# R | F | B THE LAW OFFICES OF RYAN F. BEACH PLLC

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We offer free phone or in-office consultations.	If you have not scheduled your appointment, please call us at 616.389.0629
or e-mail us at <u>rfbeachlaw@gmail.com</u> .	

Please do not worry if you are unsure of how to answer any of the questions. This form merely serves as a tool to better understand your situation and provide you with your available options. Any unanswered questions will be addressed during your consultation. We look forward to meeting with you.

Have you or your spouse ever file	d for Bankruptcy? [	Yes No; If yes, what was	your Case #
Is your home(s) in foreclosure?	Yes No	If yes, sale date is	
Full Name:		DOB	:
Address:			
City/Zip Code:		_ County:	
Phone:	E-mail Ac	ldress:	
ARE YOU MARRIED? Ye IS YOUR SPOUSE FILING TOO		please fill out the next question)	
Spouse Information			
Full Name:		Date of Birth:	
Phone:	E-mai	l Address:	
	-	ast 6 years (maiden names, busine	
Children or Dependents			
Name and age of any children or	dependents living in y	our household (this includes Step	or Adopted Children also)
(Gender/Relationship)	(Age)	(Gender/Relationship)	(Age)
(Gender/Relationship)	(Age)	(Gender/Relationship)	(Age)
(Gender/Relationship)	(Age)	(Gender/Relationship)	(Age)

#### **Real Estate Information**

Do you own, are you buying	g, or are you involved as PART OV	VNER in any real	estate (land or home)?
Address of Property:			
Whose names are on the dea	ed:		
Is this your residence?	Yes No		
Year bought:	Price Paid: \$	Present Val	ue: \$
SEV from tax bill: \$	; Appraisal date	& value	; Zillow
Balance on Mortgage: \$	2 <sup>nd</sup> Mortgage: \$		3 <sup>rd</sup> : \$
Do you own any other prop	erty? If so, location(s):		
Year bought:	Price Paid: \$	Present Val	ue: \$
SEV from tax bill: \$	; Appraisal date	& value	; Zillow
Balance on Mortgage: \$	2 <sup>nd</sup> Mortgage: \$		3 <sup>rd</sup> : \$
	Vehicle Inform	nation	
Do you own or lease any ca	rs, trucks, mobile homes, boats, tra	ilers ATVs moto	provoles etc.? Ves 🗆 No

Do you own or lease any cars, trucks, mobile homes, boats, trailers, ATVs, motorcycles, etc.? (If no, go to next section). DO NOT list any cars that have already been REPOSSESSED or RETURNED. DO INCLUDE leased vehicles and vehicles that you are borrowing.

	Year, Make & Model	Name(s) on Title	Value	<b>Balance Owed</b>
□ Keep □ Give Up	(1)		\$	
	Lien Holder:	Payment:	Int. Rate	EMP (for atty)
□ <sub>Keep</sub> □ Give Up	(2)		\$	
	Lien Holder:	Payment:	Int. Rate	EMP (for atty)
□ Keep □ Give Up	(3)		\$	
	Lien Holder:	Payment:	Int. Rate	EMP (for atty)
□ Keep □ Give Up			\$	
	Lien Holder:	Payment:	Int. Rate	EMP (for atty)

# **Personal Property Information**

For each type of property listed below, indicate whether you own any property of that category and, if you do, fill in the remaining information. <u>The "present value" is considered as the *resale* value of such property.</u>

Type of Property	Description	Owned by husband, wife, other, and/or joint	Present Value
Checking, Savings Account, Certificate of Deposit, Pre-paid debt, Virtual Wallet, PayPal, etc.	Bank Name: Type(s): Money owed to Bank:		\$
	Bank Name: Type(s): Money owed to Bank:		\$
	Bank Name: Type(s): Money owed to Bank:		\$
	Bank Name: Type(s): Money owed to Bank:		\$
Security Deposits (i.e. landlord, utility company)			\$
Household goods, furnishings, appliances, art, memorabilia, collectables (only list single items with resale value of over \$600.00)			\$
Furs or Jewelry			\$
Firearms, sports, photo or hobby equipment			\$
Life insurance policies	Company: Type:		\$

	Company:	\$
	Туре:	
Stocks, bonds, mutual funds, or any investments outside retirement accounts		\$
Retirement Accounts, including any liquidated	Company:	\$
in the last 3 years	Type:	
	Loan & Payoff date:	
	What was loan/funds used for:	
	Company:	\$
	Туре:	
	Loan & Payoff date:	
	What was loan/funds used for:	
	Company:	
	Туре:	\$
	Loan & Payoff date:	
	What was loan/funds used for:	
Tax refund, unpaid wages, commission		\$
Any lawsuits, claims for money against anyone, inheritance in Probate Court		\$
Animals		\$
Business Ownership	Name of Business:	 \$
	Bank Accounts:	
	Inventory:	

Equipment:	
Accounts Receivable:	
Liabilities:	

