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**INFORMATION SHEET**  
(Please print)

TODAY'S DATE \_\_\_\_\_

Please fill out this confidential questionnaire **completely**. Thank you.

**Marital Status:**

Married  Single  Separated  Divorced  Widowed

Your Name	
Social Security #	
Date of Birth	
Home Phone	
Cell Phone	
Work Phone	
Email Address	
Home Address	
City / State / Zip	
County You Live In	
Mailing Address if Different from Home	

**Complete Spouse Information, even if you intend to file individually**

Spouse's Name	
Social Security #	
Date of Birth	
Home Phone, if different	
Cell Phone	
Work Phone	
Email Address	
Home Address, if different	
City / State / Zip	
County You Live In	
Mailing Address if Different from Home	

With regard to communications between Bond & Botes, P.C. and me/us, I/we give full permission for them to contact us by text messages and phone calls to all of our cell **and** home telephone phone numbers.

Yes  No You must check yes or no and here and initial here: \_\_\_\_\_

From time to time our office sends newsletter updates concerning important legal matters to interested consumers.

Please indicate if you would like to receive these updates.  Yes  No

How did you find out about our firm? (Please check all that apply)

Phone Book  Letter/Brochure  Friend/Family  TV  WDJC  Internet  I am a Previous Client

I was referred by \_\_\_\_\_ Other \_\_\_\_\_ (Please Specify)

Do you know any individual(s) that our firm is representing or has represented?  No  Yes

If yes, who? \_\_\_\_\_

# PERSONAL INFORMATION

Name of your employer \_\_\_\_\_ How long \_\_\_\_\_ Unemployed \_\_\_\_\_

Your occupation \_\_\_\_\_ Work Phone No. (\_\_\_\_) \_\_\_\_\_ ext. \_\_\_\_\_

Name of spouse's employer \_\_\_\_\_ How long \_\_\_\_\_ Unemployed \_\_\_\_\_

Spouse's occupation \_\_\_\_\_ Work Phone No. (\_\_\_\_) \_\_\_\_\_ ext. \_\_\_\_\_

If you are currently unemployed, do you receive unemployment benefits?  No  Yes Amount per week \$ \_\_\_\_\_

Do you or your spouse pay child support or domestic support to anyone?  No  Yes

If yes, are you current?  Yes  No If no, amount you are behind \$ \_\_\_\_\_

List the name and age of <b>ALL</b> people living in your home, including yourself, your spouse and your children:			
NAME	AGE	NAME	AGE

Do you: <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Live with Family/Friend	Are you behind in house or rent payments? <input type="checkbox"/> Yes <input type="checkbox"/> No	How many? _____
Have you filed your tax returns for the last 5 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If no, what years have not been filed?
Do you owe IRS or State or County taxes?	<input type="checkbox"/> Yes <input type="checkbox"/> No	How much? IRS \$ _____ How much? State \$ _____
Does the IRS or State currently owe you a refund?	<input type="checkbox"/> Yes <input type="checkbox"/> No	How much? IRS \$ _____ How much? State \$ _____
Do you owe student loans?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, how many student loans? _____ How much \$ _____
Have you previously filed a Chapter 7 or 13 bankruptcy?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, when _____ Where? _____
Have you had any credit card cash advances in the last 6 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have any NSF/Bounced checks outstanding? <i>(If yes, these <u>must</u> be handled by you on your own.)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, have NSF/Bounced checks been turned over to the District Attorney or a collection agency?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you been threatened with criminal prosecution for any debt?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have any pending lawsuits against you?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have any outstanding judgments against you?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are your wages now being garnished or about to be garnished?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have any judicial liens against you? If yes, who?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you suing anyone? <i>(car accident/other injury/social security disability claim/workers compensation/class action lawsuit, etc.)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you cosigned a loan for anybody?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have any rent-to-own contacts, pawns, payday loans or cash/check advance loans?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have any 401(k), IRA, thrift-savings or retirement plan loans?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, when will loan be paid in full? _____ (month) _____ (year)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you sold or transferred any property within the last 2 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have a checking or savings account with Regions Bank or Wells Fargo Bank	<input type="checkbox"/> Yes <input type="checkbox"/> No	

## PENDING LAWSUITS OR POTENTIAL SOURCES OF ADDITIONAL INCOME

Do you and/or your spouse have any lawsuits pending against another person, or any reason to sue or pursue any type of action against any person or entity (i.e. auto accident or other injury, worker's comp)?  Yes  No

