

# LAW OFFICE OF EDWARD G. SEITZ, P.L.

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## BANKRUPTCY INITIAL CLIENT CONSULTATION FORM



The United States Congress has designated the Law Office of Edward G. Seitz, P.L., as a debt relief agency. We help people file for bankruptcy under the bankruptcy code. The Bankruptcy Reform Act which went into effect on October 17, 2005, totally changed filing for bankruptcy. In short, it made filing Chapter 7 a more complex process requiring designated debt relief agencies to gather more information from you the potential Debtor(s). Please answer completely and truthfully all information requested below as this is the information we will use to access your ability to file for Chapter 7 bankruptcy. If you are able to file for Chapter 7, you must understand that your financial situation is not static and is ever changing. Such changes in your financial situation or providing incomplete /inaccurate information may prevent you from filing a Chapter 7. We try to prevent such changes by giving strict deadlines to pay fees owed and gather your necessary information to file for Chapter 7, thus it is important you comply with the deadlines if you decide to retain the Law Office of Edward G. Seitz, P.L.

1. Will this be a joint bankruptcy petition? Meaning Husband and Wife are filing together. ( ) YES ( ) NO

Your Name & Address

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

Telephone number(s)

Home: ( ) \_\_\_\_\_

Work: ( ) \_\_\_\_\_

Cell: ( ) \_\_\_\_\_

County of residence \_\_\_\_\_

Soc. Sec. No. \_\_\_\_\_

How long at this address? \_\_\_\_\_ List all states you have lived in the last two (2) years: \_\_\_\_\_

Have you used any other name(s) in the last eight (8) years? If yes, please list here:

\_\_\_\_\_

Spouse's Name and Address:

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

Telephone Number(s)

Home: ( ) \_\_\_\_\_

Work: ( ) \_\_\_\_\_

County of Residence \_\_\_\_\_

Soc. Sec. No. \_\_\_\_\_

How long at current address?: \_\_\_\_\_ List all states you have lived in the last two (2) years: \_\_\_\_\_

1. Has your spouse used any other name(s) in the last eight (8) years? If yes, please list here:

\_\_\_\_\_

2. What is your marital status? Please check one below.

Single: \_\_\_\_\_ Separated: \_\_\_\_\_ Married: \_\_\_\_\_ Divorced: \_\_\_\_\_ Widowed: \_\_\_\_\_  
If married, how long? \_\_\_\_\_  
If divorced, how long? \_\_\_\_\_

3. Estimated number of creditors? \_\_\_\_\_

4. When was the last time you used a credit card? \_\_\_\_\_

5. When was the last time you paid on a credit card debt? \_\_\_\_\_

6. Have you made any balance transfer, taken cash advances or made any large purchases (\$200.00 or more) on credit in the last 24 months? \_\_\_\_\_

7. Do you have any items with a pawn shop? ( ) Yes ( ) No If yes, what? \_\_\_\_\_

Check the type of creditors you have (check all that apply):

\_\_\_\_ Credit cards    \_\_\_\_ Medical bills    \_\_\_\_ Mortgage    \_\_\_\_ Car loan  
\_\_\_\_ Vendors    \_\_\_\_ Other (Specify: \_\_\_\_\_)

Check each of the following credit cards that you have:

\_\_\_\_ Sears    \_\_\_\_ Circuit City    \_\_\_\_ Best Buy    \_\_\_\_ Furniture Store  
\_\_\_\_ First Nat'l North Bank    \_\_\_\_ Pen Air Fed CU    \_\_\_\_ Gateway or Dell    \_\_\_\_ Jewelry

Check the type of property you own (Check all that apply)

\_\_\_\_ Home    \_\_\_\_ Car (# of vehicles \_\_\_\_\_)    \_\_\_\_ Boat / Motorcycle  
\_\_\_\_ Land    \_\_\_\_ Other Real Estate    \_\_\_\_ Other (Specify \_\_\_\_\_)

8. Estimated value of your personal property (this does not include your home) \$ \_\_\_\_\_

9. Estimated value of your home: \$ \_\_\_\_\_ Purchase Date: \_\_\_\_\_

10. Over the last ten (10) years, have you paid extra toward your mortgage or paid down the principal on your mortgage? ( ) Yes ( ) No If yes, how much? \$ \_\_\_\_\_

11. When did you purchase your vehicle(s)? \_\_\_\_\_

12. In the last year and a half (1 ½), have you sold or traded a vehicle to a car dealer or individual? ( ) Yes ( ) No
13. Estimated dollar amount of your unsecured creditors (i.e., credit cards, signature loans) \$ \_\_\_\_\_
14. Have you or your spouse ever filed for bankruptcy? ( ) Yes ( ) No  
If yes, provide the following information  
Chapter ( ) 7 ( ) 11 ( ) 12 ( ) 13  
Date of Filing: \_\_\_\_\_ Date of Filing: \_\_\_\_\_  
Outcome: ( ) dismissed ( ) discharged successfully
15. Do you own or have possession of any property that poses or is alleged to pose a threat to imminent and identifiable harm to public health or safety? ( ) Yes ( ) No  
If yes, describe property and location of property:  
\_\_\_\_\_  
\_\_\_\_\_
16. Are you behind on house or rent payments? \_\_\_\_\_ How many payments are you behind? \_\_\_\_\_. If you rent, has your landlord filed with the Court for possession of the premises (eviction)? ( ) Yes ( ) No
17. Do you owe taxes? \_\_\_\_\_ How much? IRS? \_\_\_\_\_ State? \_\_\_\_\_ County? \_\_\_\_\_
18. Are you expecting an income tax refund this Spring? \_\_\_\_\_ How much \$ \_\_\_\_\_
19. Did you receive a tax refund last year? ( ) Yes ( ) No
20. Do you owe student loans? \_\_\_\_\_ How many? \_\_\_\_\_ How much? \_\_\_\_\_
21. Has a creditor sued you and obtained a judgment against you? ( ) Yes ( ) No  
If yes, How many? \_\_\_\_\_
22. Are you behind in child support or spousal support? \_\_\_\_\_ How much? \$ \_\_\_\_\_
23. Do you have any outstanding NSF (non-sufficient funds) checks? \_\_\_\_\_  
How many? \_\_\_\_\_ How much? \$ \_\_\_\_\_ Are any of the checks with check advance companies? \_\_\_\_\_

