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### INITIAL INTAKE FORM

Thank you for permitting me to assist you with your financial needs. Please fill out this form in as much detail as possible. All information you provide will be kept in the strictest confidence. When you have finished filling out this form, return to me. I look forward to helping you to get a fresh start toward a better financial future.

Today's Date \_\_\_\_\_ Total Number of People  
Living in Your Household \_\_\_\_\_

Your Name \_\_\_\_\_

Name of Spouse (if applicable) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

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

Please answer the following "yes" and "no" questions. All information will be kept in the strictest confidence.

Do you own a home or other real estate?	<input type="radio"/> YES	<input type="radio"/> NO
Are you behind in your mortgage payments?	<input type="radio"/> YES	<input type="radio"/> NO
If so, how many months are you behind?	_____	Months
Do you own a mobile home?	<input type="radio"/> YES	<input type="radio"/> NO
Do you receive bonuses at your work?	<input type="radio"/> YES	<input type="radio"/> NO
Do you receive commissions or tips at your work?	<input type="radio"/> YES	<input type="radio"/> NO
Do you own any cars, motorcycles, vans, RVs or other vehicles?	<input type="radio"/> YES	<input type="radio"/> NO
If so, how many vehicles do you own outright or make payments on?	_____	Vehicles
Have you filed all of your income tax returns for this year and the past 3 years?	<input type="radio"/> YES	<input type="radio"/> NO
Do you owe the IRS any past due taxes?	<input type="radio"/> YES	<input type="radio"/> NO
Do you owe any unpaid state taxes?	<input type="radio"/> YES	<input type="radio"/> NO
Do you owe any unpaid property taxes?	<input type="radio"/> YES	<input type="radio"/> NO
Do you owe on a student loan?	<input type="radio"/> YES	<input type="radio"/> NO
Have you borrowed money from your IRA or other retirement plan to pay bills?	<input type="radio"/> YES	<input type="radio"/> NO

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Name \_\_\_\_\_

## Initial Intake Form - Page 2 of 4

Have you received any cash advances within the past 3 months?	<input type="radio"/> YES	<input type="radio"/> NO
Do you have any loans with a credit union where you work?	<input type="radio"/> YES	<input type="radio"/> NO
Are you leasing any buildings or equipment?	<input type="radio"/> YES	<input type="radio"/> NO
Does an ex-spouse have a claim against you for any reason?	<input type="radio"/> YES	<input type="radio"/> NO
Do you owe money on the purchase of jewelry, furniture or other household goods?	<input type="radio"/> YES	<input type="radio"/> NO
Have you experienced, or do you expect to experience a foreclosure or repossession?	<input type="radio"/> YES	<input type="radio"/> NO
Are you in the process of suing someone?	<input type="radio"/> YES	<input type="radio"/> NO
Does anyone want to sue you or have they already filed a lawsuit against you?	<input type="radio"/> YES	<input type="radio"/> NO
Does anyone have a claim against you due to a car accident?	<input type="radio"/> YES	<input type="radio"/> NO
Have you used your credit cards to make purchases within the past 90 days?	<input type="radio"/> YES	<input type="radio"/> NO
During the past 2 years, have you owned or had an interest in any business?	<input type="radio"/> YES	<input type="radio"/> NO
Have you ever made money on the internet selling or trading?	<input type="radio"/> YES	<input type="radio"/> NO
Have you transferred any property with a retail value of \$600 or more within the past 4 years? This includes homes, motor vehicles and other assets.	<input type="radio"/> YES	<input type="radio"/> NO
Have you stopped using all your credit cards?	<input type="radio"/> YES	<input type="radio"/> NO
Do you have any credit cards you want to hold on to for an emergency?	<input type="radio"/> YES	<input type="radio"/> NO
Have you ever filed bankruptcy before?	<input type="radio"/> YES	<input type="radio"/> NO
Are you behind in child support?	<input type="radio"/> YES	<input type="radio"/> NO
Do you have any payday loans you still owe money for?	<input type="radio"/> YES	<input type="radio"/> NO
Have you closed any bank accounts and left owing a balance?	<input type="radio"/> YES	<input type="radio"/> NO
Do you have any bounced checks you owe additional fees for?	<input type="radio"/> YES	<input type="radio"/> NO
Do you have any co-signers for your debts other than your spouse (if applicable)?	<input type="radio"/> YES	<input type="radio"/> NO
Have you co-signed a loan for anyone other than your spouse (if applicable)?	<input type="radio"/> YES	<input type="radio"/> NO
Have you ever been convicted of any crime?	<input type="radio"/> YES	<input type="radio"/> NO
Are you currently paying any court fines?	<input type="radio"/> YES	<input type="radio"/> NO
Are your wages currently being (or are soon to be) garnished?	<input type="radio"/> YES	<input type="radio"/> NO
Do you have any judgments against you from any lawsuits that you lost?	<input type="radio"/> YES	<input type="radio"/> NO
Do you have any lawsuits against you where the case is still pending?	<input type="radio"/> YES	<input type="radio"/> NO
Do you have CDs, stocks, bonds or other types of financial accounts?	<input type="radio"/> YES	<input type="radio"/> NO
Are you self-employed?	<input type="radio"/> YES	<input type="radio"/> NO
If so, how long have you been self-employed?	_____	Months
Are you currently drawing unemployment, retirement and/ or social security disability?	<input type="radio"/> YES	<input type="radio"/> NO

