

INFORMATION REQUIRED FOR INITIAL CLIENT CONSULTATION

FOR OFFICE USE ONLY				Business/Consumer	
Initial Balance _____			Chapter _____		
Fees Include: _____		Joint _____	Single _____		
Ptmt.	Bal.	Date	Init.	Date to Sign: _____	
_____	_____	_____	_____	Date to File: _____	
_____	_____	_____	_____	Case No. _____	

TODAY'S DATE: _____ Have you lived outside of Texas in the past 2 years? Yes/No
(Circle One) If yes, what state and how long? _____

How did you find out about our firm? (Circle all that apply): friend/family
member/attorney/Southwestern Bell Yellow Pages/Yellow Book Yellow Pages/Internet/Letter/Other

Your Name: _____ SS#: _____ DOB: _____

Spouse: _____ SS# _____ DOB _____

Current Marital Status: _____ Have you divorced in the last 3 1/2 years? _____

Other names used in the last 8 years? _____

Dependents? Name(s) & Age(s) _____

Are you required to care for an elderly or disabled person or to contribute to his support? _____

PHYSICAL ADDRESS:

County: _____

MAILING ADDRESS (if different):

County: _____

Your Contact Information:

Home Phone: _____
Work Phone: _____
Occupation: _____
Cell Phone: _____
E-Mail: _____

Your Spouse's Contact Info:

Work Phone: _____
Occupation: _____
Cell Phone: _____
E-Mail: _____

Answer all the questions for the corporation or limited liability company.

Has the company ever filed for bankruptcy? YES / NO (Circle One) What year? _____

Does the company owe IRS or State taxes? YES / NO (Circle One)

How much? IRS _____ State _____

Of any taxes owed to the State, are they income taxes, sales taxes, or 941 taxes? _____

Does the company have any outstanding NSF(non-sufficient funds)checks? YES / NO (Circle One)

How many? _____ How much? _____

Does the company have any outstanding checks at check cashing companies? YES / NO (Circle One)

How many? _____ How much? _____

Are any of the company debts guaranteed by officers, stockholders, or members? YES / NO (Circle One)

List the names of debts, creditors, and the persons who guaranteed the debt:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Does the company have any loans at any banks or credit unions in which the company also holds a checking and/or savings account? YES / NO (Circle One) If yes, please list the lenders/banks: _____

Does the company have any claims against any person or company for injuries or any losses whatsoever to the company or any of its employees? YES / NO (Circle One) If yes, describe the claim and who it is against: _____

Does the company have any outstanding **judgments** against it? Yes / No Creditor's name: _____

Does the company have any **pending lawsuits** against it? Yes / No Creditor's name: _____

Is the company being threatened with a **repossession**? Yes / No Creditor's name: _____

Is the company being threatened with a **foreclosure**? Yes / No Creditor's name: _____

Is the company being threatened with a **Tax Levy**? Yes / No By the IRS? _____ By the state? _____

**INFORMATION REQUIRED ON EACH PARCEL OF REAL ESTATE
INCLUDE SECURED LOAN AND OUTSTANDING TAX INFORMATION**

Real Property Address: _____

Estimated value of property: _____ Please, provide appraisal if you have it.

Legal Description: Please attach copy of deed or deed of trust with legal description.

First Mortgage Lender: _____
Address of Lender: _____

Account Number of loan: _____ Interest rate on loan: _____
Payoff balance on loan: _____ Monthly payment amount: _____
Is the company behind on its payments? YES / NO (Circle One)
If yes, how many payments is the company behind? _____

Second Mortgage Lender: _____
Address of Lender: _____

Account Number of loan: _____ Interest rate on loan: _____
Payoff balance on loan: _____ Monthly payment amount: _____
Is the company behind on its payments? YES / NO (Circle One)
If yes, how many payments is the company behind? _____

Please attach copy of promissory note and deed of trust if you have it.

