

**LAW OFFICE OF ROBERT J. WARREN, PA**

**CLIENT FINANCIAL INFORMATION**

Gainesville (352) 377-6600 \* Fax (352) 375-8660

Visit us at: ➤ [floridabankruptcyhelp.com](http://floridabankruptcyhelp.com)

**DATE:**

<b>Name:</b>	<b>Date of Birth:</b>	<b>S.S.#:</b>
<b>Spouse:</b>	<b>Date of Birth:</b>	<b>S.S.#:</b>
<b>Marital Status:</b> Married _____ Divorced _____ Separated _____ Single _____ Widowed _____		
<b>No. of Dependents</b> other than you and your spouse: _____ <b>Ages:</b> _____		
<b>Address: STREET, CITY, STATE &amp; ZIP CODE</b>		
Length of time living continuously in Florida? _____		
<b>Mailing Address (IF DIFFERENT)</b>		
<b>County You Reside In:</b>		
<b>Home Phone:</b> ( )	<b>Your Cell No.:</b> ( )	
<b>E-mail:</b> _____	<b>Spouse's Cell:</b> ( )	
<b>Your Occupation:</b>	<b>Work Phone:</b> ( )	
<b>Your Employer:</b>		
<b>Spouse's Occupation:</b>	<b>Work Phone:</b> ( )	
<b>Spouse's Employer:</b>		

**How did you hear about us?**  AT&T YP  Internet  Other:

**Have you or your spouse ever filed bankruptcy before?**  Yes  No **If yes, when?** \_\_\_\_\_ **What State?** \_\_\_\_\_

<b>Student Loans you owe:</b> \$ _____	<b>- Student Loans spouse owes:</b> \$ _____
<b>IRS or State Taxes owed:</b> \$ _____	<b>- Year(s) Taxes owed on:</b>
<b>Property Taxes owed:</b> \$ _____	<b>- Year(s):</b>
<b>Bad Checks (insufficient funds):</b> \$ _____	<b>- # Outstanding and from when:</b>
<b>Child Support &amp; Alimony:</b> \$ _____ per month	<b>- # Months and amount behind:</b>
<b>Rent:</b> \$ _____ per month	<b>- Lot Rent:</b> \$ _____ per month
<b>Home Mortgage:</b> \$ _____ per month	<b>- # Months behind:</b>
<b>Second Mortgage:</b> \$ _____ per month	<b>- # Months behind:</b>
<b>Land Mortgage:</b> \$ _____ per month	<b>- # Months behind:</b>
<b>Time Share Property:</b> \$ _____ per month	<b>- # Months behind:</b>

**Have you invested more than \$155,675 in your home in the past 3 ½ years?**  Yes  No

Own Your Home  Own Your Land **Describe any interest in real estate (property) other than your home:**

<b>NET MONTHLY INCOME</b>			
	<u>YOUR</u> Income	<u>SPOUSE</u> Income	Other Household Income
<b>Employment <u>GROSS</u> Monthly Income (before taxes):</b>	\$	\$	\$
<b>Employment <u>TAKE HOME</u> Monthly Income:</b>	\$	\$	\$
<b>Social Security Income:</b>	\$	\$	\$
<b>Pension/Retirement Income:</b>	\$	\$	\$
<b>Other Monthly Income - Specify:</b>	\$	\$	\$
<b>PLEASE DO NOT WRITE (for office use only)</b>			
<b>Are your wages now being garnished? Details:</b>			

