

INITIAL INFORMATION SHEET AND CONSULTATION AGREEMENT

Full Name: _____ Today's Date: _____

 First Middle Initial Last

Birthdate: _____

Other Names your creditors know you by (maiden, businesses, etc.)

Mailing Address _____ City: _____ State: _____

County: _____ Zip Code: _____ Street, RR or RD if P.O. Box _____

Social Security and Business Tax ID Numbers.: _____

Home Telephone No.: _____ Cell Phone: _____ eMail: _____

Employer Name and Address: _____ Work Telephone No.: _____

Occupation/Title: _____ How Long Employed: _____

Marital Status: ___ Never Married ___ Married ___ Separated ___ Divorced ___ Widowed

Spousal Information: (Unless divorced or widowed)

Full name: _____ Birthdate: _____

Other names your creditors know you by (maiden, businesses, etc.)

Mailing Address:(if different than spouse) _____ City: _____ State: _____

County: _____ Zip Code: _____ Street, RR or RD if P.O. Box: _____

Social Security and Business Tax ID numbers: _____

Home Telephone No: (If different) _____ Cell Phone: _____ eMail: _____

Employer Name and Address: _____ Work Telephone No.: _____

Occupation/Title: _____ How Long Employed: _____

Emergency Information:

Who can we contact to get a message to you to call us in an emergency?

Name: _____ Telephone # _____ Relationship _____

General:

What area(s) of law do you wish to speak to the Attorney about: (Please **circle** any of the following):

BANKRUPTCY, CREDITOR HARASSMENT, COLLECTION DEFENSE, MORTGAGE SERVICING
COMPLAINTS, REPOSSESSION, ALTERNATIVES TO BANKRUPTCY, UNFAIR AND DECEPTIVE
CREDITOR ACTIONS, LEGAL MALPRACTICE, PERSONAL INJURY, EMPLOYMENT
DISCRIMINATION, STUDENT LOAN ISSUES, OTHER

How did you find out about this law firm? _____.

(name of friend, relative, attorney, telephone directory, website, received our letter or Internet)

If you heard about us from a telephone directory, please tell us in which directory you saw our ad.

Attorney Use Only:

File Prior To: _____ File After: _____

CONSULTATION AGREEMENT

This agreement is required by law. Client has requested, and attorney agrees to provide, information about relief from debts, including relief by filing bankruptcy. Specifically, for the consultation fee of \$100, attorney will, to the extent possible considering the information provided by client, analyze client's financial problems, recommend solutions for those problems, inform client how filing bankruptcy would effect client's financial situation, inform client of what is required of client if filing bankruptcy is chosen and quote the client an estimated fee for the attorney to provide bankruptcy or other legal services to client. **By signing, client is not agreeing to file bankruptcy or to have attorney provide any other services, other than those set forth above, to be provided at one consultation.** The client acknowledges that the first date any bankruptcy assistance services are provided to client is the date of the consultation.

Date of consultation _____

Client: _____

Attorney _____

Client: _____