

# Initial Analysis Questionnaire



Today's Date: \_\_\_\_\_

Office use only: Client # \_\_\_\_\_

Your Full Name: \_\_\_\_\_ SS# \_\_\_\_\_  
[First Middle Last]

Spouse/Co-Client: \_\_\_\_\_ SS# \_\_\_\_\_  
[First Middle Last]

**Home Address:** \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ STATE: \_\_\_\_\_ Zip: \_\_\_\_\_

**Mailing Address (if different):** \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ STATE: \_\_\_\_\_ Zip: \_\_\_\_\_

### Client

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

### Spouse/Co-Client

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

### Emergency Contact

Full Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

#### **How did you hear about us?**

- Google/Internet
- Friend or Family Member
- Realtor: \_\_\_\_\_ (name)
- Attorney: \_\_\_\_\_ (name)
- Credit Counselor : \_\_\_\_\_ (name)
- Mortgage Broker: \_\_\_\_\_ (name)
- Accountant: \_\_\_\_\_ (name)
- Other: \_\_\_\_\_ (describe)



**DEBT ASSISTANCE INITIAL CONSULTATION AGREEMENT**

1. The client desires to obtain advice and assistance with debt issues and relief from debt and has scheduled an initial consultation with the Bankruptcy Law Professionals of Colorado. This initial consultation with an attorney is free of charge.
  
2. The client understands that in order for the attorney to give meaningful advice, certain detailed financial information must be provided fully and accurately. The client agrees to give accurate, honest, full and fair disclosure of financial information concerning average income over the previous 6 months from all sources, monthly living expenses, the type and amount of all debts (including names and addresses of all creditors), and a disclosure of all assets and property owned by the client.
  
3. The Bankruptcy Law Professionals of Colorado agree to interview the client and give advice and counsel to assist the client in making decisions about debt problems, the possibility of filing bankruptcy, selecting the appropriate chapter of bankruptcy, and how a bankruptcy case may help or hurt the debt problems of the client. The initial consultation will consist of a review of the client's current monthly income, preliminary analysis of qualifications for certain chapters of bankruptcy, a preliminary analysis of the client's debt statements and a recommendation.
  
4. **The Bankruptcy Law Professionals of Colorado and its attorneys do not represent you until and unless the firm agrees to accept your case and you initial and sign a representation agreement with the firm which will supersede this agreement.**

Signed this, the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Client signature

\_\_\_\_\_  
Client signature

\_\_\_\_\_  
Attorney Signature



## GETTING TO KNOW YOU:

1. Have you visited our web site?  Yes  No
2. Which internet search tool do you most often use?  None  Google  Yahoo  MSN  
 Other : \_\_\_\_\_
3. What *type(s)* of radio stations do you listen to?  news/talk  sports/talk  country  pop  
 alternative  gospel/Christian contemporary  Other
4. Where do you get your news from?  newspaper  radio  internet  television  magazine
5. What is your occupation? \_\_\_\_\_
6. Are you married?  Yes  No
7. Do you have minor children?  Yes  No
8. What is your current combined annual gross income?  
 less than \$40,000  \$40 – \$70,000  \$70 – \$99,999  over \$100,000
9. Have you every used an attorney before?  Yes  No
  - a. If so, who: \_\_\_\_\_; what type of case? \_\_\_\_\_
10. How would you describe your level of knowledge about bankruptcy?  
 I/we know very little  
 I/we have read/heard a few things  
 I've/we've read everything I can get my hands on!  
 I/we have friends or family who have filed and they told us all about their experience  
 I/we have been through it once (or more) already  
(year you filed: \_\_\_\_\_; chapter 13 or chapter 7? Who was your attorney for that bankruptcy? \_\_\_\_\_)
11. Which issues are you most concerned about and want to discuss today? (check all that apply)

<input type="checkbox"/> Keeping the house	<input type="checkbox"/> Student loans	<input type="checkbox"/> Divorce debt
<input type="checkbox"/> Automobiles	<input type="checkbox"/> Taxes	<input type="checkbox"/> Business Ownership
<input type="checkbox"/> Credit Card debt	<input type="checkbox"/> Medical debts	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Child Support	<input type="checkbox"/> Retirement Funds	



**YOUR FAMILY  
AND INCOME  
INFORMATION**

13. How many people are there in your household, including you?  
 1    2    3    4    5    6    7    8    9    10

14. Have you been divorced?    Yes    No

If yes, please answer the following:

a. What year was your divorce final? \_\_\_\_\_

b. Current on child support?    Yes    No    N/A

If no, how much do you owe? \_\_\_\_\_

c. Current on maintenance/alimony?    Yes    No    N/A

If no, how much do you owe? \_\_\_\_\_

d. Did you agree to take debt in a separation *agreement*?    Yes    No    Don't Know

15. Are you employed? .....H:  Yes    No   W:  Yes    No

a. If so, are you employed full time? .....H:  Yes    No   W:  Yes    No

Name of Employer(s) \_\_\_\_\_

b. How long have you been with this employer?   H: \_\_\_\_\_   W: \_\_\_\_\_

16. Approximately what is your monthly gross (pre-tax) income?

Husband/single: \_\_\_\_\_

Wife: \_\_\_\_\_

17. Do you have any other source of income? (i.e. – second jobs, social security, disability, unemployment, regular contributions from friends or family, child support, alimony/maintenance, trust or retirement account distributions, or ANY other money ) :    Yes    No

a. If yes, how much total other income do you receive per month?   \$ \_\_\_\_\_

b. If yes, what is the source/type of additional income?: \_\_\_\_\_

18. Have you received bonuses, overtime or other “extra” income within the last 6 months?    Yes    No

a. If yes, please describe: \_\_\_\_\_

19. Do (either of) you anticipate receiving any devise, bequest, inheritance, property settlement in divorce, proceeds from trust funds, or proceeds from life insurance within the next 6 months?    Yes    No

a. If so, what are the source and the value of the assets which you anticipate receiving:  
\_\_\_\_\_



## YOUR DEBT INFORMATION

\*\* Unsecured debts do not have liens or direct ties to a specific asset include most credit cards, medical bills, etc.; Secured debts do have liens and include mortgages, car loans, etc.\*\*

20. Do you have more than \$330,000 in *unsecured* debt?  Yes  No
21. Do you have more than \$900,000 in *secured* debt?  Yes  No
22. Approximately how much *unsecured* debt do you have? \_\_\_\_\_
23. Do you owe income taxes?  Yes  No  Maybe
- a. If yes, please complete the following:

Year	Amount owed to IRS	Amount owed to Colorado
<b>This year</b>	\$	\$
<b>Last Year</b>	\$	\$
<b>Two Years Ago</b>	\$	\$
<b>Three or more years ago</b>	\$	\$

24. Do you owe any other taxes (Property, sales, unemployment insurance, etc)?  Yes  No
- a. If so, please describe: \_\_\_\_\_.
25. Have you filed accurate and complete Income Tax Returns for all years?  Yes  No
26. Are you expecting a tax refund?  Yes  No  Don't Know
- a. If so, how much? IRS: \$\_\_\_\_\_. Colorado \$\_\_\_\_\_.
27. Will any of the refund be Earned Income Credit?  Yes  No  Don't Know
28. Please complete the following UNSECURED debts chart to the best of your ability (your best guess is fine):

Creditor (i.e. "Visa", "Discover," etc.)	Monthly Payment Amount	Total balance due	Husband/Wife/Joint?
<b>Totals:</b>			



## YOUR ASSET INFORMATION

29. Do you own any partnership interests, stocks, bonds, warrants, options, debentures, negotiable instruments, promissory notes, annuities, or other securities?  Yes  No. If so, please list the securities and their approximate value: \_\_\_\_\_.
30. Please describe any antiques, heirlooms, art work, boats, trailers, camping equipment, recreational vehicles, stamps, coins or other collectables and sporting goods:  None: \_\_\_\_\_.
31. Do you own any guns?  Yes  No  
If so, what kind and how many? \_\_\_\_\_.
32. Do you own any season tickets?  Yes  No  
If so, what kind? \_\_\_\_\_.
33. Do you have a college savings plan for yourself or your children?  Yes  No \*\* IF YOU HAVE A COLLEGE SAVINGS PLAN FOR YOU OR YOUR CHILD(REN), YOU WILL NEED TO SUPPLY DOCUMENTATION FOR THE ACCOUNT TO OUR OFFICE BEFORE FILING YOUR CASE\*\*



## Houses, Timeshares & Land

34. Are you **current** applying for a loan modification?  Yes  No

	Value	1 <sup>st</sup> Mortgage	2 <sup>nd</sup> Mortgage	3 <sup>rd</sup> Mortgage	Keep/Surrender/Sell
<b>Residence</b>	\$				
<b>2<sup>nd</sup> Home</b>	\$				
<b>Vacation/Other</b>	\$				

35. Are you **current** on your residential mortgage payments?  Yes  No

a. If not, please complete the following chart:

	Regular Monthly Payment	# of payments behind	Total Amount Past Due
<b>1<sup>st</sup> Mortgage</b>	\$		
<b>2<sup>nd</sup> Mortgage</b>	\$		
<b>3<sup>rd</sup> Mortgage/Other</b>	\$		
<b>Property taxes</b>	\$		
<b>HOA Fees</b>	\$		
<b>Water Bill</b>	\$		