**Do you have the right to sue anyone for monies or file a claim for damages or injuries?  Yes  No**

<b>ESTIMATED MONTHLY LIVING EXPENSES</b>	
<input type="checkbox"/> Rent <input type="checkbox"/> Mortgage	\$
<input type="checkbox"/> Land Mortgage <input type="checkbox"/> Other Real Estate Mortgage	\$
<input type="checkbox"/> Home Insurance & Property Taxes <input type="checkbox"/> Home Maintenance/Repairs	\$
Utilities (Gas, Electric, Oil, Water, Sewer, etc.)	\$
Communications (Telephone, Cell Phone, Pager, On-Line Service, etc.)	\$
<input type="checkbox"/> Cable <input type="checkbox"/> Satellite	\$
Food & Miscellaneous Household Expenses	\$
Clothing, Laundry & Dry Cleaning	\$
Health Insurance & Life Insurance Policies (not deducted from payroll)	\$
Medical, Dental, Optical & Prescriptions (not deducted from payroll)	\$
1 <sup>st</sup> Auto Payment	\$
2 <sup>nd</sup> Auto Payment	\$
Gasoline/Travel	\$
<input type="checkbox"/> Auto Insurance \$ _____ <input type="checkbox"/> Auto Maintenance \$ _____	\$
<input type="checkbox"/> Child Support \$ _____ <input type="checkbox"/> Alimony \$ _____ <input type="checkbox"/> Daycare \$ _____	\$
Tithes & Charitable Contributions	\$
Student loan(s) or other loan(s) that you will continue to pay	\$
401K/Retirement <input type="checkbox"/> Yours \$ _____ <input type="checkbox"/> Spouse \$ _____ Payroll deducted? <input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Other Monthly Expenses (Furniture, appliances, etc.)	\$
<b>TOTAL:</b>	<b>\$</b>

**SECURED LOANS**

*Please list all loans for which you pledged collateral or where you pledged your household goods (i.e. home, land, vehicle, furniture, appliances, electronics, etc.):*

<i>LENDER</i>	<i>PAYMENT</i>	<i>BALANCE</i>	<i># MOS. BEHIND</i>	<i>COLLATERAL</i>
1.				
2.				
3.				
4.				
5.				

*Are any of your debts owed to a creditor where you have accounts (i.e., checking, savings, etc.)?  
If yes, please list:*

**UNSECURED DEBTS**

*Please list all unsecured debts, even if disputed, including credit cards, medical bills, signature loans, legal judgments, etc.*

<i>LENDER</i>	<i>TYPE OF DEBT</i>	<i>MO. PYMT.</i>	<i>BALANCE</i>	<i>MOS.BEHIND</i>
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
<i>List all property (Real Estate or Personal Property worth \$500 or more) that you have sold, transferred or given away in the last FOUR years:</i>				
1.				
2.				
3.				
4.				

**VEHICLES**

**1<sup>st</sup> Auto:** Year \_\_\_\_\_ Make \_\_\_\_\_  Own      Monthly      Balance  
 Model/Style \_\_\_\_\_  Buying      Payment \$ \_\_\_\_\_ Owed \$ \_\_\_\_\_  
 Condition: Good \_\_\_\_ Fair \_\_\_\_ Poor \_\_\_\_  Lease  
 Other      Mileage \_\_\_\_\_

**2<sup>nd</sup> Auto:** Year \_\_\_\_\_ Make \_\_\_\_\_  Own      Monthly      Balance  
 Model/Style \_\_\_\_\_  Buying      Payment \$ \_\_\_\_\_ Owed \$ \_\_\_\_\_  
 Condition: Good \_\_\_\_ Fair \_\_\_\_ Poor \_\_\_\_  Lease  
 Other      Mileage \_\_\_\_\_

**Other:** Year \_\_\_\_\_ Make \_\_\_\_\_  Own      Monthly      Balance  
 Model/Style \_\_\_\_\_  Buying      Payment \$ \_\_\_\_\_ Owed \$ \_\_\_\_\_  
 Condition: Good \_\_\_\_ Fair \_\_\_\_ Poor \_\_\_\_  Lease  
 Other      Mileage \_\_\_\_\_

Recreational vehicles, motorcycles, boats or other vehicles. Describe Year, Make, Model, Style, etc.

Have you paid back any family or friends in the last year or given special payments to anyone in the **last year**?

Have you taken any **cash advances on credit lines** in the last 3 months?

How much was your **IRS Tax Refund** for last year? \$ \_\_\_\_\_

How much do you anticipate your next **IRS Tax Refund** will be? \$ \_\_\_\_\_

**FAIR MARKET VALUE OF ALL ITEMS YOU OWN WHEREVER LOCATED**

*(If sold, the amount you would expect someone to pay as a fair and reasonable price considering the age and condition of the item)*

	<b>YOURS</b>	<b>SPOUSE</b>
<b>Jewelry</b>	\$	\$
<b>Firearms</b>	\$	\$
<b>Stocks, CDs, Bonds</b>	\$	\$
<b>Furniture</b>	\$	\$
<b>Appliances</b>	\$	\$
<b>Other</b>	\$	\$
<b>TOTAL:</b>	\$	\$

Attorney Notes: