



11300 N. Central Expressway, Ste 130, Dallas, Texas 75243

Telephone: 972.812.0900 Fax: 972.379.9737

Information about you

Name			
Address			
City, State, Zip			
Home Telephone		County:	
Work Telephone		Cell phone	
Social Security No.		Email Address	
Occupation		Date of Birth	

Information about your spouse (if any)

Name			
Address			
City, State, Zip			
Home Telephone		County:	
Work Telephone		Cell phone	
Social Security No.		Email Address	
Occupation		Date of Birth	

Married
 Separated
 Single
 If separated, how long? _____
 Is anyone else living with you?
 YES NO
 If so, how many? _____
 Ages and names _____
 relation to you? _____
 Do you have any unfiled tax returns? YES NO
 If so, which tax years _____

What is your main reason for coming to us? _____

Do you have any of the following situations?
 foreclosure repossession levy garnishment

Who can we thank for referring you to us? _____

You must provide documents for any question to which you marked "yes"

Check	IMPORTANT QUESTIONS	
		MONEY YOU OWE

- Yes No Do you owe any federal or state income taxes?
- Yes No Do you owe money on a credit card or personal loan that was used to pay taxes?
- Yes No Do you have a mortgage?
- Yes No Are you current? If no, what are the arrearages? _____
- Yes No Do you have a 2nd mortgage?:
- Yes No Are you current? If no, what are the arrearages? _____
- Yes No Do you owe any real estate or personal property taxes? Approx Balance: \$ _____
- Yes No Did you get a loan to pay real property taxes? Approx Balance: \$ _____
- Yes No Do you have any loans from the purchase of a vehicle?
- Yes No Are you current? If no, what are the arrearages? _____
- Yes No Have you pledged a vehicle as collateral for a personal loan?
- Yes No Do you have any loans from the purchase of furniture or appliances?
- Yes No Does anyone have a judgment against you?
- Yes No Do you owe any court-ordered restitution or other kinds of fines?
- Yes No Do you owe student loans? Approx Balance: \$ _____
- Yes No Do you owe any pay day loans? Approx Balance: \$ _____
- Yes No Do you owe credit card debt? Approx Balance: \$ _____
- Yes No Do you owe medical bills? Approx Balance: \$ _____
- Yes No Do you pay child support?
- Yes No Are you current? If no, what are the arrearages? _____
- Yes No Are you required to pay any debts under a Divorce/Separation Agreement/Decree?
- Yes No Have you had a car accident in the last 2 years that was your fault?

Please list any other debts that were not mentioned above

Please make sure that you give us documents or statements for each debt that you have.

STATEMENT OF FINANCIAL AFFAIRS

Please circle "Yes" or "No" for all of the questions listed below. *If you reply "YES", please provide as much detailed information as you can in the blanks provided below.*

Have you lived at a different address in the last three years? Yes No

Prior addresses within past 36 months.		
ADDRESS	NAME(S) USED	DATES OF OCCUPANCY

Have you been married or legal equivalent of married within the last eight years? Yes No

NAME OF CURRENT/FORMER SPOUSE	CURRENT OR EX?

Please list your sources and amounts of income from employment or self-employment below

Debtor 1 Sources	Gross Income (prior to deductions)	Debtor 2 or Spouse Sources	Gross Income (prior to deductions)
This Year Wages, commissions, bonuses, tips Operating a business	\$ _____	This Year Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$ _____
Last Year Wages, commissions, bonuses, tips Operating a business	\$ _____	Last Year Wages, commissions, bonuses, tips Operating a business	\$ _____
Prior Year Wages, commissions, bonuses, tips Operating a business	\$ _____	Prior Year Wages, commissions, bonuses, tips Operating a business	\$ _____

Please list your sources and amounts of income from other than employment or self-employment below

Debtor 1 Sources	Gross Income (prior to deductions)	Debtor 2 or Spouse Sources	Gross Income (prior to deductions)
This Year	\$ _____	This Year	\$ _____
	\$ _____		\$ _____
Last Year	\$ _____	Last Year	\$ _____
	\$ _____		\$ _____
Prior Year	\$ _____	Prior Year	\$ _____
	\$ _____		\$ _____

Have you paid individual creditors more than \$600 (total) within the last 90 days (typically your mortgage, car payments, rent, etc. will qualify) ? Yes No

NAME AND ADDRESS OF CREDITOR	DATES OF PAYMENTS	PMT. AMOUNT OR TOTAL OF ALL PMTS.	AMOUNT STILL OWING

Do you owe any money to family/friends? Yes No

If so, have you paid anything in the last year or transferred any property to them? Yes No

NAME AND ADDRESS OF PAYEE AND RELATIONSHIP TO YOU	DATES OF PAYMENTS	PMT. AMOUNT OR TOTAL OF ALL PMTS.	AMOUNT STILL OWING

Have you been involved in any lawsuits, complaints, or administrative proceedings in the last twelve months? Yes No

NAME OF SUIT/CASE#	CIVIL OR CRIMINAL	COURT OR AGENCY AND LOCATION	STATUS OR DISPOSITION	ATTORNEY INFORMATION (NAME/ADDRESS)

Have any creditors attached, garnished, or seized any property within the last year? Yes No

NAME AND ADDRESS OF PERSON FOR WHOSE BENEFIT PROPERTY WAS SEIZED (CREDITOR)	DATE OF SEIZURE	DESCRIPTION AND VALUE OF PROPERTY

Have you had a repossession, foreclosure, or returned property to a creditor in the last year? Yes No

NAME AND ADDRESS OF CREDITOR OR SELLER	DATE OF REPOSSESSION, FORECLOSURE SALE, TRANSFER OR RETURN	DESCRIPTION AND VALUE OF PROPERTY

Within the last 90 days did any creditor set off any amounts from financial accounts because you owed a debt?

Yes No

NAME AND ADDRESS OF ASSIGNEE	DATE OF ASSIGNMENT	TERMS OF ASSIGNMENT OR SETTLEMENT

Has any property been assigned for the benefit of creditors (e.g. garnishment in the last 120 days)? Yes No

NAME AND ADDRESS OF ASSIGNEE	DATE OF ASSIGNMENT	TERMS OF ASSIGNMENT OR SETTLEMENT

Have you made any gifts or charitable contributions (church tithes, school donations, salvation army contributions, etc.) in the last year that would exceed \$600? Yes No

NAME AND ADDRESS OF PERSON OR ORGANIZATION	RELATIONSHIP TO CLIENT, IF ANY	DATE OF GIFT	DESCRIPTION AND VALUE OF GIFT

Have you had any losses from fire, theft, or other casualty or gambling within the last year? Yes No

DESCRIPTION AND VALUE OF PROPERTY	DESCRIPTION OF CIRCUMSTANCES AND IF LOSS WAS COVERED IN WHOLE OR IN PART BY INSURANCE. GIVE PARTICULARS	DATE OF LOSS

Have you paid anyone for a consultation concerning your debt, ie debt consolidation, in the last year? Yes No

NAME AND ADDRESS OF PAYEE	NAME OF PAYOR IF OTHER THAN CLIENT	DATE OF PAYMENT	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY

Have you transferred property to a self-settled trust or similar device in the past ten years? Yes No

TRUST OR OTHER DEVICE	DATE TRANSFERRED	DESCRIBE PROPERTY TRANSFERRED AND VALUE RECEIVED

Did you sell, trade, or otherwise transfer any real or personal property in the last two years? Yes No

NAME AND ADDRESS OF TRANSFEREE, RELATIONSHIP TO CLIENT	DATE TRANSFERRED	DESCRIBE PROPERTY TRANSFERRED AND VALUE RECEIVED

Were there any financial accounts held in your name that were closed or transferred in the last year? Yes No

NAME AND ADDRESS OF INSTITUTION	AMOUNT OF FINAL BALANCE	AMOUNT AND DATE OF SALE OR CLOSING
Acct. No.: _____		
Acct. No.: _____		

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

NAME AND ADDRESS OF BANK OR OTHER DEPOSITORY & DATE OF TRANSFER OR SURRENDER, IF ANY	CONTENTS
Date Transferred/Surrendered: _____	
NAMES AND ADDRESSES OF THOSE WITH ACCESS	

Have you had a *Storage Unit* in the last year? Yes No

NAME AND ADDRESS OF STORAGE FACILITY	CONTENTS
Date Transferred/Surrendered:	
NAMES AND ADDRESSES OF THOSE WITH ACCESS	

Do you possess any property that is owned by someone else (e.g. driving someone else's car)? Yes No

NAME AND ADDRESS OF OWNER	DESCRIPTION AND VALUE OF PROPERTY
	Value: _____
LOCATION OF PROPERTY:	

Have you been an officer, director, partner, or executive in a partnership or corporation in the last FOUR years? Yes No

Nature, location and name of business		
NAME, ADDRESS, AND TAXPAYER I.D.	NATURE OF BUSINESS	BEGINNING AND ENDING DATES OF OPERATION
Tax I.D. No.: _____		From: _____ To: _____

Have you been self-employed in a trade, profession, or other business activity in the last four years? Yes No

NAME, ADDRESS, AND TAXPAYER I.D.	NATURE OF BUSINESS	BEGINNING AND ENDING DATES OF OPERATION
Tax I.D. No.: _____		From: _____ To: _____
Tax I.D. No.: _____		From: _____ To: _____

Have you employed a bookkeeper in the last two years who kept your financial records? Yes No

Has anyone in the last two years audited any of your financial records? Yes No

Does anyone else have possession of your financial records? Yes No

NAME AND ADDRESS	DATE(S) SERVICES RENDERED

Has anyone in the last two years taken an inventory of your property? Yes No

DATE OF INVENTORY	SUPERVISOR	DOLLAR AMOUNT (Specify cost, market or other)



MOTOR VEHICLES/BOATS/OTHER VEHICLES

Type	Year	Make	Model	Style	Mileage	Value	How much is owed on it?
8. Car							
9. Car							
10. Car							
11. Truck							
12. Truck							
13. Motorcycle							
14. Boat							
15. 4-wheeler							

ITEM(S)			Owner 1=Db 1 2=Db 2 J=Jt	Market Value (Garage Sale Value)	ITEM(S)			Owner 1=Db 1 2=Db 2 J=Jt	Market Value (Garage Sale Value)
Household Items									
6	#	Beds		\$	7	#	Computer		\$
6	#	End Tables/Lamps		\$	7	#	Printer		\$
6	#	Dressers		\$	7	#	Televisions		\$
6	#	Chairs		\$	7	#	VCR/DVD Player		\$
6	#	Sofa/Loveseat		\$	7	#	Stereo		\$
6	#	Kitchen Table/Chairs		\$	7	#	Radio		\$
6	#	Area rugs		\$	7	#	Camcorder		\$
6	#	Microwave Oven		\$	7	#	Cell phone		\$
6	#	Sewing Machine		\$	8	#	Artwork		\$
6	#	Washer		\$	8	#	Collections		\$
6	#	Dryer		\$	8	#	Antiques		\$
6	#	Refrigerator		\$	9	#	Camera		\$
6	#	Freezer		\$	9	#	Bikes		\$
6	#	Stove		\$	9	#	Sports Equipment		\$
6	#	Dishes/Silverware		\$	9	#	Video Games		\$
6	#	Pots/pans cookware		\$	9	#	Books		\$
6	#	Fine China		\$	10	#	Firearms		\$
6	#	Dining Table/Chairs		\$	11	#	Clothing		\$
6	#	Entertainment Center		\$	12	#	Jewelry		\$
6	#	China Cabinet		\$	14	#	Musical instruments		\$
6	#	Linens		\$		#	Household pets		\$
6	#	Yard tools		\$		#			\$
6	#	Small house tools		\$		#			\$
	#			\$		#			\$
	#			\$		#			\$
	#			\$		#			\$
	#			\$		#			\$
	#			\$		#			\$
	#			\$		#			\$
	#			\$		#			\$
	#			\$		#			\$
	#			\$		#			\$

Please give number of items you have and the total value of those items were you to sell them at a garage sale.

