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**ALL INFORMATION MUST BE FILLED OUT
IF NOT APPLICABLE, PLEASE NOTE "N/A"
DO NOT LEAVE ANY INFORMATION BLANK**

First Name Full Middle Name Last Name Suffix

Spouse First Name Full Middle Name Last Name Maiden Name

Physical Address: _____ Apt. # _____

City _____ State ____ Zip _____ COUNTY _____

Mailing Address (if different): _____

City _____ State ____ Zip _____ Email (Client 1) _____

Email (Client 2) _____

Home Phone: _____ Work Phone (Client 1): _____ Cell (Client 1): _____

Work Phone (Client 2): _____ Cell (Client 2): _____

Alternate/Emergency Contact Phone (Optional): _____

Have you lived in Virginia for the past two years continuously? Yes No ***

***If no where did you live? _____ What dates? _____

Length of time at present address: _____ Spouse length (if different) _____

Client 1 Age: _____ Social Security Number _____

Client 1 Date of Birth: _____

Client 2 Age: _____ Social Security Number _____

Client 2 Date of Birth: _____

MARITAL STATUS: Married Single Widowed
 Separated (When? _____) Divorced (When? _____)

Other Names Used Past 8 Years (if any): _____

Have you or your spouse ever filed Bankruptcy? Yes No (if Yes, fill in the boxes below)

Name of Filer(s)	Year Filed	Type	County/City you lived in at the time
		<input type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 13 <input type="checkbox"/> Client 1 Only <input type="checkbox"/> Client 2 Only <input type="checkbox"/> Joint Filing (both) <input type="checkbox"/> Ex-Husband? <input type="checkbox"/> Ex-Wife?	

- **Have you completed Credit Counseling in the past 6 months?** Yes No
 - IF YES, NAME OF CREDIT COUNSELING AGENCY _____
 - ADDRESS OF AGENCY _____
 - DATE OF SERVICES _____
 - Did they prepare a REPAYMENT PLAN for you? Yes No

ASSET INFORMATION

- **DO YOU OWN (BUYING) YOUR HOME?** Yes No (if YES, complete the table below)

Address	What is your "best guess" as to the VALUE of your Home?	City/County Tax Assessment (if known)	OWNER As listed on the DEED	Your Lenders Name	Balance of Mortgage	What Are Your Intentions?
			<input type="checkbox"/> CLIENT 1 <input type="checkbox"/> CLIENT 2 <input type="checkbox"/> JOINT <input type="checkbox"/> Other: _____			SURRENDER? <input type="checkbox"/> YES <input type="checkbox"/> NO

- Are you current on your mortgage? Yes No
 - If NO how much are you behind? _____
 - How many months are you behind? _____

DO YOU OWN (BUYING) ANY OTHER LAND OR REAL ESTATE? Yes No

Address	What is your "best guess" as to the VALUE of your Home?	City/County Tax Assessment (if known)	OWNER As listed on the DEED	Your Lenders Name	Balance of Mortgage	What Are Your Intentions?
			<input type="checkbox"/> CLIENT 1 <input type="checkbox"/> CLIENT 2 <input type="checkbox"/> JOINT <input type="checkbox"/> Other: _____			SURRENDER? <input type="checkbox"/> YES <input type="checkbox"/> NO

- Are you current on the loan payments for this property? Yes No
 - If NO how much are you behind? _____
 - How many months are you behind? _____

LIST YOUR VEHICLES and TRAILERS (ALL of them—even if paid for or if “junk”)

(Please list any additional vehicles that would not fit below on the last page of the packet)

<u>YEAR MAKE / MODEL</u> of All Cars	<u>OWNER</u> As Listed on Title	<u>APPROX.</u> <u>MILEAGE</u>	<u>APPROX.</u> <u>VALUE</u> Your best guess	<u>LOAN PAYOFF</u> <i>if any</i>
Year: Make/Model: Date Purchased:	<input type="checkbox"/> CLIENT 1 <input type="checkbox"/> CLIENT 2 <input type="checkbox"/> JOINT <input type="checkbox"/> OTHER			Lender's Name: _____ Balance Due: \$ _____ <input type="checkbox"/> SURRENDER <input type="checkbox"/> KEEP