Please explain in detail below who you have a claim and/or a lawsuit against, the full name address and phone number of your attorney, (if you are being represented by an attorney.) \_\_\_\_\_

Do you have an inheritance due or payable to you now or within one year?  Yes  No

Do you have any trusts, annuity benefits or life insurance benefits due to you within one year?  Yes  No  
Please explain in detail. \_\_\_\_\_

## EXISTING CAUSES OF ACTION

In conjunction with advising you concerning your financial matters, we must determine whether you have any potential causes of action against third parties which may entitle you to compensation. If you were to file bankruptcy without disclosing a cause of action, your right to sue for damages may be lost. Accordingly, please answer the following questions:

Have you and or any family member ever taken the medication known as: "Actos" "Fosomax" "Depakote" "Yaz/Yasmin" "Xarelto"	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you, or any family member, ever contracted Meningitis resulting from a medical procedure?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you, or a family member ever received dialysis treatment using "Granuflo" or at a center operated by Fresenius Medical Care North America?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you, or a family member, have a commercial credit account for the purchase of diesel fuel at Flying J Truck Stop?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you, or a family member, been diagnosed with ovarian or another type of cancer after using talcum powder?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you, or a family member, experienced pain and discomfort after medical procedures involving Transvaginal mesh?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you, or a family member, experienced complications from surgery performed with a robotic arm?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you, or a family member, been diagnosed Mesothelioma/Serious Lung Cancer/Asbestosis	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you, or a family member, received an InFUSE Bone Graft?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you, or a family member, received a hip or joint replacement?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you or a family member been involved in any type of vehicle accident in the last 2 years? (car, 18-wheeler, ATV, train, boat or other motor vehicle)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you or a family member been injured due to the malfunction of any product?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you received any letters or correspondence from the IRS or any other taxing authority in the last year?	<input type="checkbox"/> Yes <input type="checkbox"/> No

*Attorney's Use Only:*

Notes:

\_\_\_\_\_  
\_\_\_\_\_  
*Attorney RDR JSS BWB discussed with client on \_\_\_\_\_.*

**SECURED DEBTS:**

**HOME LOANS:** Do you own any real estate, (home, land, condominium, townhouse, etc....)  No  Yes

1<sup>st</sup> Property- Address: \_\_\_\_\_

	Mortgage Payment	Payoff Amount	Approximate Property Value	Purchase Price	Year Purchased	Number of payments behind
1 <sup>st</sup> Mortgage	\$	\$	\$	\$		
2 <sup>nd</sup> Mortgage	\$	\$	\$	\$		

2<sup>nd</sup> Property- Address: \_\_\_\_\_

	Mortgage Payment	Payoff Amount	Approximate Property Value	Purchase Price	Year Purchased	Number of payments behind
1 <sup>st</sup> Mortgage	\$	\$	\$	\$		
2 <sup>nd</sup> Mortgage	\$	\$	\$	\$		

3<sup>rd</sup> Property- Address: \_\_\_\_\_

	Mortgage Payment	Payoff Amount	Approximate Property Value	Purchase Price	Year Purchased	Number of payments behind
1 <sup>st</sup> Mortgage	\$	\$	\$	\$		
2 <sup>nd</sup> Mortgage	\$	\$	\$	\$		

Do you own, or are you buying a Mobile Home?  No  Yes

If yes, Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ Payment \$ \_\_\_\_\_ Balance Owed \$ \_\_\_\_\_

Do you own or rent the land?  Own  Rent  Family Land Land Payment \$ \_\_\_\_\_ Balance Owed \$ \_\_\_\_\_

Do you own or have any ownership interest in any other real estate?  No  Yes If yes, value \$ \_\_\_\_\_

Have you received a letter from an attorney advising of a foreclosure sale date?  No  Yes If yes, give date: \_\_\_\_\_

Are you current on utilities (phone, water, sewer, power or cable)?  No  Yes

Do you pay Homeowner Association Dues (HOA fees) or Condominium Fees?  No  Yes Are you current?  No  Yes

Do you have an interest in a timeshare?  No  Yes

Do you own a whole life insurance policy?  No  Yes

**VEHICLES:**  None List any vehicles that you currently have cosigned for someone else, you are buying, or that are paid for.

