

**McKinney Law Office**  
**NEW CLIENT INFORMATION SHEET**

DATE \_\_\_\_\_

Client: \_\_\_\_\_

SSN: \_\_\_\_\_

Spouse: \_\_\_\_\_

SSN: \_\_\_\_\_

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

(Number, Street and Apt. #)

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

(City)

(State)

(Zip)

Telephone: \_\_\_\_\_

(Work)

(Cell)

(Home)

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

**Emergency Contact:**

Name

Relationship

Phone

**I/We understand that this initial consultation does not create an ongoing attorney-client relationship between myself/us and McKinney Law Office. If I/we wish to create such a relationship all parties must sign a Representation Agreement that explains the terms and scope of the representation.**

\_\_\_\_ I **consent** to be contacted by McKinney Law office by mail or telephone.

\_\_\_\_ I **do not consent** to be contacted by McKinney Law Office by mail or telephone

Signature(s) \_\_\_\_\_

I learned about McKinney Law Office through:

Dex yellow pages    Dexknows.com    BankruptcyAction.com    Craigslist.org

jmckinneylaw.com    Yellowpages.com    Google    Referral \_\_\_\_\_

# McKinney Law Office

## Initial Consultation Questionnaire

Thank you for visiting McKinney Law Office. We understand that this is a stressful time for you. During your time with our office, we will strive to provide you with the most professional, comfortable, and personal service. To begin, please fill out this questionnaire so that one of our attorneys can start analyzing your case.

### Background Information

- Marital Status:  Single  Married  Separated  Divorced  Widowed
- Have you lived in any other state other than Minnesota in the past 3 years?  Yes  No
- How many people live in your household? \_\_\_\_\_
- How many dependants to you have? \_\_\_\_\_
- Have you filed a bankruptcy in the past?  Yes  No
  - Approximate Filing Date of prior bankruptcy: \_\_\_\_\_

### Income Information

*Please check all sources of income for your household:*

- Small business
- Rental income
- Full time employment
- Part time employment
- Seasonal employment
- Disability/Social Security
- Unemployment
- Pension/Retirement
- Veterans' Benefits
- Alimony/Child support
- Public assistance
- Occasional monetary gifts from family/friends
- Regular contributions from family/friends/children
- 401K withdraws
- Stock cash outs/dividends
- Annuities
- Trust Income
- Spouse full time employment
- Spouse part time employment
- Spouse seasonal employment
- Spouse disability
- Spouse unemployment
- Spouse pension/retirement
- Spouse veterans' benefits

## Small Business Information (if applicable)

- Do you or have you previously operated a **small business**?  Yes  No
  - What type of business? \_\_\_\_\_
    - Is it still operating?  Yes  No
    - Is your business a:  LLC  Sole Proprietorship  Corporation
    - Does anyone else have an interest in your business?  Yes  No
    - Do you have employees?  Yes  No
    - Do you own a franchise?  Yes  No
    - How do you track the income and expenses of your business?
      - Computer Program  Manually

## Asset Information

- Do you have one or more **life insurance** policies?  Yes  No
  - Do they have a cash value?  Yes  No
  - Have you recently pulled cash from any of the policies?  Yes  No
- Do you have one or more **retirement accounts** or plans?  Yes  No
  - What kind? \_\_\_\_\_
  - Approximately how much money do you have saved in it/them? \_\_\_\_\_
  - Have you recently pulled cash from any of the accounts?  Yes  No
- How many **bank accounts** do you have? \_\_\_\_\_
  - Do you owe your bank any money?  Yes  No
  - Do you have a credit card, car loan, personal loan, line of credit, mortgage with the bank you do business with?  Yes  No
- Do you **own a home**?  Yes  No
  - How much could you sell it for today **given the current market**? \$ \_\_\_\_\_
    - What do you base this valuation on? \_\_\_\_\_
  - What is the balance owed on your:
    - 1st mortgage? \_\_\_\_\_
    - 2nd mortgage/Home Equity Loan \_\_\_\_\_
    - Additional loans against your home \_\_\_\_\_
  - Are you **current** with your payments?  Yes  No
    - If you are behind, how many months are you behind? \_\_\_\_\_
      - Have you received a **foreclosure notice**?  Yes  No

- Do you want to save your home?  Yes  No
- Has there been a **sheriff/foreclosure sale**?  Yes  No  
Date of sale: \_\_\_\_\_