### **Current Income**

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Your Income	Spouse's Income
Occupation:	Occupation:
Name of Employer:	Name of Employer:
Address:	Address:
How long employed:	How long employed:
Hourly rate? Usual # of hours per week? Expected Yearly Income? \$	Hourly rate? Usual # of hours per week? Expected Yearly Income? \$
Do you receive Overtime pay?	Do you receive Overtime pay? □ Yes □ No
How much? \$	How much? \$
Social Security?	Other Income – Do you receive
Child Support?	Social Security?
Disability/Medical?	Child Support?  □Yes □ No How Much? \$
Retirement/Pension?	Disability/Medical?
Other: How Much? \$	Retirement/Pension?
	Other: How Much? \$

Do you share household expenses with another adult or spouse?  $\Box$  Yes  $\Box$  No *If so, list your part of the expenses.* 

Indicate how much you pay for each item each month:

EXPENSE	AMOUNT	EXPENSE	AMOUNT
RENT	\$	TRANSPORTATION	\$
		(not car payment)	
MORTGAGE	\$	CAR PAYMENT/	\$
PAYMENT		LEASE PAYMENT	
SECOND MORTGAGE	\$	OTHER CAR/LEASE PAYMENT	\$
REAL ESTATE TAXES	\$	AUTO INSURANCE	\$
HOUSE/RENTAL INSURANCE	\$	OTHER INSURANCE	\$
ELECTRICITY	\$	ENTERTAINMENT/	\$
ELECTRICITY	φ	RECREATION	Φ
HEAT/GAS	\$	CHARITY/CHURCH	\$
WATER & SEWAGE	\$	CHILD SUPPORT	\$
		You pay	
TELEPHONE	\$	ALIMONY SUPPORT	\$
		You pay	
CABLE	\$	DAY CARE	\$
CELL PHONE	\$	HOME MAINTENANCE	\$
FOOD/GROCERIES	\$	TAXES not deducted	\$
		from pay	
CLOTHING	\$	PET COSTS	\$
LAUNDRY/DRY	\$	HAIR CARE	\$
CLEANING			
INTERNET	\$	CONDO DUES	\$
MEDICAL/DENTAL	\$	OTHER:	\$

Any additional information you'd like us to know regarding your monthly expenses:

## **Financial Affairs**

If you are filing jointly with your spouse, include information about you and your spouse. If the question doesn't apply to you, you may leave the answer blank.

Do you have any UNFILED IN	COME TAXES (Federal, State of	or City)? <b>Yes No</b>
If so, what year(s):		
Filing Year	Type of Unfiled Return (i.e. federal, state, etc.)	Amount Owed
Are there any GARNISHMEN	TS or COURT ACTIONS agains	
Creditor/Attorney:		
Case No	Which Court:	
Date Garnishment started	Amount Garnished	
Creditor/Attorney:		
Case No	Which Court:	
Date Garnishment started	Amount Garnished	
Creditor/Attorney:		
Case No	Which Court:	
Date Garnishment started	Amount Garnished	
Have you had any property <b>RE</b>	POSSESED or FORECLOSED	within the last year?
Description of Property:		_ Creditor:
Date of Repossession or Foreclo	osure:	
Description of Property:		_ Creditor:
Date of Repossession or Foreclo	osure.	

Have you donated or contributed more than \$200 to one charity/church/individual in the past year? Who, how much, and when?

1		
2		
Have you had any LOSSES	from fire, theft, gambling or other casualties within the past year?	
Type of Loss:	Description & Value of Property:	
When:		
	by persons, including Attorneys, for consultation regarding <b>DEBT CONSOL COUNSELING, ETC.</b> within the past year.	IDATION,
Who you gave money to: _		
When:	How Much?	
Who you gave money to:		
X 71	How Much?	
when:	How Much?	
Have you sold, transferred,	or given away any assets worth over \$500.00 within the last two (2) years?	
1		
2		
		1.0
Have you used any of your of	redit cards or taken out any loans or cash advances within the last three (3) m	ionths?
When:	Which card or company:	
Amount:		
•	e last two (2) years, list all addresses where you previously lived:	

ACCOUNT NAME	Hus	band, Wife AMOU	e, Joint, ( NT OWE	Co-signer CD	Type of Debt – Car loan, mortgage, credit card, medical, utility, school loan, repo deficiency, bank loans, etc
	Н	W	J	С	
	\$				
	Н	W	J	С	
	\$				
	Н	W	J	С	
	\$				
	Н	W	J	С	
	\$				
	Н	W	J	С	
	\$				
	Н	W	J	С	
	\$				
	Н	W	J	С	
	\$				
	Н	W	J	С	
	\$				
	Н	W	J	С	
	\$				
	Н	W	J	С	
	\$				

LIST ALL DEBTS – INCLUDING CAR LOANS, MORTGAGES, UTILITIES, STUDENT LOANS, WHETHER OR NOT THE DEBT IS CANCELED BY BANKRUPTCY