

FIRST APPOINTMENT SHEET

RHC _____ KLH _____ RJC _____ Other _____

Exceeds median income? Y/N

You are going to be meeting with a Bankruptcy Attorney shortly. You will probably be in our office about an hour. Our policy is to treat this meeting as one that will help you to better understand your options. You are not going to be asked to decide whether or not you want to hire us to take any actions. Instead, we will review your financial situation, counsel with you, and establish the fees and costs of the various options if there are any. We will, of course, answer your questions and put what we can into writing so that you can take it home to review.

Please answer as completely as possible

Today's date is _____, 20__

Your full name is _____

Your Social Security Number is _____ - _____ - _____

Your date of birth is ____/____/____

Your Spouse's full name is _____

Your Spouse's Social Security Number is _____ - _____ - _____

Your Spouse's date of birth is ____/____/____

Your mailing address: _____

(with zip code, please) _____

In which county do you live: _____

Phone numbers: Home: _____

 Yourself Work: _____ Cell: _____

 Spouse Work: _____ Cell: _____

Email Address: _____

How long have you lived in South Carolina? _____

If less than 91 days where did you reside prior to SC? _____

Have you or your spouse owned a business or been self-employed in the last 6 years?

Yes No If so, state the name and dates (beginning and ending or operation of each)



Have you ever filed bankruptcy before? _____ If yes, provide the year and the state where you filed bankruptcy. _____

INCOME:

	YOURSELF	YOUR SPOUSE
Name of Employer		
How often are you paid? (weekly; every 2 weeks; monthly; bi-monthly, etc.)		
Hourly rate		
Normal hours per pay period		
Overtime rate		
Estimated overtime hours		
Annual Salary		
Commissions		
FOR ATTY USE ONLY:		

1. Do you receive income from any other source whatsoever (including but not limited to food stamps, social security, disability, child support/alimony, retirement, worker's compensation)? Yes No If yes, what is the source(s) and the amount(s) per month? _____
 2. How many children live at home with you? _____
 3. Is there anyone else living in your home with you? List: _____
 4. Have all of your tax returns (Federal, State) been filed in the past 6 years? Yes No
 5. If you are a sole proprietor are you paying quarterly estimated taxes? Yes No
 6. Did you receive a tax refund last year, or this year? Yes No If "Yes", How much Federal and State refund did you receive? \$ _____
 7. Do you owe any Federal or State taxes? Yes No amount _____
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REAL ESTATE

8. Are you buying, or renting the place where you live? Buying Renting

9. How much are your monthly payments for your residence? _____

10. Is the place where you live a house, mobile home, or an apartment? _____

11. If you own a house, mobile home or land please answer the following:

(A) In whose name is it titled? _____

(B) In what year did you buy it? _____

(C) How much did you pay? \$ _____

(D) How much was the down payment? \$ _____

(E) If you own a mobile home, what size is it? _____

(F) If you own land, what is the acreage? _____ acres.

(G) Please state your estimate of the value and amount owed on your property: *

Property	Value	Amount Owed
House	\$	\$
Mobile Home	\$	\$
Land	\$	\$

** If you own, or own interest in more than one house, mobile home, or parcel of land, please make sure you answer the questions above for all of them.*

12. Have you owned any other real estate in the past 6 years (including property you inherited or that you may own with others)? _____

13. Have you had any property repossessed, seized, or have you voluntarily surrendered any in the last 6 years? If so, please describe property and approximate date(s).

14. Do you own any burial plots? No Yes. How many? _____

What is their estimated value? _____

15. How many vehicles do you own? (Registered in your name or your spouses) _____
 Please note the year, make, model, miles, amount owed and value of each:

	Year	Make/Model	Miles	Amount Owed	Value
Auto #1					
Auto #2					
Auto #3					
Auto #4					

16. Do you own a Boat? _____ If yes, please provide the following:

Year	Make	Model	Motor	Trailer	Amount Owed	Value
				Y N	\$	\$
				Y N	\$	\$

17. Do you own any motorcycles, ATV's, jet ski's, campers, 4-wheelers, go-carts, etc.?

Year	Make	Model	Motor	Trailer	Amount Owed	Value
				Y N	\$	\$
				Y N	\$	\$

18. Do you own any stock, bonds, IRA's, 401(k), pension or other annuities? If so, please list:

Have you cashed in or taken a loan against these accounts? _____

19. Please state the amount of cash, checking and savings you currently have and the name of the institution in which it is deposited:

Do you owe any of these institutions money? _____

CAUTION: If you place funds in a bank or credit union to which you owe money, they are allowed by law to take your money. Therefore, you may want to place your money in an institution you do not owe.

20. If you own any Life Insurance, does it have any cash or loan value? Yes No

If yes, what is the amount you can withdraw from the policy right now? _____

Have you taken any loans against an insurance policy? Yes No If yes, when did you withdraw money and how much did you withdraw? _____

21. Do you own any tools, machinery or equipment that you use in your work or business?

If yes: Describe: _____

If "Yes", what is your estimate of its value? \$ _____

22. Please state whether or not you have sold or given away any of your property whatsoever within the past 6 years. If so, please explain:

23. Have you or your spouse repaid or given a friend or relative \$600 or more in the last 1 year? Yes No If yes, please explain: _____

24. Have you ever been separated or divorced? Yes No When? _____

If "Yes" were you ordered by the Domestic Court to pay certain debts? Yes No

If "Yes" please list: _____

25. Do you have any student loans or have you co-signed on any? Yes No

26. Does anyone owe you more than \$600.00 including family members and friends?

Yes No If yes, please explain: _____

27. Do you have any auto accidents, worker's compensation or medical malpractice claims pending? Yes No If yes, please explain: _____

Have you received money from these types of claims in the last 3 years? If yes, please explain. _____

28. Has anyone gotten a judgment against you in a Court? Yes No If yes, please explain: _____

29. How did you hear about our law firm? _____

30. Please list all dependants and anyone living in your household:

FULL NAME	AGE	RELATIONSHIP

31. Please state the reason(s) you are considering bankruptcy: _____

32. Is there any other information you feel we need to know in order to provide counsel to you in this matter? If so, please make a note of it here: _____