<u>YEAR MAKE / MODEL</u> of All Cars	<u>OWNER</u> As Listed on Title	<u>APPROX.</u> <u>MILEAGE</u>	<u>APPROX.</u> <u>VALUE</u> Your best guess	<u>LOAN PAYOFF</u> <i>if any</i>
Year: Make/Model: Date Purchased:	<input type="checkbox"/> CLIENT 1 <input type="checkbox"/> CLIENT 2 <input type="checkbox"/> JOINT <input type="checkbox"/> OTHER			Lender's Name: _____ Balance Due: \$ _____ <input type="checkbox"/> SURRENDER <input type="checkbox"/> KEEP
Year: Make/Model: Date Purchased:	<input type="checkbox"/> CLIENT 1 <input type="checkbox"/> CLIENT 2 <input type="checkbox"/> JOINT <input type="checkbox"/> OTHER			Lender's Name: _____ Balance Due: \$ _____ <input type="checkbox"/> SURRENDER <input type="checkbox"/> KEEP

<u>YEAR MAKE / MODEL</u> of All Cars	<u>OWNER</u> As Listed on Title	<u>APPROX.</u> <u>MILEAGE</u>	<u>APPROX.</u> <u>VALUE</u> Your best guess	<u>LOAN PAYOFF</u> <i>if any</i>
Year: Make/Model: Date Purchased:	<input type="checkbox"/> CLIENT 1 <input type="checkbox"/> CLIENT 2 <input type="checkbox"/> JOINT <input type="checkbox"/> OTHER			Lender's Name: _____ Balance Due: \$ _____ <input type="checkbox"/> SURRENDER <input type="checkbox"/> KEEP

DO YOU HAVE ANY BANK ACCOUNTS? Yes No

IF SO, PLEASE IDENTIFY THE ACCOUNT AND STATE YOUR CURRENT BALANCE:

(Please list any additional accounts that would not fit below on the last page of the packet)

	BANK NAME	BALANCE	OWNER
<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Other: _____			<input type="checkbox"/> CLIENT 1 <input type="checkbox"/> CLIENT 2 <input type="checkbox"/> JOINT <input type="checkbox"/> Other: _____
<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Other: _____			<input type="checkbox"/> CLIENT 1 <input type="checkbox"/> CLIENT 2 <input type="checkbox"/> JOINT <input type="checkbox"/> Other: _____

- **Do you have online access to your bank account information?** Yes No
 If no, you will need to set up online banking prior to filing.

- **Primary Checking Account Number:** _____

- **Primary Checking Routing Number:** _____

PERSONAL PROPERTY

- Please use the “blank” lines to list all other personal property that you own
- Only list property belonging to the person(s) that are filing for bankruptcy.

Quantity (#)	Description	Yard Sale Value (\$\$\$\$\$)	HUSBAND'S, WIFE'S, OR JOINT
	Sofas / Couches		
	Love Seats		
	Dining Tables		
	Dining Chairs		
	Kitchen Tables		
	Kitchen Chairs		
	Stoves		
	Refrigerators		
	Dishwashers		
	Microwaves		
	Other Kitchen Major Appliances Please list:		
	Washers		
	Dryers		
	Recliner Chairs		
	Rocking Chairs		

Quantity (#)	Description	Yard Sale Value (\$\$\$\$\$)	HUSBAND'S, WIFE'S, OR JOINT
	Other Chairs Please list:		
	Entertainment Centers		
	Desks		
	Coffee Tables		
	Other Tables Please list:		
	Nightstands		
	Dressers		
	Beds		
	Other Bedroom Furniture Please list:		
	TVs		
	VCRs		
	DVD Players		
	Stereos		
	Computers		
	Lamps		
	China Sets		
	Silverware Sets		
	Antiques? Please list:		
	Collectibles? Please list:		
	Golf Clubs		
	Weight Lifting Set		
	Treadmill		
	Other Exercise Equip of Value Please List:		
	Riding Mowers		
	Push Mowers		
	Weed Eaters		
	Wedding Rings		
	Other Rings		
	Watches		
	Earrings		
	Necklaces		
	Bracelets		
	Other Jewelry		

