

Goldman.Law

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BANKRUPTCY CLIENT INTAKE FORM

(Complete This Side Only – Please Print Legibly)
Your Appointment Date: ______ Your Appointment Time: _____

YOU	YOUR SPOUSE				
FULL NAME (Last, First and Middle):	FULL NAME (Last, First and Middle):				
SOCIAL SECURITY NO:	SOCIAL SECURITY NO:				
DATE OF BIRTH:	DATE OF BIRTH:				
PHYSICAL ADDRESS:	PHYSICAL ADDRESS:				
CONTACT INFORMATION:	CONTACT INFORMATION:				
HOME: ()	HOME: ()				
CELL: ()	CELL: ()				
email:	email:				
MAILING ADDRESS (Include City, State, Zip):	MAILING ADDRESS (Include City, State, Zip):				
COUNTY OF RESIDENCE:	COUNTY OF RESIDENCE:				
EMPLOYER:	EMPLOYER:				
EMPLOYER'S ADDRESS:	EMPLOYER'S ADDRESS:				
WORK TELEPHONE NUMBER: () Extension:	WORK TELEPHONE NUMBER: () Extension:				
SELF-EMPLOYED? ☐ YES ☐ NO	SELF-EMPLOYED? ☐ YES ☐ NO				
OCCUPATION / JOB TITLE:	OCCUPATION / JOB TITLE:				
LENGTH OF EMPLOYMENT:	LENGTH OF EMPLOYMENT:				
Estimate How Many Creditors (People or Companies)to Whom You Owe Money:					
Have You Ever Filed Bankruptcy Before? ☐ Yes ☐ No If Yes, When?					
Did You Move to this State Within the Past Two Years? ☐ Yes ☐ No If Yes, Prior State:					
Are You Worried about? Repossession Wage Garnishment Foreclosure/Eviction					
Has Your Home Been Scheduled for Foreclosure? ☐ Yes ☐ No If Yes, Foreclosure Date and Time? Location? Has Your Home EVER Been Scheduled for Foreclosure? ☐ Yes ☐ No					
How Did You Hear about Apple Law Firm PLLC?					

FOR OFFICE USE ONLY								
In State 2 Years? ☐ Y ☐ N Prior: In District 91 Days? ☐ Y ☐ N Prior:								
☐ Married ☐ Divorced ☐ Separated: Legal? ☐ Y ☐ N ☐ Single ☐ Widow ☐ Cohabitatio							abitation	
Dependents? 0 1 2 3 4 Ages?								
Household Size? 0 1 2 3 4 5 6 7 8 Other Adults? 0 1 2 1 2 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 2								2 🗆
INCOME SOURCE	FREQ		AVG NET	MONTHLY GROSS	MONTHLY NET	NOTES		CS GARN LEVY ASGMT IRA/401K ST PEN CONTR REPAY CS/ALIM
DEBTOR			\$	\$	\$	☐ Self-Employed		CO Cmcl Ppty
SPOUSE			\$	\$	\$	IncYrSt		Cashcol
OTHER			\$	\$	\$	SHs/Prtnrs:		TS EVER?
OTHER	\$			\$	\$	Emplees:		1 MTG 2 MTG
OTHER			\$	\$	\$	PubPrems:		3 MTG HOA
		\$	\$	Gross/mo \$ K Otr Exp/mo \$ K Bo		Ppty Tax Otr RE Auto Boat CUCC		
PAYMENT	DITE	CREDITOR CLASS		PAYOFF	DESCRIPTION OF SECURITY ref/red/s/al fmv pm/npm u/s n/d DurGds			
ARREARS	DUE					ence acquired (3.3yr) PMTS urn incurred (2.5/1yr) REM		Jewelry DeptStore
\$						(===,=,=,=,=		NPMSI Taxes
\$				\$				SL Div/Sep
\$								Meds RepoDef
\$				\$				Apts Suits MVA
\$								CC Store CCs
\$				\$				LOC Pers
\$								Prof Ins Prem
\$				\$				Tuition Benf Ovrpy
\$				_			•	PayDay NSF
\$				\$				O/D Utils
\$				_			•	Mail Order
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Pmts to Mort: H	oucoc / La	and / Au	toc / Boot / 401k	/ TDA /	ocommondation	/Fee □ 13 □ 7 □ 0) Wait til	

Annuity / Svs / Stocks / HHG / Liq \$ / Jwlry / Guns / Collex /	Min Eval: \$ Min to File Plan \$ /			
Music Inst / Cmcl Ppty / Tools / Anim / X-fersW / in4yrs / Trust / Cashouts / Pmts-GiftsToFrnds-Fam / A-R / DivDec / LifEIns\$Val /	\$ /pp PRDO H W			
InterestInBus / PptyHeldByOtr / Otr / Storage / Losses	Plan \$ / /mo for / /mos Due			
	(min) / (max) (min) / (max)			
	Contingent Legal Claims:			
	Inheritance Rjcted w/in 4 Yrs or Exmpted w/in 6 mos:			
	Returns Not Filed: Last Ref Amt:			
	Ref Exempted: Previously Filed BKs:			
CCC: ☐ Y ☐ N % CC Debt w/in Yr: Cash Advance:	\$ w/in 75 Days Otr FS Given w/in Yr:			

Remarks: