

# ZIMMERMANN LAW OFFICES, S.C. INTAKE FORM

Date: \_\_\_\_\_ Time: \_\_\_\_\_

FILL IN ALL BLANKS TO THE BEST OF YOUR ABILITY!

Responsible Attorney: \_\_\_\_\_

Your Name (if individual, enter Last, First, Middle): <small>Last First Middle</small>			Spouse's Name (Last, First, Middle): <small>Last First Middle</small>		
All Other Names Used By You In The Past 6 Years: (include married, maiden, and trade names):			All Other Names Used By You In The Past 6 Years: (include married, maiden, and trade names):		
Soc. Sec./Tax I.D. NO.(if more than one, state all):			Soc. Sec./Tax I.D. NO.(if more than one, state all):		
Address (include City, State, and Zip): <small>Street Address</small>			Address (include City, State, and Zip): <small>Street Address</small>		
<small>City</small>	<small>ST</small>	<small>Zip</small>	<small>City</small>	<small>ST</small>	<small>Zip</small>
Mailing Address (if different from above): <small>Street Address</small>			Mailing Address (if different from above): <small>Street Address</small>		
<small>City</small>	<small>St</small>	<small>Zip</small>	<small>City</small>	<small>ST</small>	<small>Zip</small>
County Of Residence:			County Of Residence:		
Location Of Principal Assests Of business Debtor (if different from street address above):					
HAVE YOU FILED FOR BANKRUPTCY WITHIN THE LAST 8 YEARS? <input type="checkbox"/> YES <input type="checkbox"/> NO?					
Location(s) Where Filed:		Case Number(s):		Date(s) Filed:	
PENDING BANKRUPTCY BY ANY SPOUSE, PARTNER, OR AFFILIATE OF THE DEBTOR					
Name Of Debtor(s):		Case Number(s):		Date(s):	
District(s):		Relationship:		Judge(s):	

**CONTACT INFORMATION:**

Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Email Address: \_\_\_\_\_

Spouse's Work: \_\_\_\_\_ Spouse's Cell: \_\_\_\_\_

Spouse's Email: \_\_\_\_\_

Do you, your spouse, or your children have a PERSONAL INJURY claim of any kind:  Yes  No

IF YES - DESCRIBE: \_\_\_\_\_

Have you or your spouse had a lawyer represent you before?  Yes  NoAre you currently:  Married  Divorced  Separated  WidowedDo you have any interest in real estate, land, or anyone else's bank account?  Yes  No

IF YES - DESCRIBE: \_\_\_\_\_

Estimate the amount of debt for each category:

Credit Card Debt \_\_\_\_\_

Medical \_\_\_\_\_

NSF Checks \_\_\_\_\_

Past Due Utilities \_\_\_\_\_

Time Share \_\_\_\_\_

Taxes \_\_\_\_\_

Unsecured Personal or Bank Loans \_\_\_\_\_

Accident without Insurance \_\_\_\_\_ Tickets \_\_\_\_\_

Mortgage or Home Equity \_\_\_\_\_

Repossessions / Foreclosure \_\_\_\_\_

Vehicle Loans \_\_\_\_\_ Check Loans \_\_\_\_\_

Student Loans \_\_\_\_\_ Lawsuits \_\_\_\_\_

**SCHEDULE A - REAL ESTATE PROPERTY**

Please list all real property you or your spouse may have in legal, equitable, or future interest, including all property owned as a co-tenant, community property, or in which you have a life estate. Include any property in which you hold rights or powers exercisable for your own benefit. If you are married, state whether husband, wife, or both own the property by placing an **H(usband) - W(ife) - J(oint) - or C(ommunity)**. If you hold no interest in real property, write in **NONE** under description and location of property.

Description and Location of Property	Nature of Debtor's interest in Property	Owner H - W - J - C	Market Value of Property	Total Amount of Liens on Property (Balance Owed)
<input type="checkbox"/> "x" here if NONE				
(1) _____			\$ _____	\$ _____
(2) _____			\$ _____	\$ _____
(3) _____			\$ _____	\$ _____
(4) _____			\$ _____	\$ _____
(5) _____			\$ _____	\$ _____

**SCHEDULE D - List Any Creditors Holding Secured Claims (Such as Auto Loans or Mortgages)**

Creditor Name and Address <input type="checkbox"/> "x" here if NONE	Collateral Securing Loan, Description and Value	Payoff Balance Owed
(1) _____	\$ _____	\$ _____
(2) _____	\$ _____	\$ _____
(3) _____	\$ _____	\$ _____
(4) _____	\$ _____	\$ _____
(5) _____	\$ _____	\$ _____
(6) _____	\$ _____	\$ _____

**SCHEDULE G - Unexpired Leases (For a Car, Apartment, Office, or Equipment)**

Name and Address of Other parties to Instrument <input type="checkbox"/> "x" here if NONE	Notes Regarding Contract, Lease or Debtor's Interest
(1) _____	_____
(2) _____	_____
(3) _____	_____
(4) _____	_____
(5) _____	_____

**SCHEDULE H - Codebtors**

Have you co-signed for anyone on any type of debt? Name and Address of Person who you co-signed for. <input type="checkbox"/> "x" here if NONE	Name and Address of Creditor
(1) _____	_____
(2) _____	_____
(3) _____	_____
(4) _____	_____
(5) _____	_____

**SCHEDULE E - Priority Debts (Taxes / Child Support)**

Creditor Name and Address <input type="checkbox"/> "x" here if NONE	Date, Description, and Value	Amount of Debt
(1) _____	\$ _____	\$ _____
(2) _____	\$ _____	\$ _____
(3) _____	\$ _____	\$ _____