Quantity (#)	Description	Yard Sale Value (\$\$\$\$\$)	HUSBAND'S, WIFE'S, OR JOINT
	Please List:		
	Fur Coats		
	Other Special Clothing Please List:		
	Pets		
	Show Quality Animals of Value		
	Other Animals or Livestock		
	Tractors		
	Hand Tools		
	Power Tools		
	Lawn Furniture		
	Guns / Firearms: Make & Model _____		
	Safety Deposit Boxes		

- DO YOU HAVE A LIFE INSURANCE POLICY?** Yes No

Is it through your employer? Yes No

Or paid directly, out of pocket? Yes No
- DO YOU HAVE AN IRA OR §529 EDUCATION SAVINGS PLAN?** Yes No

 - IF YES - TYPE OF ACCOUNT: _____
 - BALANCE OF ACCOUNT: \$ _____
- DO YOU HAVE ANY RETIREMENT ACCOUNTS [401(k), IRA, VRS, 403(b)]?** Yes No
- DO YOU HAVE ANY 401(k) LOANS:** Yes No

 - IF YES - BALANCE OF LOAN: \$ _____
 - WHEN WILL THE LOAN BE PAID OFF? _____
 - BALANCE (VALUE) OF ACCOUNT? _____
- DO YOU HAVE ANY INVESTMENT ACCOUNTS OF ANY KIND (STOCKS, BONDS, OR ANNUITIES) OTHER THAN YOUR RETIREMENT ACCOUNT (if any)?** Yes No

 - IF YES - NAME OF ACCOUNT: _____
 - BALANCE OF ACCOUNT: \$ _____
- DO YOU OWN ANY STOCK OR PARTNERSHIP INTEREST?** Yes No

IF SO, PLEASE IDENTIFY THE STOCK OR PARTNERSHIP INTEREST:

 - VALUE: \$ _____
- DOES ANYONE OWE YOU ANY MONEY?:** Yes No

- DO YOU HAVE THE RIGHT TO SUE ANYONE FOR ANY REASON? Yes No
 - TYPE OF CASE? Personal Injury/Workers Comp Prop Damage Collection Other

- ARE YOU CURRENTLY EXPECTING TO RECEIVE ANY INHERITANCE OR LIFE INSURANCE PROCEEDS FROM ANYONE'S DEATH? Yes No

- HAVE YOU RECEIVED OR DO YOU EXPECT TO RECEIVE EITHER A FEDERAL OR STATE TAX REFUND?: Yes No

Amount of the last Tax Refunds received by you: _____
FEDERAL STATE
How much do you expect next year? More Less Same Amount

Amount of any Tax Refunds still owed to you (if any): _____
FEDERAL STATE

- HAVE YOU FILED ALL OF THE TAX RETURNS FOR EVERY YEAR THAT YOU WERE REQUIRED TO FILE? Yes No
 - If no, which years were not filed? _____

IF YOU OWE TAXES, COMPLETE THE FOLLOWING TABLE.

Taxing Creditor (IRS, State, County, etc.)	Year	Type of Tax (Income, real estate, pers prop, etc.)	Was that year's tax return filed on time?	Amount Due
			Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
			Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
			Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
			Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
			Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable <input type="checkbox"/>	

- DO YOU OWE BACK CHILD SUPPORT? Yes No
 - If so, how much owed? _____

- DO YOU HAVE ANY STUDENT LOANS? Yes No

- HAVE YOU USED YOUR CREDIT CARDS, BORROWED ANY MONEY, OR TAKEN ANY CASH ADVANCES IN THE LAST 90 DAYS? Yes No

- DO YOU HAVE AN OUTSTANDING BILL WITH ANY OF THE FOLLOWING COMPANIES: PAYNE’S CHECK CASHING, AESTHETIC DENTISTRY, AIRPORT AUTO EXCHANGE, OR BLUE RIDGE FIRST STEP? Yes No
 - If so, please explain: _____