County Tax Parcel Number: _____
City Tax Parcel Number, if different: _____

Taxes owed for 2001 City: _____
Taxes owed for 2001 County: _____

Taxes owed for 2002 City: _____
Taxes owed for 2002 County: _____

Taxes owed for 2003 City: _____
Taxes owed for 2003 County: _____

The city and county will give you a print out on each tax year showing how much is owed, which will help if you can obtain it and attach to this sheet.

Print a copy of this form for each parcel of real estate.

**INFORMATION REQUIRED ON EACH PARCEL OF REAL ESTATE
INCLUDE SECURED LOAN AND OUTSTANDING TAX INFORMATION**

Real Property Address: _____

Estimated value of property: _____ Please, provide appraisal if you have it.

Legal Description: Please attach copy of deed or deed of trust with legal description.

First Mortgage Lender: _____
Address of Lender: _____

Account Number of loan: _____ Interest rate on loan: _____
Payoff balance on loan: _____ Monthly payment amount: _____
Is the company behind on its payments? YES / NO (Circle One)
If yes, how many payments is the company behind? _____

Second Mortgage Lender: _____
Address of Lender: _____

Account Number of loan: _____ Interest rate on loan: _____
Payoff balance on loan: _____ Monthly payment amount: _____
Is the company behind on its payments? YES / NO (Circle One)
If yes, how many payments is the company behind? _____

Please attach copy of promissory note and deed of trust if you have it.

County Tax Parcel Number: _____
City Tax Parcel Number, if different: _____

Taxes owed for 2001 City: _____
Taxes owed for 2001 County: _____

Taxes owed for 2002 City: _____
Taxes owed for 2002 County: _____

Taxes owed for 2003 City: _____
Taxes owed for 2003 County: _____

The city and county will give you a print out on each tax year showing how much is owed, which will help if you can obtain it and attach to this sheet.

Print a copy of this form for each parcel of real estate.

**INFORMATION REQUIRED ON LOANS SECURED BY
FURNITURE, APPLIANCES, VIDEO, AUDIO EQUIPMENT,
TOOLS, BUSINESS EQUIPMENT AND OTHER ITEMS**

1. List of items given as collateral: _____

Estimated value of Items: _____
Lienholder: _____
Address: _____ Acct Number of loan: _____
_____ Payoff balance of loan: _____
_____ Interest rate on loan: _____
Monthly payment amount: _____ Is the company behind on its payments? YES / NO (Circle One)
If the company is behind, how many payments is it behind? _____

2. List of items given as collateral: _____

Estimated value of Items: _____
Lienholder: _____
Address: _____ Acct Number of loan: _____
_____ Payoff balance of loan: _____
_____ Interest rate on loan: _____
Monthly payment amount: _____ Is the company behind on its payments? YES / NO (Circle One)
If the company is behind, how many payments is it behind? _____

3. List of items given as collateral: _____

Estimated value of Items: _____
Lienholder: _____
Address: _____ Acct Number of loan: _____
_____ Payoff balance of loan: _____
_____ Interest rate on loan: _____
Monthly payment amount: _____ Is the company behind on its payments? YES / NO (Circle One)
If the company is behind, how many payments is it behind? _____

4. List of items given as collateral: _____

Estimated value of Items: _____
Lienholder: _____
Address: _____ Acct Number of loan: _____
_____ Payoff balance of loan: _____
_____ Interest rate on loan: _____
Monthly payment amount: _____ Is the company behind on its payments? YES / NO (Circle One)
If the company is behind, how many payments is it behind? _____

BUSINESS INCOME AND EXPENSES

FINANCIAL REVIEW OF THE DEBTOR'S BUSINESS (NOTE: ONLY INCLUDE information directly related to the business operation.)

