

**CLIENT INFORMATION SHEET**  
**EBERT LAW OFFICES, P.C.**

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Referred by: \_\_\_\_\_ or Other: \_\_\_\_\_

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

F.U. : \_\_\_\_\_

\_\_\_\_\_  
First Name      Middle Name      Last Name      SS#

\_\_\_\_\_  
Spouse's First Name      Middle Name      Last Name      SS#

Have either Debtor or Spouse been known by any other names (including maiden name) in the last 8 years? \_\_\_\_\_

If yes, please list \_\_\_\_\_

\_\_\_\_\_  
Street Address      City, State, Zip      County

\_\_\_\_\_  
Mailing Address (If different from residence address)

\_\_\_\_\_  
E-Mail Address      Home Phone Number

\_\_\_\_\_  
Work Phone Number      Mobile Phone Number

\_\_\_\_\_  
Spouse's Work Phone Number      Spouse's Mobile Phone Number

\_\_\_\_\_  
Current Occupation      How Long      Employer's Name      Full/Part-time

\_\_\_\_\_  
Spouse's Current Occupation      How Long      Spouse's Employer's Name      Full/Part-time

## Debt Summary

**Secured Debts:**

**1<sup>st</sup> Home Mortgage Name:** \_\_\_\_\_

What's the Pay off on this lien? \_\_\_\_\_ Interest Rate \_\_\_\_\_ Monthly Payment \_\_\_\_\_ Acres \_\_\_\_\_

What's the value of your Home? \_\_\_\_\_ How did you arrive at the figure? \_\_\_\_\_

Are you behind? \_\_\_\_\_ If so, how many months? \_\_\_\_\_ Do you want to keep it? \_\_\_\_\_

Is your home posted for foreclosure? Y - N \_\_\_\_\_ If so, enter the date of the sale \_\_\_\_\_

Are taxes and insurance included in your home payment? Y - N \_\_\_\_\_ Is your home a manufactured home? Y - N \_\_\_\_\_ If yes, is your land owned subject to a mortgage, contract for deed or rented? \_\_\_\_\_

**2<sup>nd</sup> Lien on Home Name:** \_\_\_\_\_

What's the Pay off on this lien? \_\_\_\_\_ Interest Rate \_\_\_\_\_ Monthly Payment \_\_\_\_\_

Are you behind on this lien? \_\_\_\_\_ If yes, how many months? \_\_\_\_\_

**First Car/truck** Creditor Name: \_\_\_\_\_

Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ Mileage: \_\_\_\_\_ Pay off \_\_\_\_\_ Interest Rate \_\_\_\_\_

Monthly Payment \_\_\_\_\_ Date purchased \_\_\_\_\_

Are you behind? \_\_\_\_\_ If yes, how many months? \_\_\_\_\_ Do you want to keep it? \_\_\_\_\_

**Second Car/truck** Creditor Name: \_\_\_\_\_

Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ Mileage: \_\_\_\_\_ Pay off \_\_\_\_\_ Interest Rate \_\_\_\_\_

Monthly Payment \_\_\_\_\_ Date purchased \_\_\_\_\_

Are you behind? \_\_\_\_\_ If yes, how many months? \_\_\_\_\_ Do you want to keep it? \_\_\_\_\_

Do you own any other vehicles that are paid for? Y - N \_\_\_\_\_ If so, please list them: \_\_\_\_\_

**Do you have other creditors with collateral** (additional vehicles, real estate, recreational vehicles, pool, furniture, appliances etc.)? Y - N \_\_\_\_\_ If so, list creditor, the total debt and the payment for each creditor having collateral \_\_\_\_\_

**Taxes owed:**

<u>Creditor</u>	<u>Type of tax (1040, 940, 941)</u>	<u>Year/Quarter</u>	<u>Amount Due</u>	<u>Lien filed</u>
IRS			\$ _____	Yes - No

Other tax (property, sales, State, etc) \_\_\_\_\_ \$ \_\_\_\_\_ Yes - No

Have you filed all taxes returns that are due? \_\_\_\_\_ If no, what years have you not filed? \_\_\_\_\_

**Total of all other debts:** Credit cards: \$ \_\_\_\_\_ Judgments: \$ \_\_\_\_\_ Student Loans: \$ \_\_\_\_\_

Medical bills: \$ \_\_\_\_\_ Signature loans: \$ \_\_\_\_\_ Personal loans from Friends & Family: \$ \_\_\_\_\_

Total owed to Retirement Loans \$ \_\_\_\_\_ Child Support Arrearage: \$ \_\_\_\_\_

ANY other debts or claims against you not listed above: \$ \_\_\_\_\_

## Household size

Number of dependants in your household? \_\_\_\_\_

Number of dependants you claim on your most recent tax return? \_\_\_\_\_

Number of people living in your home? \_\_\_\_\_

Number of family members living outside your home that depend upon you for financial support? \_\_\_\_\_

Members of your immediate family 65 years old or over? \_\_\_\_\_ Under 65 years old? \_\_\_\_\_

## Budget Information

### AVG. MONTHLY EXPENSES

Food and Clothing \_\_\_\_\_

Mortgage/Rent \_\_\_\_\_

Utilities (including cell and telephone) \_\_\_\_\_

Avg. Taxes withheld from check \_\_\_\_\_

Other Mandatory withholding from check \_\_\_\_\_

Term Life Insurance \_\_\_\_\_

Court Ordered Pmnts (child support) \_\_\_\_\_

Child Care \_\_\_\_\_

Doctor/Drugs \_\_\_\_\_

Internet \_\_\_\_\_

Health Insurance \_\_\_\_\_

Disability Insurance \_\_\_\_\_

Health Savings Account \_\_\_\_\_

Education Expenses for dependants \_\_\_\_\_

Charity \_\_\_\_\_

Auto payments \_\_\_\_\_

Other Secured Debt payments \_\_\_\_\_

Retirement Deductions \_\_\_\_\_

Retirement Loan Payments \_\_\_\_\_

Other Expenses \_\_\_\_\_

### AVG. GROSS MONTHLY INCOME

From Wages \_\_\_\_\_

Spouse's \_\_\_\_\_

Net Business Income \_\_\_\_\_

Rental Income \_\_\_\_\_

Dividends/Royalties \_\_\_\_\_

Pension/Retirement \_\_\_\_\_

Child Support \_\_\_\_\_

Assistance from others \_\_\_\_\_

Unemployment \_\_\_\_\_

Social Security \_\_\_\_\_

Other Income \_\_\_\_\_

## General Questions

Have you received a bonus within the last 6 months? Yes No How much? \_\_\_\_\_

How long have you continually lived in the State of Texas? \_\_\_\_\_

Have you ever filed bankruptcy before? Yes No

If you have filed a prior bankruptcy, when was it and what chapter? \_\_\_\_\_

Did you receive a Discharge? Yes No.