- HAS ANYONE ELSE COSIGNED FOR YOU ON ANY OF YOUR DEBTS? Yes No

NAME OF CREDITOR	COSIGNER’S NAME	COSIGNER’S ADDRESS

- HAVE YOU COSIGNED FOR ANYONE ELSE FOR ANY OF THEIR DEBTS? Yes No

NAME OF CREDITOR	COSIGNER’S NAME	COSIGNER’S ADDRESS

- DO YOU RENT OR LEASE A HOUSE OR APARTMENT? Yes No
 - IF YES, LANDLORD’S NAME : _____
 - LANDLORD’S ADDRESS: _____
 - DO YOU HAVE A WRITTEN LEASE? Yes No
 - ARE YOU IN A “RENT-TO-OWN” AGREEMENT? Yes No
- ARE CURRENT IN YOUR RENTAL/LEASE PAYMENTS? Yes No
 - If NO how much are you behind? _____
 - How many months are you behind? _____
- DO YOU RENT OR LEASE A VEHICLE OR FURNITURE? Yes No
 - IF YES, WHAT ARE YOU RENTING?: _____
 - WHO ARE YOU RENTING FROM? _____
 - ADDRESS: _____
 - APPROXIMATELY HOW MANY MORE MONTHS OF PAYMENTS: _____
- ARE CURRENT IN YOUR RENTAL/LEASE PAYMENTS? Yes No
 - If NO how much are you behind? _____
 - How many months are you behind? _____

• **LIST ALL ADULT MEMBERS OF YOUR HOUSEHOLD:**

NAME	AGE	RELATIONSHIP	CONTRIBUTES INCOME TO HOUSEHOLD?
			Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>

• **LIST ALL CHILDREN/DEPENDANTS IN YOUR HOUSEHOLD:**

NAME	AGE	RELATIONSHIP	CONTRIBUTES INCOME TO HOUSEHOLD?
			Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>

• **HOW MANY PEOPLE ARE IN YOUR HOUSEHOLD? _____**

PLEASE REMEMBER: WE MUST HAVE YOUR MOST RECENT 6 MONTHS (CONSECUTIVE) PAY STUBS FROM ALL PLACES OF EMPLOYMENT OR WE WILL BE UNABLE TO ADVISE YOU ON ALL YOUR OPTIONS IN BANKRUPTCY!

INCOME INFORMATION

WHAT IS THE NAME OF YOUR EMPLOYER: _____

- **EMPLOYER'S PAYROLL ADDRESS:** _____
- WHAT IS YOUR POSITION: _____ HOW LONG EMPLOYED: _____
- HOW OFTEN ARE YOU PAID: Weekly Biweekly Semimonthly Monthly
- DO YOU RECEIVE ANY SORT OF "BONUS" INCOME FROM THIS EMPLOYER? Yes No
 - IF YES, HOW OFTEN? _____
 - ARE THE BONUSES GUARANTEED? Yes No

ANY OTHER SOURCES OF INCOME? PART TIME JOBS? Yes No

- NAME OF PART TIME EMPLOYER: _____
- **EMPLOYER'S PAYROLL ADDRESS:** _____
- WHAT IS YOUR POSITION: _____ HOW LONG EMPLOYED: _____
- HOW OFTEN ARE YOU PAID: Weekly Biweekly Semimonthly Monthly
- DO YOU RECEIVE ANY SORT OF "BONUS" INCOME FROM THIS EMPLOYER? Yes No
 - IF YES, HOW OFTEN? _____
 - ARE THE BONUSES GUARANTEED? Yes No