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Name \_\_\_\_\_

## Initial Intake Form - Page 3 of 4

Are you only making the minimum payments on your credit cards?	<input type="radio"/> YES	<input type="radio"/> NO
Do you charge essential living expenses like groceries, gas and utilities?	<input type="radio"/> YES	<input type="radio"/> NO
Are you taking out cash advances on your credit cards to provide you with cash to pay essential living expenses?	<input type="radio"/> YES	<input type="radio"/> NO
At the end of the month, do you have to charge essential living expenses?	<input type="radio"/> YES	<input type="radio"/> NO
Are you receiving collection letters and/or telephone calls about your delinquent bills?	<input type="radio"/> YES	<input type="radio"/> NO
Are creditors threatening to sue you?	<input type="radio"/> YES	<input type="radio"/> NO
Do you avoid answering the telephone because you fear it will be bill collectors?	<input type="radio"/> YES	<input type="radio"/> NO
Do you skip paying some bills in order to have money to cover essential living expenses?	<input type="radio"/> YES	<input type="radio"/> NO
Are you continuing to get new credit cards to cover essential living expenses?	<input type="radio"/> YES	<input type="radio"/> NO
Are you borrowing money from friends/family to cover your debts?	<input type="radio"/> YES	<input type="radio"/> NO

### YOUR INCOME

How much money do you bring home every paycheck (after taxes)? \$

How often do you get paid?      ☐ WEEKLY      ☐ TWICE A MONTH      ☐ MONTHLY      ☐ EVERY 2 WEEKS

How much money does YOUR SPOUSE bring home every paycheck (after taxes)? \$

How often does YOUR SPOUSE get paid?      ☐ WEEKLY      ☐ TWICE A MONTH      ☐ MONTHLY      ☐ EVERY 2 WEEKS

How much social security do you receive per month? \$

How much child support do you receive per month? \$

How much retirement income do you receive per month? \$

How much additional money do you earn per month? \$

### MONTHLY LIVING EXPENSES

Please provide an AVERAGE amount that your household pays PER MONTH for the following expenses.

Mortgage or rent	\$	Garbage Pick-Up	\$
Electricity	\$	Lawn Maintenance	\$
Water and sewer	\$	Pool Maintenance	\$
Home Phone	\$	Other Expenses	\$
Cell Phone	\$	Recreation	\$
Food	\$	Motor Vehicle Payment #1	\$
Clothing	\$	Motor Vehicle Payment #2	\$

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Name \_\_\_\_\_

**MONTHLY LIVING EXPENSES (CONTINUED)**

Please provide an AVERAGE amount that your household pays PER MONTH for the following expenses.

Laundry	\$	Motor Vehicle Payment #3	\$
Gasoline for Motor Vehicles	\$	Student Loan	\$
Home Insurance	\$	Furniture Payment	\$
Life Insurance	\$	Jewelry Payments	\$
Auto Insurance	\$	Boat and RV	\$
Income Taxes (not deducted from paycheck)	\$	Child Care	\$
Real Estate Taxes (not included in mortgage payment)	\$	Infant Expenses	\$
Past Due Taxes	\$	Payments to family member	\$
How much money do you spend paying credit cards every month?			\$
What specific debts are you having the most difficult time with?			
Do you expect to lose your job any time soon?			<input type="radio"/> YES <input type="radio"/> NO
Do you expect your income or expenses to change materially in the near future?			<input type="radio"/> YES <input type="radio"/> NO
Are you paying expenses for someone other than your legal dependent(s)?			<input type="radio"/> YES <input type="radio"/> NO
What are your financial and personal goals in by hiring me?			

By signing below, I/we affirm that all the information we have entered on this four (4) page inclusive INITIAL INTAKE FORM is true and correct to the best of my/our knowledge. I/We understand that providing inaccurate information can detrimentally affect my/our case, cause a negative outcome or result in civil or even criminal charges being brought against me/us. I/We also understand the information provided above will be kept confidential and will not be shared with any other party, other than my attorneys and their agents, and employees who may rely upon such information in the evaluation of my case.

Spouse #1 Signature \_\_\_\_\_ Date \_\_\_\_\_

Spouse #2 Signature \_\_\_\_\_ Date \_\_\_\_\_

**End of Questionnaire****For Law Office Use Only**

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

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

Name of Reviewer: \_\_\_\_\_

Schedule appointment?                      ☐ YES                      ☐ NO