# Current Income

**Marital Status:**

Married

Single

Divorces

Separated

Widowed

List all dependents of you and your spouse, their ages, and their relationship to you:

	Name	Age	Relationship
(1)	_____	_____	_____
(2)	_____	_____	_____
(3)	_____	_____	_____
(4)	_____	_____	_____
(5)	_____	_____	_____

(1). Occupation of Debtor: \_\_\_\_\_ Occupation of Spouse: \_\_\_\_\_

(2). Name and Address of Debtor's Employer: \_\_\_\_\_ Name and Address of Spouse's Employer: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Length of Employment: \_\_\_\_\_ Length of Employment: \_\_\_\_\_

## INCOME AND EMPLOYMENT

	DEBTOR		SPOUSE	
	<input type="checkbox"/> Weekly	<input type="checkbox"/> Bi-Weekly	<input type="checkbox"/> Weekly	<input type="checkbox"/> Bi-Weekly
I Get Paid (Check One): >	<input type="checkbox"/> 2x /Month	<input type="checkbox"/> Monthly	<input type="checkbox"/> 2x /Month	<input type="checkbox"/> Monthly
<b>INCOME:</b>	Gross Pay: _____		_____	
	Overtime: _____		_____	
<b>Deductions:</b>	Taxes: _____		_____	
	Insurance: _____		_____	
	Pension: _____		_____	
	Other Deductions: _____		_____	
	_____		_____	
<b>OTHER MONTHLY INCOME:</b>	_____		_____	

	DEBTOR	SPOUSE
Alimony / Child Support:	_____	_____
Social Security:	_____	_____
Unemployment:	_____	_____
Pension:	_____	_____
Property / Rental:	_____	_____
Business Operation Income:	_____	_____
Other Income: _____	_____	_____

Do you expect any changes in your income or expenses over the next year? \_\_\_\_\_ Yes \_\_\_\_\_ No

If so, please explain below:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# Section 6 ~ Current Expenses

Do you and your spouse maintain separate households? \_\_\_\_\_ Yes \_\_\_\_\_ No

If YES, fill one page out for your household and another for your spouse's.

The following questions ask for your expenses each month. If you are unsure of the amount you pay each month, but know the amount for a different period (per week, per day, every 2 months, etc.), write in the amount and the frequency that you pay the amount.

## Indicate how much you pay for each item each month...

### Rent or Home Mortgage

1 Does that amount include real estate taxes? \_\_\_\_\_ Yes \_\_\_\_\_ No \$ \_\_\_\_\_

2 Does it include property insurance? \_\_\_\_\_ Yes \_\_\_\_\_ No

3 Electricity and heating \$ \_\_\_\_\_

4 Water and Sewage \$ \_\_\_\_\_

5 Telephone service / long distance \$ \_\_\_\_\_

6 Do you have any other utility bills? If so, what, and how much per month?

7 \_\_\_\_\_ \$ \_\_\_\_\_

8 \_\_\_\_\_ \$ \_\_\_\_\_

9 \_\_\_\_\_ \$ \_\_\_\_\_

10 Home Maintenance, including repairs and general upkeep \$ \_\_\_\_\_

11 Food \$ \_\_\_\_\_

12 Clothing \$ \_\_\_\_\_

13 Laundry and dry cleaning \$ \_\_\_\_\_

14 Medical and dental expenses \$ \_\_\_\_\_

15 Transportation (not including car payments) \$ \_\_\_\_\_

16 Entertainment, recreation, newspapers, magazines \$ \_\_\_\_\_

17 Charitable contributions \$ \_\_\_\_\_

18 Insurance not deducted from paycheck

19 Homeowner's or renter's insurance \$ \_\_\_\_\_

20 Life insurance \$ \_\_\_\_\_

21 Health Insurance \$ \_\_\_\_\_

22 Auto Insurance \$ \_\_\_\_\_

23 Other Insurance \_\_\_\_\_ \$ \_\_\_\_\_

24 Taxes not deducted from paycheck \$ \_\_\_\_\_

25 Installment payments for car, furniture, etc. (Specify)

26 \_\_\_\_\_ \$ \_\_\_\_\_

27 \_\_\_\_\_ \$ \_\_\_\_\_

28 \_\_\_\_\_ \$ \_\_\_\_\_

29 Alimony, maintenance, support paid to others \$ \_\_\_\_\_

30 Payments for support of dependents not living at home \$ \_\_\_\_\_

31 Expenses from operation of business \$ \_\_\_\_\_

32 Additional Expenses (707(b) Expenses) \$ \_\_\_\_\_

33 Mandatory payroll deductions not already listed

34 \_\_\_\_\_ \$ \_\_\_\_\_

35 \_\_\_\_\_ \$ \_\_\_\_\_

36 \_\_\_\_\_ \$ \_\_\_\_\_

37	Court ordered payments not already listed	
38		\$ _____
39		\$ _____
40		\$ _____
41	Education necessary to maintain employment	
42	Education for a physical or mentally challenged child	
43	Childcare	
44	Disability insurance (if not listed on line 18)	
45	Health Savings Accounts	
46	Care for elderly, chronically ill, or disabled family members	
47	Protection from family violence	
48	Education expense for your children under age 18	
49	Non-mandatory contributions to retirement accounts (including loan repayment)	
50		\$ _____
51		\$ _____
52		\$ _____
53	Other expenses not listed above	
54		\$ _____
55		\$ _____
56		\$ _____
57		\$ _____
58		\$ _____
59		\$ _____