



CLIENT QUESTIONNAIRE FOR 2012 BAPCA Edition

Thank you very much for calling DODGE & VEGA, PLC for legal assistance relating to your debt problems. Please fill out this form as completely as possible so we can provide you with helpful and accurate advice. Please provide us with emergency phone or address contact information. Please also provide us with a valid email address.

For purposes of this consultation we ask that you bring with you two recent paystubs, copies of any lawsuits/garnishments, foreclosure notices, and anything else you feel you want the attorney to see and discuss with you.

Again, thank you for choosing DODGE & VEGA, PLC. We will make every effort to see to it that your experience with our firm is a pleasant one.

**PERSONAL
INFORMATION**

Date:

Marital Status (Check One):

Single Married Separated Divorced Widowed

Rush Circumstances:

Foreclosure - Sale Date:

Vehicle Repossession Lawsuit Garnishment Other

Your Name (as it appears on your Social Security Card):

Social Security Number

Other Names (Maiden, Former, Also Known As)

Street Address

Apt. No.

City

State

Zip

County

Home Phone

Work Phone

Cell Phone

Email:

Spouse's Name:

Social Security Number

Other Names (Maiden, Former, Also Known As)

Spouse's Home Address (if different than yours):

City

State

Zip

County

How long have you lived on this address?

Have You Resided In The Same County For The Last 180 Days?

Yes No

If No: Where Did You Live Before? _____

Have You Ever Filed For Bankruptcy Before?

Yes No If Yes: When _____ Chapter 7 Chapter 13

Income Information

Year Income	Gross Income	Employer	Spouse's Gross Income	Spouse's Employer
Current YTD	\$		\$	
Last Year	\$		\$	
Year Before	\$		\$	
Approximate Monthly Take Home Pay		Yours	Spouse	
		\$	\$	
Expected Change in Income (describe):				
Number of Dependents <i>Living at Home</i> (children, grandchildren, parents, in-laws, etc.)				

Household Expenses: (Do not include property insurance and taxes if they are included in your mortgage. Do not include health insurance that is deducted from your pay. Do not include medical expenses that are covered by insurance. Transportation includes gasoline, registration and basic vehicle maintenance.)

Rent/mortgage	\$	Food	\$
Property Ins.	\$	Clothing	\$
Property Taxes	\$	Dry Cleaning	\$
HOA	\$	Medical/Dental	\$
Pest Control	\$	Transportation	\$
Electric	\$	Charity	\$
Gas	\$	Life Insurance	\$
Water/Sewer	\$	Health Insurance	\$
Telephone	\$	Auto Insurance	\$
Cell Phone	\$	Tax Payments	\$
Internet	\$	Vehicle Payment	\$
Cable/TV	\$	Vehicle Payment	\$
Home Maintenance	\$	Alimony/Child Support	\$
Elderly Care Expenses	\$	Educational Expenses	\$
Child Care Expenses	\$	Professional Dues	\$
Other	\$	Union Dues	\$
Other	\$	Other	\$
Other	\$	Other	\$
Total Monthly Expenses			\$

Subtract the total monthly expenses (only those listed above, do not include any credit card payments, etc.) from the total *net* income:

Monthly <i>Net</i> Income (from above)	\$
Monthly Expenses	\$
Total Left Over Each Month	\$

Assets

Please identify any real estate that is in your name:

Property Address	Date Purchased	Purchase Price	Current Value	Total Debt Owed

Please identify any vehicles that you own (cars, trucks, boats, trailers, ATVs, motor homes, etc.):

Year/Make/Model/Mileage	Date Purchased	Name on Title	Current Value	Total Debt Owed

Please identify if you have any of the following:

<input type="checkbox"/> Checking Accounts	<input type="checkbox"/> Savings Accounts
<input type="checkbox"/> 401(k), IRA, 529, 509, Pension, etc.	<input type="checkbox"/> Money Market Account/CD
<input type="checkbox"/> Stock Company: _____ No. of Shares: _____	<input type="checkbox"/> Other _____ (i.e. oil & gas rights, patents, copyrights, trademarks, and/or any other account)

Recent Activity

Have you done any of the following:

In the Last 60 days:	Yes/No	Lender/Transferee	Amount Borrowed
Used Credit Cards	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Taken Cash Advances	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Taken out new loans	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Gave away or sold any property worth more than \$600.00	<input type="checkbox"/> Yes <input type="checkbox"/> No		
		Name of Person Paid	Amount Paid
Paid back a relative or business associate within last year?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Paid anyone more than \$600 in the last 90 days?	<input type="checkbox"/> Yes <input type="checkbox"/> No		

I, the undersigned, hereby attest and affirm that all debts, whether joint debts, co-signed debts, claims or lawsuits for collection of debts, whether disputed or not, have been listed on my questionnaire.

I acknowledge that my attorneys rely on the information provided in this questionnaire in order to assist and advise me, and that it is my responsibility to provide my attorneys with a full, complete and accurate financial disclosure. I further agree to update my attorneys with regard to any incomplete information contained herein.

I further acknowledge that in the event a creditor is omitted from any bankruptcy petition filed by my attorneys as a result of an omission on this questionnaire, I will not have the protection of the Bankruptcy Court from actions by that creditor.

Date _____

Signature _____

Date _____

Signature _____