

Please note we do not handle cases filed in the North Bay.



JC LAW GROUP PC
 1900 S. NORFOLK ST., SUITE 350
 SAN MATEO, CA 94403

TELEPHONE 415.963.4004
 FACSIMILE 415.963.4260

WWW.JCLAWGROUP.COM
 EMAIL@JCLAWGROUP.COM

Office Use Only	
Attorney:	_____
Date & Time:	_____
Chapter 7:	_____
Chapter 13:	_____
Consultation:	_____

Date 3/8/2017

1. Personal Information

First Name: John
 Last Name: Doe
 Home Address: 555 California Street
 City: San Francisco State: CA Zip: 94105
 Phone: 415-555-555
 Email: johndoe@johndoe.com
 Occupation: Teacher
 Number of dependent children: 2
 Any other dependants: _____
 Age of debtor: 48
 Have you lived in California the past two years? Y N
 If not, what city/state did you live previously?
Austin, TX
 Have you ever filed for bankruptcy? Y N

2. Information about Spouse or DP if applicable

Address same as above

First Name: _____
 Last Name: _____
 Home Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____
 Email: _____
 Occupation: _____
 Age of co-debtor: _____
 Have you lived in California the past two years? Y N
 If not, what city/state did you live previously?

 Have you ever filed for bankruptcy? Y N

3. Business Ownership

	You	Spouse or DP
Do you currently own a business or have been in business for yourself in the past 6 years?	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
If Yes: (1) name _____, (2) year formed _____, (3) type of entity (LLC, sole prop etc.) _____		
(4) number of members of shareholders _____, (5) value of assets \$ _____, and (6) value of liabilities \$ _____		

4. Repayments & Transfers

	You	Spouse or DP
Have you borrowed money from family, or business associates in the last 4 years?	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
If so, have you repaid any amount in the past 12 months?	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Have you transferred or given away anything of value in the past 4 years?	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Have you bought any item on credit worth more than \$500 in the past 90 days?	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Taken any cash advances or payday loans in the past 90 days?	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Have you made any balance transfers between credit cards in the past 6 months?	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Have you removed your name from title to any asset in the past 2 years?	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Have you participated in a debt consolidation or debt management program?	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N

How did you hear about us?

Bing Yahoo Google
 Avvo Yelp Craig's List
 Personal Referral: _____
 Other: _____

Why are you here?

Foreclosure Creditor's calls or letters
 Can't pay bills Lawsuits
 Taxes Bad investments
 Other: _____

Marital Status

Never married
 Married, living together
 Married, living apart
 Living with a domestic partner
 Divorced Date _____
 Widowed

Taxes [You & Spouse or DP]

Have you filed taxes for the last taxable year? Y N
 Will you receive or do you expect a refund? Y N
 Have you filed your taxes the past five years? Y N
 Do you owe any back taxes? Y N

Please list assets, debts and income of spouse or partner even if you intend file separately

5. Assets (list whether owned outright or still making payments)

Real Property (Address)	Purchase Date	Fair Market Value	Loan Balance	Monthly Payments	Current?
1. 555 California St. SF, CA	2/21/2004	\$ 1.3 million	1st: \$ 1.1 million	1st: \$ 4000	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N
		\$	2nd: \$ 100k HELOC	2nd: \$ 300	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N
2.		\$	1st: \$	1st: \$	<input type="checkbox"/> Y <input type="checkbox"/> N
		\$	2nd: \$	2nd: \$	<input type="checkbox"/> Y <input type="checkbox"/> N
Vehicles					
1. 2014 BMW 335i	Jan 1, 2014	\$ 25000	\$ 15,000	\$ 300	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N
2.		\$	\$	\$	<input type="checkbox"/> Y <input type="checkbox"/> N
Others					
1.		\$	\$	\$	<input type="checkbox"/> Y <input type="checkbox"/> N
2.		\$	\$	\$	<input type="checkbox"/> Y <input type="checkbox"/> N

6. Unsecured Debt (List all debts; both you and your spouse or domestic partner)

Types of Debt	Number of cards/accounts	Total Amount	Current?	Notes
Credit Cards	7	\$ 90,000	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	
Personal Loans		\$	<input type="checkbox"/> Y <input type="checkbox"/> N	
Medical Bills		\$	<input type="checkbox"/> Y <input type="checkbox"/> N	
Student Loans	1	\$ 10,000	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	
Income Tax	2010-2015	\$ 68,000	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	
Other		\$	<input type="checkbox"/> Y <input type="checkbox"/> N	
Other		\$	<input type="checkbox"/> Y <input type="checkbox"/> N	

7. Income (You)

Are you receiving disability, workers comp or retirement income? Y N Per month: \$ _____

Are you receiving unemployment? Y N Per month: \$ _____

Do you have rental income? Y N Per month: \$ _____

Any regular contributions from family, friends, or others? Y N Per month: \$ _____

Any other sources of income? Y N Per month: \$ _____

	Gross (before taxes)	Net (after taxes)	Notes
Current Monthly Income	\$ 10,000	\$ 7,000	
Total Income (Past 6 months)	\$ 60,000	\$ 42,000	

8. Income (Spouse or Domestic Partner) if applicable

Are you receiving disability, workers comp or retirement income? Y N Per month: \$ _____

Are you receiving unemployment? Y N Per month: \$ _____

Do you have rental income? Y N Per month: \$ _____

Any regular contributions from family, friends, or others? Y N Per month: \$ _____

Any other sources of income? Y N Per month: \$ _____

	Gross (before taxes)	Net (after taxes)	Notes
Current Monthly Income	\$	\$	
Total Income (Past 6 months)	\$	\$	

9. Other Assets

	Current Amount		Current Amount
Checking Account	\$ 12,000	Cash	\$ 5,000
Savings Account	\$ 0	Other:	\$
Retirement	\$ 560,000 (IRA)	Other:	\$

Where do you bank? Wells Fargo