

MAXWELL LAW FIRM, PLLC

Please fill in the answers to the questions below, so we can properly evaluate your unique financial situation. Please note that Debt, Bankruptcy, and Tax Laws are often the same and often used interchangeably, hence why the questions are the same.

FINANCIAL FORM

* First, Middle, Last Name

Other names used by you

* Social Security Number

* Date of Birth (MM/DD/YY)

* Home Address (Street, City, State, Zip)

Mailing Address (Street, City, State, Zip)

* Telephone Number (area code) + (number)

Email address

Please list addresses in which you have resided in the past five (5) years

Address

Dates of Occupation (MM/YY) - (MM/YY)

Location # 1

Location # 2

Location # 3

* **Marital Status**

Single

Married

Divorced

Seperated

If married or separated, does your spouse maintain a separate household from you?

Yes

No

If divorced date of marrigage and divorce?

Dates of Marriage (MM/YY)

Date of Divorce (MM/YY)

Location # 1

Address of former spouse?

Address

City / Zip

Does your spouse plan to file bankruptcy with you?

Yes

No

SECTION II: INFORMATION ABOUT YOUR CURRENT SPOUSE

First, Middle, Last Name

Social Security Number

Date of Birth (MMDDYY)

Other names used by your spouse

Spouse's address (only if different from yours)

If either you or your spouse have ever filed for bankruptcy please list that information here

Name filed under (first,middle,last)	City, State filed in	Date	Type of Bankruptcy (Chapter 7 or Chapter 13)
You			
Spouse			

Please list information on your Dependents (persons who rely on you or your spouse for support)

FIRST, MIDDLE, LAST NAME	RELATIONSHIP	AGE
Dependent #1		
Dependent #2		
Dependent #3		

SECTION III: Employer Information / Income

Employer Information

	Debtor	Spouse
Employer Name		
Length of Employment		
Position title		
Source of Income (List Gross Monthly Amount \$) For example Wages -- For \$3,000.00 Enter 3000 (no commas or dollar signs) Note you can divide annual Salary by 12 to get Monthly Gross		
	Wages Unemployment Benefits Public Assistance (including food stamps) Alimony (received by you as the payee)	Child Support (received by you as the payee) Investments Retirement (Social Security) Pension Other
You		
Spouse		

SECTION IV: PROPERTY / ASSETS

If you do not own your home, please list the person you rent from or live with

Name	Address
Landlord	

Person you reside with

Please list all real property (real estate) you own

Address (street, city, state)	Jointly owed with spouse (Yes or No)
Property # 1	

Property # 2

Property # 3

Please list the information on your home or homes (real property, mobile homes, parcels of land

	Fair Market or Tax Value of Home \$	Mortgage Lender's Name	Loan Number (account #)	Amount of Loan	2nd Mortgage Lender's Name (if applicable)	Loan Number (account #)	Amount of Loan
Property #1							
Property #2							
Property #3							

What do you plan to do with these properties?

Primary Residence

Rental Property

Other Property

Information on 1st Vehicle

Yes No

Do you own this vehicle?

Do you own this vehicle?

Are you financing this vehicle?

Are you leasing this vehicle?

Do you wish to keep this vehicle?

Information on 2nd Vehicle

Yes No

Do you own this vehicle?

Are you financing this vehicle?

Are you leasing this vehicle?

Do you wish to keep this vehicle?

List information about your vehicle or vehicles

	Make/Model	Mileage	Year	Vin#	Fair Market Value (what is the car worth)	Balance on Loan	Monthly Payment	Lender/Leasing Company's Name	Loan or Lease Account #
Car # 1									
Car # 2									

Please list personal property

Indicate whether this is your property or your spouse

Description, Location of property, Value \$ of property

Cash

Bank Accounts (List bank Name)

House furnishings

Furs, Jewelry

Clothing, Medical Aids

Books, art, collectibles

Stocks/Bonds

Retirement Accounts: List type (401k, pension, ira)

Life Insurance Policy: List Company: Policy #: Term/Life: Face Value: Cash Surrender: (attach declarations)

Office Equipment

Estimated tax refund

Motorized vehicle (boat, motorcycle, ect)

Recent or vested Inheritance

Worker's compensation / personal injury claims: Amount you seek gain or have received within last year

Other

SECTION V: DEBTS / LIABILITIES

Do you owe any taxes to Federal (IRS), State, or Local Governmental Entity?

Agency Name	Amount	Tax Year or Years
--------------------	---------------	--------------------------

Debt # 1

Debt # 2

Debt # 3

Domestic Support Obligations (that you must pay)

Amount paid monthly	Payee's (First, Middle, Last Name)	Payee's address
----------------------------	---	------------------------

Child Support

Alimony

Other

Loans (installments, student, personal)

---NOTE DO NOT INCLUDE MORTGAGE OR CAR PAYMENTS PREVIOUSLY LISTED ABOVE----

Other Debt type (unpaid medical bills, contractual obligations)	Amount owed \$ (whole dollar amount no comma, decimals)	Creditor Name	Account Number
--	--	----------------------	-----------------------

#

1

#

2

#

3

MONTHLY EXPENSES

LIST MONTHLY AMOUNT

RENT/MORTGAGE

Real estate taxes (if not included in mortgage)

ELECTRICITY

WATER/SEWER/TRASH

GAS/HEATING

TELEPHONE

FOOD

CLOTHING

LAUNDRY/DRY CLEANING

HOME INSURANCE (if not included in mortgage payment)

LIFE INSURANCE

HEALTH INSURANCE

OTHER MEDICAL EXPENSES NOT COVERED BY INSURANCE

AUTOMOBILE INSURANCE

CHILD CARE

RECREATIONAL EXPENSES

EXPENSE FROM OPERATION OF BUSINESS

ALIMONY/ CHILD SUPPORT

CHARITABLE CONTRIBUTIONS

OTHER

If you had any accounts closed by a creditor in the last 12 months

Creditor's Name

Account number

Final Balance of Debt

Account#1

Account#2

If you have had assets/property seized, garnished, foreclosed upon by a creditor in the last 24 months, Please list property

description, creditor's name, date of seizure (attach any paperwork)

If you have been sued in the last two years, please provide 1. the name of the party who sued you, 2. Case #, and 3. County in which

the lawsuit was filed

Co-debtors (Not current spouse) which you have joint debts with, **Please list their full name, address, amount of debt, description, and account number.**

Other information you would like to share, regarding your finances, reason for filing, ect.

* Indicates Response Required

PLEASE FILL OUT THIS FORM BEFORE YOUR SCHEDULED APPOINTMENT AND PRINT A COPY TO BRING WITH YOU TO YOUR APPOINTMENT. You may also save a copy as a pdf file and email to our office before your appointment.

(c) Copyright of [Maxwell Law Firm, PLLC](#) 2011