

Client Information Form

Please complete both sides as accurately and as completely possible.

Personal Information

Client Name _____

Date of Birth ____ / ____ / ____

Spouse's Name _____

Date of Birth ____ / ____ / ____

Marital Status Married Single Separated Divorced Remarried Widowed

Length of time at this status _____ Years _____ Months

Contact Information

Home Address _____

City _____ State _____ Zip _____

Mailing Address (if different) _____

City _____ State _____ Zip _____

Phone Numbers

Home _____ Work _____

Cell _____ Fax _____

Email _____

Spouse Cell _____ Work _____

Fax _____

Email _____

Children

Please list each of your children in order of year (**oldest to youngest**) and provide the requested information.

Birth Year	Child's Name	Biological, Step child, adopted, guardian, etc.	Lives with You (Y/N)	Pay child support for (Y/N)	Receive child support for (Y/N)

Employment Information

Current Employer _____

Address _____ City _____ State _____ Zip _____

Occupation/Level _____

Length of time at current employer ____ Years ____ Months

Spouse Current Employer _____

Address _____ City _____ State _____ Zip _____

Occupation/Level _____

Length of time at current employer ____ Years ____ Months

Have you been self-employed in the last 5 years? ____ Yes ____ No If yes provide:

Business Name _____

City _____ State _____ Zip _____

Nature of Business _____

Select one: _____ Proprietorship _____ Partnership _____ Limited Company

Period of Operation: From _____ To _____

What happened to the business? _____

Where are the books and records? _____

Are you an officer or director of a limited company? ____ Yes ____ No

If yes, please give details: _____

Previous Counseling

List all previous budget, debt management or credit counseling you have received.

Year	Type of Counseling	Counseling Agency	Outcome of Counseling

Legal Issues

Have you previously filed bankruptcy? ___ Yes ___ No

If yes: ___ Chapter 7 Month & Year filed ____/____
 ___ Dismissed or ___ Discharged Month & Year ____/____
 ___ Chapter 13 Month & Year filed ____/____
 ___ Dismissed or ___ Discharged Month & Year ____/____

List other legal issues that you have experienced. Includes arrest, conviction of a crime, jail time, prison time, tax evasion, etc.

<u>Year</u>	<u>Legal Issue</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Briefly state why you want to file bankruptcy.

Client's Signature

Date

Client's Signature *(spouse, if married)*

Date