DO YOU RECEIVE A PENSION OR RETIREMENT INCOME? Yes No

- IF YES – HOW MUCH PER MONTH: \$ _____ HOW LONG? _____

DO YOU RECEIVE SOCIAL SECURITY INCOME? Yes No

- IF YES – HOW MUCH PER MONTH: \$ _____ HOW LONG? _____

DO YOU RECEIVE DISABILITY INCOME? Yes No

- IF YES – HOW MUCH PER MONTH: \$ _____ HOW LONG? _____

DO YOU RECEIVE SPOUSAL OR CHILD SUPPORT? Yes No

- IF YES – HOW MUCH PER MONTH: \$ _____ HOW LONG? _____
 - COURT ORDERED? Yes No

DO YOU RECEIVE SNAP BENEFITS/ TANIF/ WIC ASSISTANCE? Yes No

- IF YES – LIST ALL THAT APPLY: _____
- HOW MUCH PER MONTH: \$ _____ HOW LONG? _____

SPOUSE'S INFORMATION

WHAT IS THE NAME OF YOUR EMPLOYER: _____

- **EMPLOYER'S PAYROLL ADDRESS:** _____
- WHAT IS YOUR POSITION: _____ HOW LONG EMPLOYED: _____
- HOW OFTEN ARE YOU PAID: Weekly Biweekly Semimonthly Monthly
- DO YOU RECEIVE ANY SORT OF "BONUS" INCOME FROM THIS EMPLOYER? Yes No
 - IF YES, HOW OFTEN? _____
 - ARE THE BONUSES GUARANTEED? Yes No

ANY OTHER SOURCES OF INCOME? PART TIME JOBS? Yes No

- NAME OF PART TIME EMPLOYER: _____
- **EMPLOYER'S PAYROLL ADDRESS:** _____
- WHAT IS YOUR POSITION: _____ HOW LONG EMPLOYED: _____
- HOW OFTEN ARE YOU PAID: Weekly Biweekly Semimonthly Monthly
- DO YOU RECEIVE ANY SORT OF "BONUS" INCOME FROM THIS EMPLOYER? Yes No
 - IF YES, HOW OFTEN? _____
 - ARE THE BONUSES GUARANTEED? Yes No

DO YOU RECEIVE A PENSION OR RETIREMENT INCOME? Yes No

- IF YES –LIST ALL THAT APPLY AND HOW MUCH PER MONTH: \$ _____
- HOW LONG? _____

DO YOU RECEIVE SOCIAL SECURITY INCOME?: Yes No

- IF YES – HOW MUCH PER MONTH: \$ _____
- HOW LONG? _____

DO YOU RECEIVE DISABILITY INCOME?: Yes No

- IF YES – HOW MUCH PER MONTH: \$ _____
- HOW LONG? _____

DO YOU RECEIVE SPOUSAL OR CHILD SUPPORT? Yes No

- IF YES – HOW MUCH PER MONTH: \$ _____
- HOW LONG? _____
 - COURT ORDERED? Yes No

DO YOU RECEIVE SNAP BENEFITS/ TANIF/ WIC ASSISTANCE? Yes No

- IF YES – LIST ALL THAT APPLY: _____
- IF YES – HOW MUCH PER MONTH: \$ _____
- HOW LONG? _____

EXPENSES	Average Monthly Amount
Rent / Mortgage Payment Includes Real Estate Taxes Yes <input type="checkbox"/> No <input type="checkbox"/> Includes Property Insurance Yes <input type="checkbox"/> No <input type="checkbox"/> Lot Rent (if any) \$ _____	1 st Mortgage \$ _____ 2 nd Mortgage \$ _____ Rent \$ _____
Electricity and heating fuel	\$ _____
Water & Sewer	\$ _____
Telephone: \$ _____ Cell Phone: \$ _____	<i>Fill out spaces to the Left</i>
Cable / Satellite: \$ _____ Internet: \$ _____	<i>Fill out spaces to the Left</i>
Other Utilities — specify: _____	\$ _____
Home Maintenance, repairs & upkeep	\$ _____
Food / Groceries	\$ _____
Clothing	\$ _____
Laundry and dry cleaning	\$ _____
Medical and dental expenses not covered by insurance	\$ _____
Prescriptions (must be able to support with proof, like receipts)	\$ _____
Transportation (gas, repairs, cab & bus fare if any)	\$ _____
Recreation, clubs, entertainment, newspapers, etc.	\$ _____
Charitable contributions (must have proof of all contributions)	\$ _____
Homeowner's or Renter's Insurance	\$ _____
Life Insurance	\$ _____
Health Insurance (other than payroll deducted insurance)	\$ _____
Auto Insurance	\$ _____
Personal Property Taxes (Per YEAR: \$ _____)	\$ _____
Real Estate Taxes (Per YEAR: \$ _____)	\$ _____
Car/Truck Payments — specify: _____	\$ _____
Car/Truck Payments — specify: _____	\$ _____
Other Installment Payments — specify: _____	\$ _____
Rent-to-Own Payments — specify: _____	\$ _____
Alimony, maintenance & support paid to others	\$ _____
Payments for dependents not living at your home	\$ _____
Hair care & Grooming	\$ _____
Pet care / food	\$ _____
Day Care Expenses	\$ _____
Other Expenses not listed above, please specify: _____	\$ _____

