



**Please answer completely and fax to 720.565.2700. All information is confidential.
If an item doesn't apply, please write N/A.**

Name: First _____ Middle _____ Last _____

In the last 8 years, I have also been called: _____

Social Security Number: _____ Date of Birth: _____ Marital Status: _____

Address: _____ Town: _____ Zip Code: _____

County: _____ Length of time at this address: _____

Mailing Address (if different) _____

Do you rent? Yes No

Prior Addresses Last 3 Years:

_____	Date From: _____	To: _____
_____	Date From: _____	To: _____
_____	Date From: _____	To: _____
_____	Date From: _____	To: _____

Email Address for Legal Communications: _____

Cell Phone #: _____ Home Phone #: _____

Employer: _____ Length of Employment: _____

Employer Address: _____

City _____ State _____ Zip _____

Job Title: _____

SPOUSE INFORMATION (ONLY COMPLETE THIS SECTION IF FILING JOINTLY)

Name: First _____ Middle _____ Last _____

In the last 8 years, I have also been called: _____

If different than above:

Address: _____ Town: _____ Zip Code: _____

County: _____ Length of Time at this Address: _____

Prior Addresses Last 3 Years:

_____	Date From: _____	To: _____
_____	Date From: _____	To: _____
_____	Date From: _____	To: _____
_____	Date From: _____	To: _____

Social Security Number: _____ Date of Birth: _____

Email Address for Legal Communications: _____

Cell Phone #: _____ Home Phone #: _____

Employer: _____ Length of Employment: _____

Employer Address: _____
City State Zip

Job Title: _____

DEPENDENT INFORMATION

- Son Daughter Other Date of Birth: _____ Living with you Yes No
- Son Daughter Other Date of Birth: _____ Living with you Yes No
- Son Daughter Other Date of Birth: _____ Living with you Yes No
- Son Daughter Other Date of Birth: _____ Living with you Yes No
- Son Daughter Other Date of Birth: _____ Living with you Yes No

INCOME

1. Are you currently employed? Yes No
2. How often are you paid? Weekly Every two weeks Twice a month Monthly
3. How is your pay calculated? Hourly Salary Commission Based Other
 - a. What is your hourly rate/salary? _____
 - b. What are your monthly gross wages (before taxes and other deductions)? _____
4. Are you eligible to receive bonuses? Yes No. If yes, average amount/month _____
5. Do you receive income from any other sources? Yes No
 - a. Alimony/maintenance/child support: \$ _____/month
 - b. SSI SSDI: \$ _____/month
 - c. Unemployment: \$ _____/month

- d. Pension/retirement: \$ _____/month
 - i. Bank name _____ Value _____
- e. Rental income: \$ _____/month
- f. Public benefits: \$ _____/month
- g. Lawsuits, royalties, gambling or lottery winnings: \$ _____/month
- h. Other _____: \$ _____/month

SPOUSE INCOME

- 6. Are you currently employed? Yes No
- 7. How often are you paid? Weekly Every two weeks Twice a month Monthly
- 8. How is your pay calculated? Hourly Salary Commission Based Other
 - a. What is your hourly rate/salary? _____
 - b. What are your monthly gross wages (before taxes and other deductions)? _____
- 9. Are you eligible to receive bonuses? Yes No. If yes, average amount/month _____
- 10. Do you receive income from any other sources? Yes No
 - a. Alimony/maintenance/child support: \$ _____/month
 - b. SSI SSDI: \$ _____/month
 - c. Unemployment: \$ _____/month
 - d. Pension/retirement: \$ _____/month
 - e. Rental income: \$ _____/month
 - f. Public benefits: \$ _____/month
 - g. Lawsuits, royalties, gambling or lottery winnings: \$ _____/month
 - h. Other _____: \$ _____/month

