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

**1500 EAST BELTLINE AVENUE SE**

**SUITE 235**

**GRAND RAPIDS, MI 49506**

**(616) 389-0629**

**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](mailto:rfbeachlaw@gmail.com).

**We ask that you print this document, complete the form to the best of your ability, and bring it to your appointment. 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.**

**Is your home(s) in foreclosure? Yes No**

**If yes, what is the scheduled foreclosure sale date? \_\_\_\_\_\_\_\_\_\_\_**

**If yes, what is the name of the law firm handling the foreclosure? \_\_\_\_\_\_\_\_\_\_\_\_\_**

Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City/Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ County: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell 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: \_\_\_\_\_\_\_\_\_\_\_\_

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)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Name) (Age) (Name) (Age)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Name) (Age) (Name) (Age)

Name and age of any children or other dependents you support not living in your household:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## **Prior Bankruptcy Cases**

Have you or your spouse ever filed for Bankruptcy? Yes No; If yes, what was your Case #\_\_\_\_\_\_\_\_

### Real Estate Information

Do you own, are you buying, or are you involved as PART OWNER in any real estate (land or home)?

Yes No

Address of Property: ­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is this your residence? Yes No

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

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

Whose names are on the deed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SEV from tax bill: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you own any other property?

If so, location(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­ Present Value: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Is it rented out to anybody? Yes No

If so, location(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­ Present Value: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Is it rented out to anybody? Yes No

### 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)

**Year, Make & Model Name on Title Present Value Amount Owed / Lease?**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Keep  Give Up |  |  | $ | $ Yes  No |
| Keep  Give Up |  |  | $ | $ Yes  No |
| Keep  Give Up |  |  | $ | $ Yes  No |

Who is/are your CAR FINANCIER(S)? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DO NOT list any cars that have already been REPOSSESSED or RETURNED or cars in which you or your spouse’s names do not appear on the Title. DO INCLUDE leased vehicles or any other vehicles that you are actually paying for. You should also list any vehicles that are in your names, but are being paid for by your child, a friend, etc.

### 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** | **Do you**  **have any?**  **Yes/No** | **Description** | **Owned by**  **husband, wife**  **or joint** | **Present Value** |
| Checking, Savings Account, Certificate of Deposit |  | Bank Name(s):  Type(s): |  | $ |
| Security Deposits (i.e. landlord, utility company) |  |  |  | $ |
| Household goods, furnishings, appliances (only list single items with resale value of over $550.00) |  |  |  | $ |
| Clothing |  |  |  | $ |
| Furs or Jewelry |  |  |  | $ |
| Firearms, sports, photo or hobby equipment |  |  |  | $ |
| Life insurance policies, stocks, bonds, IRAs, 401k, Pension for work |  |  |  | $ |
| Tax refund, unpaid wages, commission |  |  |  | $ |
| Any lawsuits, claims for money against anyone, inheritance in Probate  Court |  |  |  | $ |
| Animals |  |  |  | $ |
| Anything else of value? |  |  |  | $ |

### Current Income

Marital Status Married Single Divorced Separated Widowed (*Please check one)*

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? Yes  No  How much? $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Do you receive Overtime pay? Yes  No  How much? $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Other Income – Do you receive…..  Social Security? Yes No How Much? $ \_\_\_\_\_\_\_\_\_\_  Child Support? Yes No How Much? $ \_\_\_\_\_\_\_\_\_\_  Disability/Medical? Yes No How Much? $ \_\_\_\_\_\_\_\_\_\_  Retirement/Pension? Yes No How Much? $ \_\_\_\_\_\_\_\_\_\_  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ How Much? $ \_\_\_\_\_\_\_\_\_\_ | Other Income – Do you receive…..  Social Security? Yes No How Much? $ \_\_\_\_\_\_\_\_\_\_  Child Support? Yes No How Much? $ \_\_\_\_\_\_\_\_\_\_  Disability/Medical? Yes No How Much? $ \_\_\_\_\_\_\_\_\_\_  Retirement/Pension? Yes No How Much? $ \_\_\_\_\_\_\_\_\_\_  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ How Much? $ \_\_\_\_\_\_\_\_\_\_ |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

Additional Notes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### 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 Amount Owed

(i.e. federal, state, etc.)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are there any garnishments or other Court actions going on against you? **Yes No**

Creditor suing you: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Their Attorney: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Case No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Which Court: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you had any property repossessed for foreclosed within the last year?

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? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ When? \_\_\_\_\_\_\_\_\_\_

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? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you owned a business or been self-employed within the last six (6) years?

Names used: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Years of Operations: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is anyone else liable for any of the debts you have listed? Who: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Which debt: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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  $ |  |
|  | H W J C  $ |  |
|  | H W J C  $ |  |
|  | H W J C  $ |  |
|  | H W J C  $ |  |
|  | H W J C  $ |  |
|  | H W J C  $ |  |
|  | H W J C  $ |  |
|  | H W J C  $ |  |
|  | H W J C  $ |  |

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