

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: _____

Name of Employer (husband) _____ Work Hours: _____

Name of Employer (wife) _____ Work Hours: _____

Have you ever filed for bankruptcy? No / Chapter 7 / Chapter 13 (circle one) What year? _____

Do you owe IRS or State taxes? YES/NO (circle one) How much? IRS _____ State _____

Do you owe student loans? YES/NO (circle one) How many? _____ How much? _____

Are you behind in child support or spousal support? YES/NO (circle one) How much? _____

Do you have any outstanding NSF(non-sufficient funds)checks? YES/NO (circle one)

How many? _____ How much? _____

Do you have any outstanding checks at check cashing companies? YES/NO (circle one)

How many? _____ How much? _____

Do you: Own or Rent? (Circle one) Value of Home \$ _____ Mobile Home or House (circle one)

If mobile home, do you own the land where it is sitting? YES/NO (circle one)

Have you ever been divorced? YES/NO (circle one) If yes, are you responsible for any debts pursuant to the divorce decree? YES/NO (circle one) List creditors here: _____

If yes, is your prior spouse responsible for any debts pursuant to the divorce decree? YES/NO (circle one) and List creditors here: _____

Have you cosigned a debt for someone else or has anyone cosigned a debt for you? YES/NO (circle one). This includes debts cosigned by or for former spouse. If so, list the debt(s) and other person: _____

Do you have any loans at any banks or credit unions in which you also have a checking and/or savings account? YES/NO (circle one) If yes, please list: _____

Have you made any charges on a credit card other than small amounts in the last six months? YES/NO (circle one) If so, name the credit card and amount charged. _____

Do you have any claims against any person or company for injuries or any claims against anyone for any other loss? (Please note that if you file bankruptcy and do not list any claim such as a class action claim for claim for injuries from an automobile accident, you may be prevented from proceeding with the lawsuit.) YES/NO (circle one) If yes, describe the claim: _____

**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: _____
Are you behind on you payments? YES / NO (Circle One)
If yes, how many payments are you behind? _____

Second Mortgage Lender: _____
Address of Lender: _____

Account Number of loan: _____ Interest rate on loan: _____
Payoff balance on loan: _____ Monthly payment amount: _____
Are you behind on you payments? YES / NO (Circle One)
If yes, how many payments are you 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 AUTOS AND AUTO LOANS

1. Year, make & model of auto/motorcycle: _____
VIN Number: _____
Estimated value of Auto/motorcycle: _____
Please attach copy of title or duplicate title.
Lienholder: _____
Address: _____ Acct Number of loan: _____
_____ Payoff balance of loan: _____
_____ Interest rate on loan: _____
Monthly payment amount: _____ Are you behind on your payments? YES / NO (Circle One)
If you are behind, by how many payments are you behind? _____

2. Year, make & model of auto/motorcycle: _____
VIN Number: _____
Estimated value of Auto/motorcycle: _____
Please attach copy of title or duplicate title.
Lienholder: _____
Address: _____ Acct Number of loan: _____
_____ Payoff balance of loan: _____
_____ Interest rate on loan: _____
Monthly payment amount: _____ Are you behind on your payments? YES / NO (Circle One)
If you are behind, by how many payments are you behind? _____

3. Year, make & model of auto/motorcycle: _____
VIN Number: _____
Estimated value of Auto/motorcycle: _____
Please attach copy of title or duplicate title.
Lienholder: _____
Address: _____ Acct Number of loan: _____
_____ Payoff balance of loan: _____
_____ Interest rate on loan: _____
Monthly payment amount: _____ Are you behind on your payments? YES / NO (Circle One)
If you are behind, by how many payments are you behind? _____

Does one of the company's vehicles have a 2nd lien holder? YES / NO (Circle One)
If yes, which vehicle: _____
Second Lienholder: _____
Address: _____ Acct Number of loan: _____
_____ Payoff balance of loan: _____
_____ Interest rate on loan: _____
Monthly payment amount: _____ Are you behind on your payments? YES / NO (Circle One)
If you are behind, by how many payments are you behind? _____

**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: _____ Are you behind on your payments? YES / NO (Circle One)
If you are behind, by how many payments are you 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: _____ Are you behind on your payments? YES / NO (Circle One)
If you are behind, by how many payments are you 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: _____ Are you behind on your payments? YES / NO (Circle One)
If you are behind, by how many payments are you 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: _____ Are you behind on your payments? YES / NO (Circle One)
If you are behind, by how many payments are you behind? _____

MONTHLY INCOME:

PLEASE PROVIDE A COPY OF YOUR LAST 2 OR 3 PAY STUBS IF YOU HAVE THEM.

Income:

Business Income Net \$ _____ This needs to be a monthly average
(Must complete next sheet to determine gross & net)

Husband's Take Home \$ _____ Weekly Bi-weekly Semi-monthly Monthly
Please circle what items are deducted from pay: Taxes / Social Security / insurance / alimony
child support / retirement plan / payment on retirement loan / payment on other loans /
Christmas Club / other savings

Wife's Take Home \$ _____ Weekly Bi-weekly Semi-monthly Monthly
Please circle what items are deducted from pay: Taxes / Social Security / insurance / alimony
child support / retirement plan / payment on retirement loan / payment on other loans /
Christmas Club / other savings

Husband's Part time job \$ _____ Weekly Bi-weekly Semi-monthly Monthly

Wife's Part time job \$ _____ Weekly Bi-weekly Semi-monthly Monthly

Other Income \$ _____ (Circle all that apply) Food stamps / social security /
child support / unemployment / SSI

Do you normally receive earned income credit? _____

If yes, are you aware that you can receive up to \$130.00 per month in you paycheck instead getting
all the income credit in your tax refund? _____ Ask us about reworking your W-4 and filing a W-5 form.

Do you normally receive a tax refund? _____ If yes, how much each year? \$ _____

TOTAL MONTHLY INCOME: \$ _____

- Are your wages now being or about to be **garnished**? Yes / No Creditor's name: _____
- Do you have any outstanding **judgments** against you? Yes / No Creditor's name: _____
- Do you have any **pending lawsuits** against you? Yes / No Creditor's name: _____
- Are you being threatened with a **repossession**? Yes / No Creditor's name: _____
- Are you being threatened with a **foreclosure**? Yes / No Creditor's name: _____
- Are you being threatened with a **Tax Levy**? Yes / No By the IRS? _____ By the state? _____

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