○ Are your interest rates **fixed or variable**? \_\_\_\_\_

- Do you belong to a Home Owners Association?  Yes  No
  - If yes, are you current on your Home Owners Association Dues?  Yes  No
- Do you own a second or third home?  Yes  No
- Do you own a **time share or vacation home**?  Yes  No
- Do you own any **other land or commercial property**?  Yes  No
- In the past 6 years, have you **sold or GIVEN away any money or property**?  Yes  No
- Do you have any **pending lawsuits** that you are involved in?  Yes  No
- Do you have any **potential lawsuits** you could bring against someone else?  Yes  No
- If you are currently married are you contemplating a separation or divorce?  Yes  No

Do you have any of the following items **titled** in your name? (please list even if item is not in use)

Vehicles	Name(s) on Title	Value of Property	Amount still owed if financed
Type of Vehicle _____			
Type of Vehicle _____			
Type of Vehicle _____			
Type of Boat _____			
Type of Trailer _____			
Snowmobile/ATV/Other _____			
Motor home _____			
Motorcycle _____			

What does your debt arise from?

- Please **check all that apply and list approximate amounts of money owed**

- Credit Cards/Lines of Credit \$ \_\_\_\_\_
- Judgments issued against you \$ \_\_\_\_\_
- Foreclosed Property \$ \_\_\_\_\_
- Repossessed Vehicle \$ \_\_\_\_\_
- Debts related to business \$ \_\_\_\_\_
- Co-signed loans \$ \_\_\_\_\_
- Utility Bills (Past due) \$ \_\_\_\_\_
- Homeowners Association Fees (Past due) \$ \_\_\_\_\_
- Property taxes/City Assessments \$ \_\_\_\_\_
- Medical Bills \$ \_\_\_\_\_
- Federal/State Taxes \$ \_\_\_\_\_
- Loans from Friends/Family \$ \_\_\_\_\_
- Bounced Checks \$ \_\_\_\_\_
- Student loans (for your self or your children) \_\_\_\_\_
- Money loaned to you from YOUR bank \$ \_\_\_\_\_
- Credit purchases of luxury goods or services in the last 6 months \$ \_\_\_\_\_
- Loan or cash advances in the last 6 months \$ \_\_\_\_\_
- Fine or penalty imposed by court \$ \_\_\_\_\_
- Causing willful injury to another person or another person's property \$ \_\_\_\_\_
- Fraud, embezzlement, misrepresentation, misappropriation \$ \_\_\_\_\_
- Debt for personal injury or death caused by driving while intoxicated \$ \_\_\_\_\_
- Alimony (Past due) \$ \_\_\_\_\_
- Child Support to (Past due) \$ \_\_\_\_\_

Just a few more questions...

- Are you **currently** making credit card payments?  Yes  No
  - If not, how many months behind are you? \_\_\_\_\_
  
- **Within the last year** have you...
  - Incurred any **gambling losses**?  Yes  No
    - If yes, how much: \_\_\_\_\_
  
  - Taken any **cash advances or payday loans**?  Yes  No
    - If yes, please provide details: \_\_\_\_\_
  
  - Used any **checks sent to you** by a credit card company?  Yes  No
    - If yes, please provide details: \_\_\_\_\_
  
  - Paid back any loans to **family members or friends**?  Yes  No
    - If yes, please provide details: \_\_\_\_\_
  
  - Given away anything worth more than \$200 to family or friend(s)?  Yes  No
    - If yes, please provide details: \_\_\_\_\_
  
- Has anyone **garnished money** from your paycheck or bank account?  Yes  No
  - Which creditor garnished you? \_\_\_\_\_
  
  - How much money was garnished? \_\_\_\_\_
  
  - When was it taken? \_\_\_\_\_
    - Was the money taken from your:  Paycheck  Bank Account
  
- Is this the first bankruptcy office you've visited?  Yes  No
  
- Is there a specific area related to bankruptcy that most concerns you that you hope to learn more about by the end of today's meeting? If so, please explain below.

---

---

---

## Please Do Not Complete This Page

\*\*\*\*\*

## FOR ATTORNEY USE and NOTES

\*\*\*\*\*

	Debtor 1	Debtor 2	Total
Monthly Gross			
Monthly Net			

Household Size	1	2	3	4	5	6
Median Annual	45,832	59,778	72,808	84,394	91,294	98,194
Median Monthly	3,819.33	4,981.50	6,067.33	7,032.83	7,607.83	8,182.83

Basic Expenses

Rent/Mortg \_\_\_\_\_  
 Insurance(s) \_\_\_\_\_  
 Food \_\_\_\_\_  
 Clothing \_\_\_\_\_  
 Medical \_\_\_\_\_  
 Misc. \_\_\_\_\_  
 Support Obligations \_\_\_\_\_

Utilities \_\_\_\_\_  
 Car Payments \_\_\_\_\_  
 Gas \_\_\_\_\_  
 Grooming \_\_\_\_\_  
 Misc. \_\_\_\_\_  
 Misc. \_\_\_\_\_

Other Notes: