

PERSONAL INFORMATION SHEETS

Please note: all the information asked for herein is required by law and, very importantly, is needed for your protection.

Please be complete. The more you tell me, the better it is for you. The real danger is leaving something off; because then I may not have complete information for you and that can only hurt you. Complete information is our best friend.

If you have questions about anything asked for, or something is a problem for you, we will discuss it. We will make sure you do not lose a thing! The only real problem is leaving something off.

CLIENT

CLIENT (SPOUSE) (only if intending to file with you)

FULL NAME:

**TELEPHONE NO.
(cell phone/home phone)**

**HOME ADDRESS:
(include ZIP CODE)**

E-MAIL ADDRESS:

**OTHER NAMES USED
IN PAST 10 YEARS:
e.g. Maiden Names,
Business Names(d/b/a's)**

SOCIAL SECURITY #:

**ALL PRIOR ADDRESSES
IN THE LAST 2 YEARS:**

**HAVE YOU FILED
BANKRUPTCY IN THE
LAST EIGHT YEARS:**

**PLEASE LIST ANY
LAWSUIT AGAINST YOU,
WAGE GARNISHMENT,
BANK FREEZE OR
FORECLOSURE ACTION
(WHO is doing this):**

PROPERTY LIST

TYPE OF PROPERTY	If married who owns: husb. =H wife =W joint =J	PROPERTY DESCRIPTION	OFFICE USE ONLY
<p>1. List any HOME, mobile home, condo, rental unit, time share and parcel of land you own. Please list address of each. (Don't worry; you will not lose any of these things)</p> <p>(A)</p>			
<p>2. BANK ACCOUNTS: list each account you have: name of bank type (e.g. checking or savings), approximate amount on deposit.</p>			
<p>3. List any GUNS & RIFLES owned (make, model). (Any firearms you own are safe!)</p> <p>(8)</p>			
<p>4. LIFE INSURANCE policies: name insurance company of each policy and cash value of each one, if you know.</p> <p>(9)</p>			
<p>5. List any ANNUITY or TRUST account you own:</p> <p>(10)</p>			

If married
who owns:
husb = H
wife = W
joint = J

PROPERTY DESCRIPTION

6. List all PENSIONS, IRAs, 401-Ks, PROFIT SHARING or other retirement plans or accounts you have. (12)			
7. STOCKS, BONDS, MUTUAL FUNDS owned: list account name and current value. (13)			
8. List any interests in any BUSINESS or PARTNERSHIPS in the last three years. Describe. (13)			
9. Does anyone owe you or any business of yours more than \$500. Please describe. (16)			
10. MOTOR VEHICLES: List all cars, trucks, cycles, trailers, and other vehicles you own or lease. Note vehicle's make, model, year.			
11. Boats, Jet Skis, snowmobiles and accessories owned. Describe. (26)			
12. List any Equipment and Supplies that you own and use in your business or work. Please itemize. (29)			

Income /Expense List

Marital Status (please checkmark your situation): single married divorced separated widowed

Dependents: Please list the names, ages and relationship (e.g. son/daughter/mother) of all people who live with you:

First Name (only)	Age	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

If Employed: please list the following required information (**nobody will contact any employer**):

	You	Spouse (if living together)
Current job description:	_____	_____
How long employed at current job:	_____	_____
Name & address of employer:	_____ _____	_____ _____
What are your gross wages a week (approximate):	\$ _____	\$ _____

Other income: please list the amount of any income you receive each MONTH from:

	You	Spouse (if living together)
unemployment benefits:	_____	_____
social security payments:	_____	_____
child support/ alimony:	_____	_____
rental income:	_____	_____
pension income:	_____	_____
any other income: (e.g. workers comp., food stamps, etc.)	_____	_____

Your income last year (approximate): \$ _____ \$ _____

Monthly expenses: Please list the approximate amount you (and those in your home) pay each month for:

Rent or home mortgage: _____ Home equity loan: _____ Auto payments: _____
Home phones & cell phones: _____ Auto Insurance: _____ Cable/Satellite/WiFi: _____
Child Support: _____ Daycare: _____ Tuition: _____ Pet expenses: _____

Please note any large or unique ongoing out-of-pocket expense you have below, (e.g. medicine/student loan/health ins.):

Description(s) & Amount(s): _____

Questions for your protection (and benefit):

In the last **two months**, have you used any one credit card to make \$1,000 or more in either purchases or cash withdrawals? _____ No. If yes, please note below:

In the last **six months**, have you used any one credit card to make \$4,000 or more in purchases and cash withdrawals combined? _____ No. If yes, please note below:

Have you filed all income tax returns you were required to file for the past four years?

_____ No. _____ yes.

Are you behind on any income tax or property tax payments?

_____ No. _____ yes.

Are you currently due an inheritance from a deceased family member or friend?

(Sch B-32)

_____ No. _____ yes.

Do you have a claim or possible claim for any injuries you have received?

(Sch B-33)

_____ No. _____ yes.

Have you repaid a loan or given any money to a friend or family member within the past year?

_____ No. _____ yes.

Have you sold or transferred your interest in a house or any real estate in the last 6 years? (SOFA-18)

_____ No. _____ yes.

Have you sold or given away any car or truck to anybody in the last two years?

(SOFA-18)

_____ No. _____ yes.

Has anyone (a parent or relative, for example) put your name on the deed to their home?

_____ No. _____ yes.

Are you behind on any home mortgage payments or automobile/truck payments?

_____ No. _____ yes.

Do you own an item of jewelry (e.g., engagement ring) or antique worth more than \$1,000.00?

_____ No. _____ yes.

Are you obligated to pay maintenance or support payments to anyone? _____ No.

(Sch. E)

If yes, please, supply that person's full name and address with zip code (this is required):

Thank You!