

Date: \_\_\_\_\_ 20\_\_\_\_\_

New Client(s):\_\_\_\_\_ Former Client(s):\_\_\_\_\_ (check one)

Marital Status? (S/M/D):\_\_\_\_\_

Name: \_\_\_\_\_ Spouse's Name: \_\_\_\_\_

SS: \_\_\_\_\_ Spouse's SS: \_\_\_\_\_

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

Employer: \_\_\_\_\_ Employer (Spouse): \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Cell Phone (Spouse): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Home Phone (Spouse): \_\_\_\_\_

Work Phone: \_\_\_\_\_ Work Phone (Spouse): \_\_\_\_\_

Email: \_\_\_\_\_ Email (Spouse): \_\_\_\_\_

Where did you hear about us? \_\_\_\_\_

(Please do not write below this line -- for office use only)

**MATTER**

BK \_\_\_\_\_ Chapter 7 \_\_\_\_\_ Chapter 13 \_\_\_\_\_ Chapter 12 \_\_\_\_\_

Other \_\_\_\_\_

<b>Filing Fees</b>	
Ch. 7	\$335
Ch. 13	\$310
Matrix (Emergency Filing)	\$31
<b>Credit Report</b>	
Single CLR (3 source)	\$40
Joint CLR (3 source)	\$80

<b>Tax Transcripts</b>	
Four Years Tax Transcripts	\$19
<b>Credit Counseling</b>	
Pre-Filing Credit Counseling	\$25
<b>Financial Mgt. Course</b>	
Post-Filing FMI Course	\$25

**FEES**

Attorney Fee \$ \_\_\_\_\_

Filing Fee(s) \$ \_\_\_\_\_

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

Total Fees & Costs \$ \_\_\_\_\_

**TERMS**

Required Up-Front: \$ \_\_\_\_\_ Remaining Fees \$ \_\_\_\_\_

Payable: \_\_\_\_\_

NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

MONTHLY LIVING EXPENSES

RENT or HOUSE PAYMENT

(1st lien) \$ \_\_\_\_\_  
(2nd lien) \$ \_\_\_\_\_  
(3rd lien) \$ \_\_\_\_\_

TOTAL \$ \_\_\_\_\_

Are you behind on any house payments? If yes, how many? \_\_\_\_\_

UTILITIES

(Electric) \$ \_\_\_\_\_  
(Water) \$ \_\_\_\_\_  
(Heat/Gas) \$ \_\_\_\_\_  
(Phone) \$ \_\_\_\_\_  
(Cable TV) \$ \_\_\_\_\_  
(Internet Service) \$ \_\_\_\_\_  
(Security) \$ \_\_\_\_\_  
(Other) \$ \_\_\_\_\_

TOTAL UTILITIES \$ \_\_\_\_\_

HOME MAINTENANCE \$ \_\_\_\_\_

FOOD \$ \_\_\_\_\_

CLOTHING \$ \_\_\_\_\_ LAUNDRY/CLEANING \$ \_\_\_\_\_

CHARITABLE CONTRIBUTIONS \$ \_\_\_\_\_

READING, SCHOOL BOOKS, NEWSPAPERS & MAGAZINES \$ \_\_\_\_\_

MEDICAL (not covered by insurance) \$ \_\_\_\_\_

DENTAL \$ \_\_\_\_\_ PRESCRIPTIONS \$ \_\_\_\_\_

GASOLINE \$ \_\_\_\_\_ TIRES \$ \_\_\_\_\_ OIL/REPAIRS \$ \_\_\_\_\_

RECREATION / ENTERTAINMENT \$ \_\_\_\_\_ DAYCARE \$ \_\_\_\_\_

CHILD SUPPORT or ALIMONY \$ \_\_\_\_\_

INSURANCE (not deducted from wages or included in house payment)

(Auto) \$ \_\_\_\_\_ (Life) \$ \_\_\_\_\_  
(Health) \$ \_\_\_\_\_ (Home) \$ \_\_\_\_\_  
(Other) \$ \_\_\_\_\_

TOTAL INSURANCE \$ \_\_\_\_\_

TOTAL estimated future monthly expenses \$ \_\_\_\_\_