

# BANKRUPTCY CONSULTATION SHEET

**PLEASE READ AND COMPLETE FRONT AND BACK PAGE**

Office Use Only

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H, W, Both

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

**How did you hear about us? Please check one:**

Referral: \_\_\_\_\_ Phonebook: \_\_\_\_\_ Prior Consultation: \_\_\_\_\_ Internet: \_\_\_\_\_

Are you **currently**: Single: \_\_\_\_\_ Married: \_\_\_\_\_ Divorced: \_\_\_\_\_ Separated: \_\_\_\_\_ Widowed: \_\_\_\_\_

*The following information is needed to prevent any potential and/or actual conflicts of interest. Providing this information DOES NOT mean you or your current, separated or former spouse is filing Bankruptcy.*

**(PLEASE PRINT)**

**Full Name(s) of you and your CURRENT spouse (including complete: middle or maiden name).**

First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

**If you have been divorced within the past six years, are currently separated, and/or have joint debts with a former or separated spouse, please include his or her name.**

First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Complete address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Mailing address:  
(if different)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

County of residence: \_\_\_\_\_

**TURN PAGE OVER**

Have you or your spouse **EVER** filed for bankruptcy? \_\_\_\_\_ If so, year filed? \_\_\_\_\_

If you are separated or divorced, has your spouse/former spouse filed for bankruptcy? \_\_\_\_\_  
If so, who was/is the attorney? \_\_\_\_\_

Has The McMaster Law Firm, LLC consulted with or represented your former or separated spouse?  
YES \_\_\_\_\_ NO \_\_\_\_\_ NOT SURE \_\_\_\_\_

***PLEASE LIST THE NAME(S) OF ANY BUSINESS, PARTNERSHIP, CORPORATION AND/OR L.L.C. YOU OWN OR HAVE OWNED ANY INTEREST IN WITHIN THE PAST SIX YEARS AND/OR ANY NAME YOU HAVE USED TO COLLECT 1099 INCOME WITHIN THE PAST SIX YEARS:***

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Contact Numbers:

Home: \_\_\_\_\_

Work (Wife): \_\_\_\_\_

Work (Husband): \_\_\_\_\_

Cell phone (Wife): \_\_\_\_\_

Cell phone (Husband): \_\_\_\_\_

May we leave a message at: All \_\_\_\_\_ Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

E-Mail address: \_\_\_\_\_

Have you been served with foreclosure papers? \_\_\_\_\_

If yes, what month and year were you served? \_\_\_\_\_

Has a sale date been set for your property? \_\_\_\_\_

Do you have any pending lawsuits or judgments? \_\_\_\_\_

**TYPES OF DEBTS**

**BALANCES**

Credit Cards (Total Owed on All Cards)	\$ _____
Medical Bills (Total owed)	\$ _____
Mortgage (1 <sup>st</sup> ) (Balance)	\$ _____
Mortgage (2 <sup>nd</sup> ) (Balance)	\$ _____
Car Loan (Balance)	\$ _____
Car Loan (Balance)	\$ _____
Check Cashing Loans (Total owed)	\$ _____
Personal Loans secured with personal items (Total owed)	\$ _____
Personal Loans secured with Car Titles (Total owed)	\$ _____
Unsecured Personal Loans (Signature Only) (Total owed)	\$ _____
Secured Debts (Furniture)	\$ _____
Secured Debts (Jewelry)	\$ _____
Secured Debts (Computer)	\$ _____
Tax Debt (IRS and Dept. of Revenue)	\$ _____
Student Loans (Total owed)	\$ _____
Other Types of Debt (Child Support back payments, private loans, leases, additional car loans, co-signed loans, additional mortgages, or any other debt not included in above-referenced list)	\$ _____
	\$ _____
	\$ _____

***PLEASE NOTE: THIS LIST IS FOR CONSULTATION PURPOSES ONLY. IF YOU DECIDE TO FILE FOR BANKRUPTCY PROTECTION A MORE EXTENSIVE LIST WILL BE REQUIRED. WHEN FILING FOR BANKRUPTCY PROTECTION, ALL DEBTS MUST BE LISTED.***