BANKRUPTCY QUESTIONNAIRE Date of Consultation_____

YOUR NAME:_____ _____ _____
First Middle Initial Last Name
Maiden Name or Prior Married Names_____

_____ _____ _____ _____
Street Address City Zip Code County

SSN:_____ Home Telephone: _____ Cell Tel _____
E-mail _____

_____
Employer & Address Position/title Length of Service

SPOUSES NAME:_____ _____ _____
First Middle Initial Last Name
Maiden Name or Prior Married Names _____

_____ _____ _____ _____
Street Address City Zip Code County

SSN:_____ Home Telephone: _____ Cell Tel _____

_____
Employer & Address Position/title Length of Service

Briefly describe what debts (medical, credit card etc) you are unable to pay today.

Are you ready to file Bankruptcy soon or waiting and weighing your Options?

CHILDREN AND DEPENDENTS REGARDLESS OF THEIR CURRENT RESIDENCE
Name Age Son/Daughter/Step Child

Yellow Pages _____ _____ _____
Hamilton County Butler County Clermont County
Referral from Prior Client? _____ Who? _____
Advertising Letter _____Goodle Search _____Website_____