	Year	Make	Model	Date Purchased		Payment Amount	Balance Owed	# of Pmts Behind
1 <sup>st</sup>					<input type="checkbox"/> Paid for <input type="checkbox"/> Buying <input type="checkbox"/> Leasing			
2 <sup>nd</sup>					<input type="checkbox"/> Paid for <input type="checkbox"/> Buying <input type="checkbox"/> Leasing			
3 <sup>rd</sup>					<input type="checkbox"/> Paid for <input type="checkbox"/> Buying <input type="checkbox"/> Leasing			
4 <sup>th</sup>					<input type="checkbox"/> Paid for <input type="checkbox"/> Buying <input type="checkbox"/> Leasing			

If your car is paid for, do you have the title?  No  Yes Has the title to any of your vehicles been pawned?  No  Yes

**APPROXIMATE INCOME**

**Income:** Your total GROSS (before taxes) MONTHLY income from employment \$ \_\_\_\_\_  
Spouse's GROSS (before taxes) MONTHLY from employment \$ \_\_\_\_\_  
Monthly income from child support/alimony \$ \_\_\_\_\_  
Monthly income from Social Security \$ \_\_\_\_\_  
Monthly GROSS income from Retirement \$ \_\_\_\_\_  
Monthly government assistance and or food stamps \$ \_\_\_\_\_  
Monthly Unemployment \$ \_\_\_\_\_  
Any other source of income (*please specify*) \_\_\_\_\_ \$ \_\_\_\_\_

**TOTAL MONTHLY INCOME** \$ \_\_\_\_\_

**Paydays:**

I get paid  Weekly  Bi-weekly  Semi-monthly  Monthly

TAKE HOME pay per pay period is \$ \_\_\_\_\_

My last pay date was: \_\_\_\_\_

My next pay date is: \_\_\_\_\_

My spouse gets paid  Weekly  Bi-weekly  Semi-monthly  Monthly

TAKE HOME pay per pay period is \$ \_\_\_\_\_

My spouse's last pay date was: \_\_\_\_\_

My spouse's next pay date is: \_\_\_\_\_

**HOUSEHOLD TOTAL YEARLY GROSS INCOME:** What is the total gross annual income for all family members living in the home for the year? \$ \_\_\_\_\_ (*family total per year*)

**EXPENSES:** List estimated average current **monthly** expenses for you and your spouse for each expense below.

Rent, Mortgage or Mobile Home Payment	\$
Does this include real estate taxes? <input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Does this include property insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Lot Rent for your Mobile Home	\$
Electricity and Gas	\$
Water and Sewer	\$
Telephone and Cell Phone	\$
Garbage	\$
Cable	\$
Security	\$
Other Utilities: Specify	\$
Home Maintenance	\$
Food	\$
Clothing	\$
Laundry and Dry Cleaning	\$
Medical, dental, and medicines (out of pocket expenses including co-pays)	\$
Transportation (Gas, oil, maintenance, taxi and bus fare, etc... Do not include car pmts)	\$
Recreation, entertainment, etc...	\$
Charitable contributions (Not deducted from your paycheck)	\$
Homeowner's/Renter's insurance (Not deducted from your paycheck)	\$
Life insurance (Not deducted from your paycheck)	\$
Health insurance (Not deducted from your paycheck)	\$
Auto insurance (Not deducted from your paycheck)	\$
Disability insurance (Not deducted from your paycheck)	\$
Other insurance (Not deducted from your paycheck) Specify:	\$
Taxes NOT deducted from wages or included in home loan payment. Specify:	\$
Auto ( <i>Total all car payments</i> )	\$
Expenses for operation of a business, profession or farm	\$
Alimony, child support and maintenance paid to others	\$
Care for elderly, chronically ill or disabled family members	\$
Child care	\$
Other Living Expenses Specify:	\$

**IT IS VERY IMPORTANT TO LIST ALL OF YOUR CREDITORS**

(Medical bills, mortgages, auto loans, auto/lease deficiencies, signature loans, payday loans, cash advance loans, gambling losses, Title pawns, credit cards, student loans, timeshares, gym memberships, rent-to-own agreements, utility deficiencies, taxes, etc.)

	CREDITOR NAME	TOTAL BALANCE OWED If unknown, please estimate	CHECK if there is a co-signer	YEAR account was opened	CHECK if you have had a cash advance in the last 6 months
1.					
2.					
3.					
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29.					
30.					

*(If you need more space, please feel free to reprint this page or see receptionist for additional sheets.)*

**Have you listed all of your creditors?**  Yes  No (Mortgages, cars, title pawns, credit cards, furniture loans, medical bills, etc.)