PART A - GROSS BUSINESS INCOME FOR PREVIOUS 12 MONTHS:

1. Gross Income For 12 Months Prior to Filing: \$ _____

PART B - ESTIMATED AVERAGE FUTURE GROSS MONTHLY INCOME:

2. Gross Monthly Income \$ _____

PART C - ESTIMATED FUTURE MONTHLY EXPENSES:

- 3. Net Employee Payroll (Other Than Debtor) \$ _____
- 4. Payroll Taxes _____
- 5. Unemployment Taxes _____
- 6. Worker's Compensation _____
- 7. Other Taxes _____
- 8. Inventory Purchases (Including raw materials) _____
- 9. Purchase of Feed/Fertilizer/Seed/Spray _____
- 10. Rent (Other than debtor's principal residence) _____
- 11. Utilities _____
- 12. Office Expenses and Supplies _____
- 13. Repairs and Maintenance _____
- 14. Vehicle Expenses _____
- 15. Travel and Entertainment _____
- 16. Equipment Rental and Leases _____
- 17. Legal/Accounting/Other Professional Fees _____
- 18. Insurance _____
- 19. Employee Benefits (e.g., pension, medical, etc.) _____
- 20. Payments to Be Made Directly By Debtor to Secured Creditors For Pre-Petition Business Debts (Specify):

DESCRIPTION	monthly pmt
_____	\$ _____
_____	\$ _____
_____	\$ _____
Total Monthly Notes Made by Business	\$ _____

21. Other Expenses not covered by items 1 through 20.

Description of Expense	monthly amt.
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
Total Additional Monthly Expenses	\$ _____

22. TOTAL MONTHLY EXPENSES (ADD ITEMS 3-21) \$ _____

PART D - ESTIMATED AVERAGE NET MONTHLY INCOME:

23. AVERAGE NET MONTHLY INCOME: (Subtract item 22 from item 2) \$ _____

Note: your business expenses will probably not conform to the expenses in items 1 through 20. If that is the case put your normal monthly business expenses under the other additional items section identified as item #21.

Estimated Future Monthly Living Expenses:

Rent/Mortgage/Homeowners Assn./Space Rent Pymt.	\$ _____
Utilities: Electric _____ Gas _____	\$ _____
Water, Sewer, Garbage service	\$ _____
Telephone	\$ _____
Cable \$ _____ satellite \$ _____ Internet \$ _____	\$ _____
Home maintenance	\$ _____
Food	\$ _____
Clothing	\$ _____
Laundry & Cleaning	\$ _____
Medical, Dental & Medicines	\$ _____
Auto operating costs—gas, oil & maintenance	\$ _____
Charitable contributions	\$ _____
Recreation, Newspapers, Magazine, Books	\$ _____
Homeowners insurance if not paid through mortgage	\$ _____
Auto Insurance (Mandatory)	\$ _____
Other Insurance (Life, Burial, Cancer)	\$ _____
Child/Spousal Support (unless paid by payroll deduction)	\$ _____
Day Care	\$ _____
Auto tags \$ _____, land taxes \$ _____, inc taxes \$ _____ (note:insert these only if not deducted from pay or paid thru mtg)	\$ _____
1 st Auto Payment	\$ _____
2 nd Auto Payment	\$ _____
Other Installment Payments _____	\$ _____
_____	\$ _____
Other Living Expenses _____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

TOTAL MONTHLY EXPENSES: \$ _____

LAW OFFICE OF CAROL CROSS STONE, PLLC
ATTORNEYS AT LAW
crossstone@hotmail.com

1011 Loop 281 Suite 8
Longview, Texas 75604

Phone 903-759-5922
Fax 866-929-0734

AUTHORIZATION FOR RELEASE OF INFORMATION

This form authorizes any and all individuals, companies, lending institutions, including but not limited to banks, credit unions, finance companies and governmental agencies to furnish the LAW OFFICE OF CAROL CROSS STONE, PLLC at Post Office Box 8627, Longview, TX 75607, and representatives with full and complete information relating to any loans or other contracts of any type that we have with any such individual, companies, and/or lending institution.

A PHOTOCOPY OF THIS AUTHORIZATION SHALL BE AS BINDING AS THE ORIGINAL.

CLIENT

SS#

CLIENT

SS#

WITNESS