

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
INCOME:	Gross Pay: _____		_____	
	Overtime: _____		_____	
Deductions:	Taxes: _____		_____	
	Insurance: _____		_____	
	Pension: _____		_____	
	Other Deductions: _____		_____	
	_____		_____	
OTHER MONTHLY INCOME:	_____		_____	

	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		\$ _____