IF FILING JOINTLY, PLEASE ANSWER ALL QUESTIONS FOR YOU AND YOUR SPOUSE

11. Have you filed a bankruptcy before? Yes No

a. Date filed: _____ State Where Filed: _____

12. List each creditor whom you paid at least \$600 during the 90 days, a total amount paid:

13. Have you been involved in any lawsuits in the last year, or are you planning to sue anyone else?

Yes No. If yes, please list Title, Court name, Case number, and Status

14. Have any creditors garnished or taken money from your paycheck or bank accounts in the last year? Yes No _____

15. Have you had a repossession or foreclosure in the last year? Yes No

If yes, name of creditor/item _____

16. In the last 2 years, did you give any gifts with a total value of more than \$600 per person?

Yes No

17. Have you made any gifts or charitable contributions greater than \$600 in the last two years?

Yes No

18. Have you had any losses from fire, theft, or gambling in the last year? Yes No

19. Have you paid anyone for debt consolidation, settlement, or counseling in the last year?

Yes No. Name, Description, Date, Value _____

20. Have you sold, traded-in, or given away any houses, cars, or other valuable property in the last 6 years? Yes No

a. If yes, please describe: _____

21. Have you created a trust fund in the last 10 years? Yes No

22. Have you closed a bank or retirement account in the last year? Yes No _____

What was the balance and what was the money used for? _____

23. Have you had a safe deposit box in the last year? Yes No

24. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy? Yes No

25. Have you owned or operated a business in the past 4 years? Yes No

26. Do you own any real estate? Yes No

a. Location: _____

b. Value: _____ Basis for Value: _____

c. Mortgage Company: _____ Amount Owed: _____

d. Mortgage Company: _____ Amount Owed: _____

e. Other Names on Deed: _____

f. Other real estate? Yes No

27. Do you own any automobiles, motorcycles, trailers, boats, or recreational vehicles?

Yes No

a. Year: _____ Make: _____ Model: _____ Trim Level: _____ Miles: _____

Color _____ Condition: Fair Good Very Good Excellent

Debtor 1 owner Debtor 2 owner Debtor 1 and Debtor 2 owners

Finance Company: _____ Amount Owed: _____

Amount Past Due: _____ Surrender Keep

b. Year: _____ Make: _____ Model: _____ Trim Level: _____ Miles: _____

Color _____ Condition: Fair Good Very Good Excellent

Debtor 1 owner Debtor 2 owner Debtor 1 and Debtor 2 owners

Finance Company: _____ Amount Owed: _____

Amount Past Due: _____ Surrender Keep

c. Year: _____ Make: _____ Model: _____ Trim Level: _____ Miles: _____
Color _____ Condition: Fair Good Very Good Excellent
 Debtor 1 owner Debtor 2 owner Debtor 1 and Debtor 2 owners
Finance Company: _____ Amount Owed: _____
Amount Past Due: _____ Surrender Keep

28. Do you own any household items that would have a **resale value** of more than \$500?

Yes No _____

29. Please estimate the total **resale value** of all of your electronics (televisions, cell phones, computers, etc.) _____

30. Do you own any valuable collectables, antiques or artwork? Yes No

31. Please estimate the total **resale value** of all of your sports and hobby equipment _____

32. Do you own any guns or firearms? Yes No Value _____

33. Please estimate the total **resale value** of all of your clothing _____

34. Please estimate the total **resale value** of all of your furs and jewelry _____

35. Do you have any bank accounts? Yes No

a. Bank: _____ Checking Savings. Balance \$ _____

b. Bank: _____ Checking Savings. Balance \$ _____

c. Do you have any credit cards or loans with these banks? Yes No

d. Do you have any car loans and credit cards at the same credit union? _____

e. Are any financial accounts joint accounts? Yes No

36. Do you have any stocks, bonds, or a profit sharing plan with your employer? Yes No

37. Please estimate the value of any business interest and type of business (LLC, partnership, etc.)

38. Do you have any retirement account(s) (401(k), 403(b) ERISA, IRA, Keough, pension, thrift saving, profit sharing)? Yes No

a. If yes, type of account/total present value: _____

b. Name of Financial Institution _____

c. Debtor 1 owner Debtor 2 owner Debtor 1 and Debtor 2 owners

39. Do you have a security deposit with a landlord or any utility companies? Yes No

a. Landlord Utility Amount: _____

40. Do you have any patents, copyrights, or other intellectual property? Yes No

41. Have you filed tax returns for every year that you are required? Yes No

42. Are you expecting a tax refund? Yes No

43. Does anyone owe you past due alimony/maintenance or child support? Yes No

Amount: _____

44. Does anyone regularly contribute to your household expenses, who is not filing bankruptcy with you? Yes No Amount _____

45. Does anyone owe you any money? Yes No

46. Do you have life insurance? Yes No

a. If yes, what kind of life insurance? Term Whole Universal Unknown

b. Cash value _____

c. Beneficiary's name _____

d. Debtor 1 owner Debtor 2 owner Debtor 1 and Debtor 2 owners

e. Name of Insurance Company _____

47. Do you expect to inherit any money or property in the next year? Yes No

48. Do you own anything else of value that is not listed here? Yes No

a. If yes, please describe: _____

49. Have you lived in Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin in the last 8 years? Yes No

a. If yes, were you married at any time you lived in those states? Yes No

50. Are you a co-signer for anyone else, or is anyone else a co-signer for you? Yes No

51. Are you currently being sued by a debt collector or does a debt collector have a judgment against you? Yes No

a. If yes, please list the name of the debt collector: _____

HOUSEHOLD EXPENSES

52. Specify the amount your household spends monthly on the following expenses on average:

a. Rent or Mortgage: _____

b. Home Taxes: _____

c. Home/renter's insurance: _____

d. Home Repair/Maintenance: _____

e. HOA Dues: _____

f. Electricity/Heat/Natural Gas: _____

g. Water/Garbage: _____

h. Telephone, Cell Phone, Internet, Satellite/Cable TV: _____

Cell Provider: _____

i. Food/Housekeeping supplies: _____

j. Childcare/Children's Education: _____

- k. Clothing/Laundry/Dry Cleaning: _____
- l. Personal Care: _____
- m. Medical expenses not covered by insurance: _____
- n. Gasoline/Car Maintenance/Public Transportation: _____
- o. Entertainment: _____
- p. Life Insurance Premium (not deducted from wages): _____
- q. Health Insurance Premium (not deducted from wages): _____
- r. Vehicle Insurance Premium: _____
- s. Car Payments: _____
Finance Company Name: _____
- t. Payments of Alimony/Maintenance/Support: _____
- u. Other Installment Payments (furniture, etc.) _____

STATEMENT OF ACCURACY

By signing my/our names below, I/we state that the information in this eight (8) page Questionnaire is true and correct to the best of my/our knowledge. I/We understand that providing inaccurate information can detrimentally affect my/our case, cause an undue outcome or result in charges brought against me/us if convicted of fraud. I/We also understand the information provided in this Initial Intake Form will not be shared with any other party, other than attorneys who have the knowledge to legally advise me/us and authorized parties assigned by the attorneys to work on my/our case.

Signature _____ Date _____

Spouse Signature _____ Date _____