ITEM(S)		Owner 1=Db 1 2=Db 2 J=Jt	Market Value (Garage Sale Value)	Details
Financial Assets				
16	Cash On Hand		\$	
17	Checking Account		\$	Bank:
17	Checking Account		\$	Bank:
17	Checking Account		\$	Bank:
17	Checking Account		\$	Bank:
17	Savings Account		\$	Bank:
17	Savings Account		\$	Bank:
18	Stocks		\$	Company
18	Bonds		\$	Company
19	Non-public co Interest		\$	Company
21	Retirement Plan/IRA		\$	
21	401k Plan		\$	Admin:
21	401k Plan		\$	Admin:
22	Security Deposit		\$	Rental
22	Security Deposit		\$	Elec
22	Security Deposit		\$	Water
22	Security Deposit		\$	Gas
23	Annuities		\$	
24	Future interests		\$	
28	Tax Refund		\$	
29/30	Money owed to you		\$	
33	Claims against 3rd parties		\$	
Business Assets				
38	Accounts Receivable		\$	
39	Office Equipment		\$	
13	Inventory		\$	

****** If you own other property not listed above, please include these items in the blanks provided above. The list provided is simply to assist you in listing your property; it is not meant as a complete list. Remember that you are required to list any property you own or have an ownership interest anywhere in the world.**

EMPLOYMENT & INCOME

		<i>(even if not joint filing)</i>
Occupation		
Name of Employer		
Employer Address		
Length of Employment		
How often paid?		
Salary or hourly rate		

INCOME OTHER THAN FROM A JOB:

Income from Business	(Attach Profit and Loss)	(Attach Profit and Loss)
Rental Income		
Alimony, Child Support		
Interest Dividends		
Social Security/Disability		
Pension or retirement Income		
Other Monthly Income_____		

Please provide information regarding ALL income you and members of your household receive, even if you don't receive it every month.

MONTHLY BUDGET

The expenses you list here should not be expenses that are part of other payments you make, or expenses paid from your pay check or through your business.

Keep in mind that you have some expenses that are not incurred every month. These expenses should be included in your budget as an ***average***.

HOUSEHOLD		INSURANCE:	
Rental or mortgage	\$	Life insurance	\$
If not included above	\$	Health insurance	\$
Real estate taxes	\$	Vehicle insurance	\$
Property, homeowner's, or renter's insurance	\$	Other insurance. Specify:	\$
Home maintenance, repair, and upkeep	\$	<u>Taxes:</u>	
HOA or condominium dues	\$	Specify: _____	\$
2nd Mortgage or Home Equity Loan	\$		
<u>Utilities:</u>		INSTALLMENTS	
Electricity, heat, natural gas	\$	Car payments for Vehicle 1	\$
Water, sewer, garbage collection	\$	Car payments for Vehicle 2	\$
Internet, satellite, and cable	\$	Other. Specify: _____	\$
Cell Phone	\$	Other. Specify: _____	\$
Other. Specify:	\$	Alimony or Child Support	\$
Food and housekeeping supplies	\$	Support others who do not live with you.	\$
Childcare and children's education costs	\$	Specify: _____	
Clothing, laundry, and dry cleaning	\$	Other real property expenses (not your home)	
Personal care products and services	\$	Mortgages on other property	\$
Medical and dental expenses	\$	Real estate taxes	\$
Transportation. Include gas, maintenance,	\$	Property, homeowner's, or renter's insurance	\$
Entertainment/Recreation	\$	Maintenance, repair, and upkeep expenses	\$
Charitable and religious donations	\$	HOA or condominium dues	\$

