICLES *List all, whether paid for or not.*

Yr	Make	Model	Current Value \$	Loan or Lease <input type="checkbox"/> Loan <input type="checkbox"/> Lease <input type="checkbox"/> Paid	Payment \$	Balance \$	Mo's Late	Intent <input type="checkbox"/> Keep <input type="checkbox"/> Surrender
			\$	<input type="checkbox"/> Loan <input type="checkbox"/> Lease <input type="checkbox"/> Paid	\$	\$		<input type="checkbox"/> Keep <input type="checkbox"/> Surrender
			\$	<input type="checkbox"/> Loan <input type="checkbox"/> Lease <input type="checkbox"/> Paid	\$	\$		<input type="checkbox"/> Keep <input type="checkbox"/> Surrender
			\$	<input type="checkbox"/> Loan <input type="checkbox"/> Lease <input type="checkbox"/> Paid	\$	\$		<input type="checkbox"/> Keep <input type="checkbox"/> Surrender
			\$	<input type="checkbox"/> Loan <input type="checkbox"/> Lease <input type="checkbox"/> Paid	\$	\$		<input type="checkbox"/> Keep <input type="checkbox"/> Surrender
			\$	<input type="checkbox"/> Loan <input type="checkbox"/> Lease <input type="checkbox"/> Paid	\$	\$		<input type="checkbox"/> Keep <input type="checkbox"/> Surrender

► **OTHER CREDITORS**

<i>Provide your best estimates. In the event you retain DLF for bankruptcy, we will pull your credit report.</i>		Approx # Items	Approx total combined balances	Approx total charges in last 6 months	Approx total pmts in last 6 months	Did anyone cosign?	Months Late
1	Credit Cards (Visa, MC, Amex, Discover, etc)		\$	\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	
2	Dept Store Cards (Best Buy, Sears, Macy, etc)		\$	\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	
3	Personal Loans (Payday, Credit Union, etc)		\$	\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	
4	Loans from Family/Friends		\$	\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	
5	Auto Repo Deficiency		\$	\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6	Lawsuits/Judgments		\$	\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	
7	Foreclosure Deficiencies		\$	\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	
8	Student Loans		\$	\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	
9	Child/Domestic Support Obligations		\$	\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	
10	Taxes for Years:		\$	\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	
11	Medical Bills		\$	\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	
12	Lien Strip 1 (2 nd Mortgage, Judgment Lien, etc)*		\$	\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	
13	Lien Strip 2 (3 rd Mortgage, Judgment Lien, etc)*		\$	\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	
14	Other:		\$	\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	
15	Other:		\$	\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	
16	Other:		\$	\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	
GRAND TOTAL			\$	\$	\$		

► **RETIREMENT & OTHER VALUABLE ASSETS**

	Asset Description	Value		Asset Description	Value
1	Retirement	\$	8	Other:	\$
2	401K	\$	9	Other:	\$
3	Pension	\$	10	Other:	\$
4	IRA	\$	11	Other:	\$
5	Annuity	\$	12	Other:	\$
6	Checking & Savings Accounts	\$	13	Other:	\$
7	Inheritance (Wills, Trusts, etc)	\$	14	Other:	\$

► **DLF IC STAFF NOTES**

► **GROSS INCOME FROM ALL SOURCES** Including Work, SSI, Domestic Support, Retirement, Pension, Royalties, etc.

Occupation	2011 Gross Income \$	2012 Gross Income \$	2013 Gross Income YTD \$	Ave Mo Pay Before Tax \$	Ave Mo Pay After Tax \$
Occupation of Spouse	2011 Gross Income \$	2012 Gross Income \$	2013 Gross Income YTD \$	Ave Mo Pay Before Tax \$	Ave Mo Pay After Tax \$

[MEDIAN INCOME 1) \$3,997 2) \$5,387 3) \$5,887 4) \$6,600 5) \$7,225 6) \$7,850 7) \$8,475 8) \$9,100]

► **AVERAGE MONTHLY LIVING EXPENSES**

Expense Category	Debtor(s)	Spouse (if Separated)	DLF Office Use Only
1	Rent or Total Mortgage Payment	\$	\$
1a	Property Taxes <input type="checkbox"/> Included in No 1	\$	\$
1b	Insurance: Renter's or Homeowners <input type="checkbox"/> Included in No 1	\$	\$
2a	Utilities: Electric Bill	\$	\$
2a	Utilities: Natural Gas Bill	\$	\$
2b	Utilities: Water & Sewer	\$	\$
2c	Utilities: Telephone <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Both	\$	\$
2d	Utilities: Cable/Satellite	\$	\$
2d	Utilities: Internet	\$	\$
2d	Utilities: Other	\$	\$
2d	Utilities: Other	\$	\$
3	Home maintenance (repairs, upkeep, pool, yard, etc)	\$	\$
4	Food	\$	\$
5	Clothing	\$	\$
6	Laundry and dry cleaning	\$	\$
7	Medical and dental expenses	\$	\$
8	Transportation (not including car payments)	\$	\$
9	Recreation, entertainment, subscriptions, etc	\$	\$
10	Charitable contributions	\$	\$
11b	Insurance: Life	\$	\$
11c	Insurance: Health	\$	\$
11d	Insurance: Auto	\$	\$
11e	Insurance: Other	\$	\$
12	Taxes (not deducted from wages or included in mortgage pymt)	\$	\$
13a	Installment Payments: Auto 1	\$	\$
13a	Installment Payments: Auto 2	\$	\$
13a	Installment Payments: Auto 3	\$	\$
13b	Installment Payments: Other	\$	\$
13c	Installment Payments: Other	\$	\$
13d	Student Loan Payment	\$	\$
14	Alimony, maintenance, and support paid to others	\$	\$
15	Payments for support of additional dependents not living at home	\$	\$
16	Regular recurring business expenses for self employed (provide P&L)	\$	\$
17a	Other: Daycare	\$	\$
17b	Other	\$	\$
17c	Other	\$	\$
17d	Other	\$	\$
TOTAL AVERAGE MONTHLY EXPENSES		\$	\$

1. Are you aware of any critical deadlines (foreclosure, levy, lawsuit, repo, etc)? If so, provide documentation.
2. Is your Social Security Number and/or Tax ID a valid number issued to you by the government?
3. What state were you living in when your Social Security Number was issued?
4. What are your main goals in filing bankruptcy?
5. Are your creditors calling you, harassing you, or making threats?
6. Have you transferred or sold any assets in the last 2 years?
7. How much of a tax refund are you expecting this year?
8. Are you going to inherit anything of value soon?
9. Do you have any type of legal or potential claim/lawsuit against anyone (ie, Work comp, Car Accident, etc)?
10. Are you involved in any lawsuits as either a plaintiff or defendant?
11. Have you taken any Cash Advances from your creditors in the last 6 months?
12. Have you made any substantial purchases in the last 6 months?
13. Have you repaid any family members/friends in the last year?
14. Have you paid any creditors more than \$600 total within the last 90 days?
15. What is the main reason/s you fell behind with your debt obligations?
16. Do you want to eliminate your debt or restructure and pay?