APPROXIMATE GROSS INCOME FROM EMPLOYMENT OR OPERATION OF A BUSINESS

- CLIENT 1 GROSS YEAR-TO-DATE INCOME FOR **2019**: \$ _____
- CLIENT 1 GROSS INCOME FOR **2018**: \$ _____
- CLIENT 1 GROSS INCOME FOR **2017**: \$ _____

- CLIENT 2 GROSS YEAR-TO-DATE INCOME FOR **2019**: \$ _____
- CLIENT 2 GROSS INCOME FOR **2018**: \$ _____
- CLIENT 2 GROSS INCOME FOR **2017**: \$ _____

- HAVE YOU MADE ANY PAYMENTS TO ANY CREDITORS EXCEDING \$600.00 IN THE LAST 90 DAYS? Yes No
 - IF YES, WHO WAS THE CREDITOR? _____
 - HOW MUCH WAS YOUR PAYMENT? _____

- HAVE YOU HAD ANY GARNISHMENTS IN THE LAST 60 DAYS? Yes No
- HAS ANYONE SUED YOU & OBTAINED A JUDGMENT AGAINST YOU? Yes No
- ARE ANY LAWSUITS PENDING AGAINST YOU AT THIS TIME? Yes No
- HAVE ANY FORECLOSURE BEEN THREATENED AGAINST YOU? Yes No
 - IF SO, HAS A DATE BEEN SET FOR THE FORECLOSURE? Yes No DATE? _____

- DO YOU MAKE REGULAR CHARITABLE CONTRIBUTIONS? Yes No
 - IF YES, TO WHOM? _____
 - WHAT IS THEIR ADDRESS? _____

- *****IMPORTANT: HAVE YOU TRANSFERRED ANY INTEREST (VALUE) IN A HOUSE, LAND, OR VEHICLE TO ANOTHER PERSON IN THE LAST 2 YEARS (THIS INCLUDES SALES OF PROPERTY, GIFTS, OR ANY TYPE OF TRANSFER YOU MIGHT HAVE MADE THROUGH A DEED OR TITLE)?** Yes No
 - IF YES, WHAT WAS THE PROPERTY? _____
 - TO WHOM DID YOU SELL/GIFT IT TO? _____
 - WHAT IS YOUR RELATIONSHIP TO THIS PERSON? _____
 - WHEN DID THIS TRANSFER TAKE PLACE? (month/year) _____
 - HOW MUCH MONEY DID YOU RECEIVE UPON TRANSFER? _____
 - HOW DID YOU SPEND THE PROCEEDS RECEIVED? _____

- **PLEASE LIST ALL PRIOR ADDRESSES FROM THE LAST 3 YEARS:**

ADDRESS	DATES OF OCCUPANCY

- **HAVE YOU OPERATED ANY BUSINESSES OF YOUR OWN IN THE LAST 6 YEARS?** (Regardless of business licenses, such as L.L.C., P.C., etc.) Yes No
 - IF YES, WHAT WAS THE NAME, IF ANY? _____
 - WHAT WAS THE NATURE OF THE BUSINESS? _____
 - WHEN DID YOU START/STOP THIS BUSINESS? (Month/Year) _____

- DO YOU PAY CHILD SUPPORT/ALIMONY? Yes No
 - IF YES, TO WHOM DO YOU PAY? NAME: _____
 - WHAT IS HIS/HER ADDRESS? _____
 - WHAT IS HIS/HER PHONE NUMBER? _____
 - IS THE SUPPORT COURT-ORDERED? Yes No

- HOW DID YOU HEAR ABOUT OUR LAW FIRM? _____

- DATE THE CLIENT COMPLETED THIS INFORMATION PACKET: _____

COMMENTS