**NSF checks to a grocery store, department store or somebody else in exchange for goods and services must be taken care of by yourself.**

24. Do you currently have a car title loan? ( ) Yes ( ) No  
If yes, list the name of the company and the amount: \_\_\_\_\_
25. Have you had a vehicle repossessed or had a home foreclosed? \_\_\_\_\_  
If yes, state the amount of the deficiency, if any? \$ \_\_\_\_\_
26. What was the household's total gross income for the past six (6) months? \$ \_\_\_\_\_
27. What is your estimated monthly net income (income after taxes), include your spouse's income even if this is not a joint filing?
- \$ \_\_\_\_\_ Husband's      What is your source of income: \_\_\_\_\_  
 \$ \_\_\_\_\_ Wife's      What is your source of income: \_\_\_\_\_  
 \$ \_\_\_\_\_ Child Support /Alimony  
 \$ \_\_\_\_\_ Other income which is contributed to the household expenses.
28. Have you or your spouse (regardless if this is a joint filing) received any type of bonus or other spikes in income over the past six (6) months? ( ) Yes ( ) No
29. Please list your average monthly expenses on the attached "Monthly Budget" worksheet. Amounts do not have to be exact and should be based upon the amount you normally spend on each listed item.

How did you learn about our law firm?

- \_\_\_\_ Outdoor Signs: ( ) Bus Bench ( ) Billboard ( ) Other  
 \_\_\_\_ Newspaper Advertisement - Publication Name: \_\_\_\_\_  
 \_\_\_\_ Personal Referral \_\_\_\_\_  
 \_\_\_\_ Television Commercial - Channel \_\_\_\_\_  
 \_\_\_\_ Radio Commercial - Station \_\_\_\_\_  
 \_\_\_\_ Bell South Real Yellow Pages  
 \_\_\_\_ Talking Phone Book  
 \_\_\_\_ Letter from the Firm  
 \_\_\_\_ Other \_\_\_\_\_

## MONTHLY BUDGET

This form is necessary to determine how much you spend each month on living expenses. Be sure to write in the MONTHLY not yearly amounts in the space provided. For expenses such as utilities which can vary seasonally, please estimate a monthly average.

### HOUSING EXPENSES

Rent (If not a homeowner) \$ \_\_\_\_\_

First Mortgage rent or mobile home monthly payment \$ \_\_\_\_\_

Second Mortgage (if applicable) \$ \_\_\_\_\_

Third Mortgage \$ \_\_\_\_\_

Lot Payment (if applies) \$ \_\_\_\_\_

Are real estate taxes included in your mortgage payment?  Yes  No

Taxes not included in house payment \$ \_\_\_\_\_

Is your home insurance included in your mortgage payment?  
 Yes  No

Insurance not included in house payment \$ \_\_\_\_\_

### UTILITIES (Normal Monthly Average)

Electric and Gas \$ \_\_\_\_\_

Water \$ \_\_\_\_\_

Telephone and Basic Services \$ \_\_\_\_\_

Trash & Sewer Service \$ \_\_\_\_\_

### BASIC NEEDS

Home Maintenance \$ \_\_\_\_\_

Food (Monthly) \$ \_\_\_\_\_

Clothing (Monthly) \$ \_\_\_\_\_

Laundry/Dry Cleaning, \$ \_\_\_\_\_

Medical expenses not paid by insurance \$ \_\_\_\_\_

### TRANSPORTATION

Auto Payment(s) \$ \_\_\_\_\_

Gasoline/Auto Maintenance \$ \_\_\_\_\_

Recreation/Entertainment \$ \_\_\_\_\_

Charitable Giving (If claimed on taxes) \$ \_\_\_\_\_

### INSURANCE

Renter's Insurance \$ \_\_\_\_\_

Life Insurance \$ \_\_\_\_\_

Health Insurance \$ \_\_\_\_\_

Automobile Insurance \$ \_\_\_\_\_

Other insurance \$ \_\_\_\_\_

### OTHER EXPENSES

Alimony/Child Support \$ \_\_\_\_\_

Gardener/Landscaper \$ \_\_\_\_\_

Union Dues: \$ \_\_\_\_\_

Professional Services \$ \_\_\_\_\_

Child Care Expenses \$ \_\_\_\_\_

Grooming Expenses \$ \_\_\_\_\_

School Expenses \$ \_\_\_\_\_

School Lunch \$ \_\_\_\_\_

College Tuition \$ \_\_\_\_\_

Student Loan Repayment \$ \_\_\_\_\_

Newspaper/Magazine \$ \_\_\_\_\_

Subscriptions \_\_\_\_\_

Personal Care Items \$ \_\_\_\_\_

Pet Related Expenses \$ \_\_\_\_\_

Other \_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

Use the space below to list any additional expenses that you must pay out of pocket. Explain the type of expense, amount of expense, and how long you will continue to have this expense.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

