PRE-CONSULTATION INFORMATION SHEET

YOU:

1. Full Name: _____ Social Security Number: _____

2. Address:_____
   Street City State Zip Code County

3. Home Phone: (_____)_____
   Cell Phone: (_____)_____
   Work Phone: (_____)_____
   email address: _____@_____

4. Have you filed bankruptcy, been dismissed from a bankruptcy, or been discharged from a bankruptcy within the last 8 years? ☐ Yes: Date filed?_____ Chapter filed? ☐ 7 ☐ 13
   ☐ No

YOUR SPOUSE (if applicable):

1. Full Name: _____ Social Security Number: _____

2. Address:_____
   Street City State Zip Code County

3. Home Phone: (_____)_____
   Cell Phone: (_____)_____
   Work Phone: (_____)_____
   email address: _____@_____

4. Have you filed bankruptcy, been dismissed from a bankruptcy, or been discharged from a bankruptcy within the last 8 years? ☐ Yes: Date filed?_____ Chapter filed? ☐ 7 ☐ 13
   ☐ No

ADDITIONAL INFORMATION:

1. How many people live full time in your household? _____
2. How many people in your household currently receive income from employment? _____
3. How many people in your household currently receive income from any other source? _____
4. How did you hear about us? (Check any that apply):
   ☐ Phone book
   ☐ Friend or family member
   ☐ Internet
   ☐ Attorney referral - which attorney?_____
   ☐ Other:_____