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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 rfbeachlaw@gmail.com.

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 filed 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 Address: _____

ARE YOU MARRIED? Yes No (If yes, please fill out the next question)

IS YOUR SPOUSE FILING TOO? Yes No

Spouse Information

Full Name: _____ Date of Birth: _____

Phone: _____ E-mail Address: _____

Have you or your spouse used any other names in the past 6 years (maiden names, business names, etc.)?

Yes No If Yes, Names Used: _____

Children or Dependents

Name and age of any children or dependents living in your 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, or are you involved as PART OWNER in any real estate (land or home)?

Address of Property: _____

Whose names are on the deed: _____

Is this your residence? Yes No

Year bought: _____ Price Paid: \$ _____ Present Value: \$ _____

SEV from tax bill: \$ _____; Appraisal date _____ & value _____; Zillow _____

Balance on Mortgage: \$ _____ 2nd Mortgage: \$ _____ 3rd: \$ _____

Do you own any other property? If so, location(s): _____

Year bought: _____ Price Paid: \$ _____ Present Value: \$ _____

SEV from tax bill: \$ _____; Appraisal date _____ & value _____; Zillow _____

Balance on Mortgage: \$ _____ 2nd Mortgage: \$ _____ 3rd: \$ _____

Vehicle Information

Do you own or lease any cars, trucks, mobile homes, boats, trailers, ATVs, motorcycles, etc.? Yes No
 (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 | Balance Owed |
|---|---------------------|------------------|------------------|-----------------------|
| <input type="checkbox"/> Keep <input type="checkbox"/> Give Up | (1) | | \$ | |
| | Lien Holder: | Payment: | Int. Rate | EMP (for atty) |
| <input type="checkbox"/> Keep <input type="checkbox"/> Give Up | (2) | | \$ | |
| | Lien Holder: | Payment: | Int. Rate | EMP (for atty) |
| <input type="checkbox"/> Keep <input type="checkbox"/> Give Up | (3) | | \$ | |
| | Lien Holder: | Payment: | Int. Rate | EMP (for atty) |
| <input type="checkbox"/> Keep <input type="checkbox"/> Give Up | (4) | | \$ | |
| | 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. **The “present value” is considered as the resale value of such property.**

| 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: | | \$ |

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

| | | | |
|--|----------------------|--|--|
| | Equipment: | | |
| | Accounts Receivable: | | |
| | Liabilities: | | |

Current Income

Your Income

Spouse's Income

| | |
|--|--|
| <p>Occupation:</p> | <p>Occupation:</p> |
| <p>Name of Employer:</p> | <p>Name of Employer:</p> |
| <p>Address:</p> | <p>Address:</p> |
| <p>How long employed:</p> | <p>How long employed:</p> |
| <p>Hourly rate? Usual # of hours per week? Expected Yearly Income? \$ _____</p> | <p>Hourly rate? Usual # of hours per week? Expected Yearly Income? \$ _____</p> |
| <p>Do you receive Overtime pay? <input type="checkbox"/> Yes <input type="checkbox"/> No How much? \$ _____</p> | <p>Do you receive Overtime pay? <input type="checkbox"/> Yes <input type="checkbox"/> No How much? \$ _____</p> |
| <p>Social Security? <input type="checkbox"/> Yes <input type="checkbox"/> No How Much? \$ _____</p> | <p>Other Income – Do you receive.....</p> |
| <p>Child Support? <input type="checkbox"/> Yes <input type="checkbox"/> No How Much? \$ _____</p> | <p>Social Security? <input type="checkbox"/> Yes <input type="checkbox"/> No How Much? \$ _____</p> |
| <p>Disability/Medical? <input type="checkbox"/> Yes <input type="checkbox"/> No How Much? \$ _____</p> | <p>Child Support? <input type="checkbox"/> Yes <input type="checkbox"/> No How Much? \$ _____</p> |
| <p>Retirement/Pension? <input type="checkbox"/> Yes <input type="checkbox"/> No How Much? \$ _____</p> | <p>Disability/Medical? <input type="checkbox"/> Yes <input type="checkbox"/> No How Much? \$ _____</p> |
| <p>Other: _____ How Much? \$ _____</p> | <p>Retirement/Pension? <input type="checkbox"/> Yes <input type="checkbox"/> No How Much? \$ _____</p> |
| | <p>Other: _____ How Much? \$ _____</p> |
| | |
| | |
| | |
| | |

Current Expenses

Do you share household expenses with another adult or spouse? Yes 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 PAYMENT | \$ | CAR PAYMENT/ LEASE PAYMENT | \$ |
| SECOND MORTGAGE | \$ | OTHER CAR/LEASE PAYMENT | \$ |
| REAL ESTATE TAXES | \$ | AUTO INSURANCE | \$ |
| HOUSE/RENTAL INSURANCE | \$ | OTHER INSURANCE | \$ |
| ELECTRICITY | \$ | ENTERTAINMENT/ RECREATION | \$ |
| 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 CLEANING | \$ | HAIR CARE | \$ |
| 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 INCOME TAXES** (Federal, State or City)? **Yes** **No**

If so, what year(s):

| Filing Year | Type of Unfiled Return (i.e. federal, state, etc.) | Amount Owed |
|-------------|---|-------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Are there any **GARNISHMENTS** or **COURT ACTIONS** against you?

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 **REPOSSESSED** or **FORECLOSED** within the last year?

Description of Property: _____ Creditor: _____

Date of Repossession or Foreclosure: _____

Description of Property: _____ Creditor: _____

Date of Repossession or Foreclosure: _____

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

1. _____
2. _____
3. _____

Have you had any **LOSSES** from fire, theft, gambling or other casualties within the past year?

Type of Loss: _____ Description & Value of Property: _____

When: _____

List all payments made to any persons, including Attorneys, for consultation regarding **DEBT CONSOLIDATION, BANKRUPTCY, CREDIT COUNSELING, ETC.** within the past year.

Who you gave money to: _____

When: _____ How Much? _____

Who you gave money to: _____

When: _____ How Much? _____

Have you repaid any loans or paid any money for any reason to any friends, family, or co-workers during the last year? Who, why, when, and how much?

1. _____
4. _____
5. _____

Have you used any of your credit cards or taken out any loans or cash advances within the last three (3) months?

When: _____ Which card or company: _____

Amount: _____

If you have moved within the last two (2) years, list all addresses where you previously lived:

| ACCOUNT NAME | Husband, Wife, Joint, Co-signer AMOUNT OWED | Type of Debt – Car loan, mortgage, credit card, medical, utility, school loan, repo deficiency, bank loans, etc... |
|--------------|--|---|
| | H W J C \$ | |
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LIST ALL DEBTS – INCLUDING CAR LOANS, MORTGAGES, UTILITIES, STUDENT LOANS, WHETHER OR NOT THE DEBT IS CANCELED BY BANKRUPTCY