36. Is your home in foreclosure or has foreclosure been completed?  Yes  No

a. When was/is the foreclosure sale date? \_\_\_\_\_

37. To the best of your knowledge, are there any judgment liens on your house?  Yes  No



### **Business Ownership**

36. If you've owned or operated a business in the last **6** years, please indicate the name(s) they operated under:

Name of Business	Type of entity	Nature of business
1.	<input type="checkbox"/> Sole Prop <input type="checkbox"/> LLC <input type="checkbox"/> Corp <input type="checkbox"/> Partnership	
2.	<input type="checkbox"/> Sole Prop <input type="checkbox"/> LLC <input type="checkbox"/> Corp <input type="checkbox"/> Partnership	



### **Automobiles/Motor Vehicles**

For your vehicles:

37. Do you have full coverage auto insurance on all your vehicles?  Yes  No

38. Are you driving a vehicle that does not belong to you?  Yes  No

39. If so, whose vehicle is it? \_\_\_\_\_.

a. What is the year and make of the vehicle? \_\_\_\_\_.

b. Are you paying for the vehicle? \_\_\_\_\_.

Please describe **all** the motor vehicles which you own/lease on the form **on the next page**.

**Please include boats, motorcycles, trailers, tractors, 4-wheelers and RV's**

	Year, Make & Model	Monthly Payment	Value	Amt. Owed Or Lease	Date Purchased	Interest Rate	Current on pmts?	# of months left	Co-signer?	Keep or Surrender?
1	Year: _____ Make: _____ Model: _____	\$ _____	\$ _____	\$ _____ <input type="checkbox"/> Lease		____%	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Keep <input type="checkbox"/> Surrender <input type="checkbox"/> Don't know
2	Year: _____ Make: _____ Model: _____	\$ _____	\$ _____	\$ _____ <input type="checkbox"/> Lease		____%	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Keep <input type="checkbox"/> Surrender <input type="checkbox"/> Don't know
3	Year: _____ Make: _____ Model: _____	\$ _____	\$ _____	\$ _____ <input type="checkbox"/> Lease		____%	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Keep <input type="checkbox"/> Surrender <input type="checkbox"/> Don't know
4	Year: _____ Make: _____ Model: _____	\$ _____	\$ _____	\$ _____ <input type="checkbox"/> Lease		____%	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Keep <input type="checkbox"/> Surrender <input type="checkbox"/> Don't know
5	Year: _____ Make: _____ Model: _____	\$ _____	\$ _____	\$ _____ <input type="checkbox"/> Lease		____%	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Keep <input type="checkbox"/> Surrender <input type="checkbox"/> Don't know
5	Year: _____ Make: _____ Model: _____	\$ _____	\$ _____	\$ _____ <input type="checkbox"/> Lease		____%	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Keep <input type="checkbox"/> Surrender <input type="checkbox"/> Don't know

I/we own more than 4 vehicles (Include information on separate sheet)





**AND FINALLY .... (Other things we need to know)**

40. Did you pay any unsecured creditor more than \$600.00 (total) within the last 90 days?  Yes  No  
 a. If so, who did you pay and how much? \_\_\_\_\_.
41. Did you pay, give money or transfer any real or personal property (houses, cars, furniture, and/or money) to or for the benefit of any friend or family member within the last 2 years (includes repaying debt to a friend or family member)?  Yes  No  
 a. If so, please describe: \_\_\_\_\_
42. Is anyone threatening to garnish you or repossess any property?  Yes  No  
 a. If so, who: \_\_\_\_\_.
43. Have you ever been sued by a creditor?  Yes  No
44. Do you have any non-sufficient fund checks?  Yes  No
45. If you own a credit card, have you used it/them in the past 90 days?  Yes  No  
 a. If so, when was the last time you used them? \_\_\_\_\_  
 b. Have you taken out any cash advances totaling over \$750.00 or made any purchases on your credit cards totaling over \$750.00 in the last 3 months (90 days)?  Yes  No
46. Do you owe student loans?  Yes  No  
 a. If so, how much? Total: \_\_\_\_\_ Monthly payment: \_\_\_\_\_
47. Do you owe any criminal fines, fees, restitution, traffic tickets, etc.?  Yes  No
48. Have you been involved in an auto accident involving drugs and/or alcohol?  Yes  No
49. Have you (both) lived in Colorado for more than 6 months?  Yes  No
50. Have you (both) lived in Colorado for the past 3 years?  Yes  No
12. Have you consulted with a debt counselor?  Yes  No  
 a. If so, who? \_\_\_\_\_  
 b. Did you receive a bankruptcy approval certificate?  Yes  No  Don't Know  
 c. Was this within the past 6 months?  Yes  No

**Please sign and date:**

Date \_\_\_\_\_

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

Client \_\_\_\_\_

Co-Client \_\_\_\_\_