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DIETRICH LAW FIRM

*Saving homes,
one family at a time*

www.DietrichLawFirm.net

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WELCOME. And, thank you for the opportunity to be of service. As part of your initial consultation, we will review your financial situation, discuss various options available to you and answer your questions. We understand the difficult and stressful times you are going through. Working together, we can guide through these times as painlessly as possible. If you do not retain our services, there is no obligation for the initial consultation.

We will be using the information you provide on this worksheet to evaluate your situation and make recommendations. Please take your time in completing the worksheet, because the accuracy and completeness of your answers may affect our advice to you. We understand that you may not know the exact answer to each question. However, please give your best estimates and recollections. The information you provide is confidential and protected by the attorney/client privilege.

INTAKE WORKSHEET

Client		Spouse
_____	Name	_____
_____		_____
_____	Street Address	_____
_____	City, State, Zip	_____
_____	Home Phone	_____
_____	Cell Phone	_____
_____	Email Address	_____

GENERAL INFORMATION

County of Residence: Clinton Eaton Ingham Other _____

How did you find out about Dietrich Law Firm? _____

Household members:

_____ Total number of persons living in your house or apartment.

_____ Number of your children or step-children living in your house or apartment.

Prior Bankruptcies: Have you or your spouse ever filed for bankruptcy? _____ Chapter? _____

When? _____ Where? _____ Last Four Digits for the Filer's SSN: _____

Payments to relatives or on a relatives' account: How much money do you owe to relatives? \$_____ How much money have you paid back to your relatives in the past year? \$_____ Also, if you made charges on a relatives' account or are repaying the loan by making payments on these accounts, include the money that you have paid on those accounts during the past 12 months.

Other assets: Is your name on anyone else's real estate, financial account, or vehicle? Yes No

Transfers For Less Than The Fair Market Value:

Describe any event in the last 10 years where you have given, sold, transferred, loaned, or paid more than \$600.00 of money and/or property to a friend or relative WITHOUT receiving something of similar value in return.

Year	Description	Value

Removed Name From Account: In the last 10 years have you removed your name from any asset (land, house, vehicle, bank, account, or investment).

Year	Description	Asset

Credit Repair and/or Debt Settlement Assistance: In the past 5 years have you paid a company for credit repair, debt consolidation, loan modification, foreclosure assistance, or debt settlement services.

Company	Amount Paid	Date Paid

Agreements Regarding Assets: Do you have a pending agreement regarding the purchase or sale of any asset?

Current Monthly Income: List all of your household's current income, include money received from wages, salaries or self-employment, tax refunds, IRAs, 401(k)s, pensions, profit sharing plans, rent, food stamps, social security, disability insurance payments, commissions, child support, alimony, unemployment, internet sales, investment income, rent or contribution toward housing costs, utilities etc.

Source of Income	Years on the Job	Payment Frequency	Average Gross (Before Deductions) Per Check	Average Net (After Deductions) Per Check

Office Use Only	
Gross	Net

Amount

List Garnishments: _____

Money Received In The Last 6 Calendar Months: In the last 6 months, has your income varied (more or less) from the current monthly income listed above? If yes, describe the changes: _____

REAL ESTATE INFORMATION

Do you own, are you buying, or are you PART OWNER of any real estate (land, rental unit, home, etc.)? Do NOT include free standing Mobile Homes Yes or No (If no, go to next section.)

Is your Real Estate in foreclosure? Yes or No **If Yes, when is the sale date** _____

Address of Property: _____ Is this your residence? Yes or No

Year bought: _____ Present Value: _____

Mortgage Payment: _____ 2nd Mortgage: _____ 3rd Mortgage: _____

Balance on Mortgage: _____ 2nd Mortgage: _____ 3rd Mortgage: _____

Arrearages on Mortgage: _____ 2nd Mortgage: _____ 3rd Mortgage: _____

Whose Names are on the Deed: _____ SEV from tax bill: _____

Who is/are your Mortgage Company(s)? _____

Home Owners insurance included in payments? Yes or No Property taxes included? Yes or No

If property taxes are not paid by the mortgage company, outstanding tax balances, if any? _____

Do you own any other property? If yes, location: _____

Are any of your properties rented out? Yes or No

VEHICLE INFORMATION

Do you own or lease any cars, trucks, free standing mobile homes, boats, trailers, ATVs, motorcycles, etc.?

Yes No (If no, go to next section)

Be sure to **INCLUDE** leased vehicles or any other vehicles that you are actually paying for. You should also list any vehicles that are in your name, but are being paid for by your child, a friend, etc.

DO NOT list any vehicles that have been **REPOSSESSED** or **RETURNED** and are no longer redeemable by you.

DO NOT include vehicles in which you or your spouse's names do not appear on the Title.

Year, Make, Model	Ownership	Name on Title	Present Value	Amount Owed	Interest Rate	Payment Amount	Retain
	Lease						Keep
	Own						Give Up
	Lease						Keep
	Own						Give Up
	Lease						Keep
	Own						Give Up

OTHER ASSETS: List any household item or furnishing, including any fur or jewelry item, with a current market value over \$500.00. List any other asset not listed above including any real property, boats, jet skis, snowmobiles, trailers, RVs, stocks, bonds, IRAs, 401ks, pensions, profit sharing plans, etc. with a value over \$250.00. Estimated Value is the price a retail merchant would charge for an item of that kind, considering the age and condition of the property. As most retail stores do not sell used items, use the price you would expect to find at a used furniture store, second hand store, or pawn shop.

Description	Estimated Value
_____	\$ _____
_____	\$ _____

Is there anything owned by someone else which, if it were sold, you would receive money or other compensation?

Could you sue anyone for any reason? Yes No Explain: _____

DEBTS: SUMMARIZE ALL DEBTS NOT ALREADY LISTED.

	Balance	Minimum Monthly Pay
Credit Cards	\$ _____	\$ _____
-Credit Card purchases in the last 6 months	\$ _____	\$ _____
Medical Bills	\$ _____	\$ _____
Unsecured/Signature Loans	\$ _____	\$ _____
Payday Advance Loans	\$ _____	\$ _____
Student Loans	\$ _____	\$ _____
Income Taxes (not Property Taxes)	\$ _____	\$ _____
Lawsuits/Garnishments	\$ _____	\$ _____
Repossession Deficiencies	\$ _____	\$ _____
Criminal Restitution	\$ _____	\$ _____
Other debts not already listed	\$ _____	\$ _____

AVERAGE MONTHLY EXPENSES

Do you share household expenses with another person? Yes or No *If yes, list only your part of the expenses.*

Expense	Amount	Expense	Amount	Expense	Amount
RENT		INTERNET		ENTERTAINMENT/ RECREATION	
MORTGAGE PAYMENT		CELL PHONE/PAGER		CHARITY/CHURCH	
ADDITIONAL MORTGAGE(S)		FOOD/GROCERIES		CHILD SUPPORT (not deducted from wages)	
CONDO ASSOCIATION FEES		CLOTHING		ALIMONY SUPPORT (not deducted from wages)	
REAL ESTATE TAXES (not in payment)		LAUNDRY/DRY CLEANING		DAY CARE	
HOUSE/RENTAL INSURANCE (not in payment)		MEDICAL/DENTAL (out of pocket)		HOME MAINTENANCE	
ELECTRICITY		TRANSPORTATION (not car payment)		TAXES (not deducted from wages)	
HEAT/GAS		CAR PAYMENT/ LEASE PAYMENT		PET CARE	
WATER & SEWAGE		OTHER CAR/LEASE PAYMENT(S)		PERSONAL & HAIR CARE	
TELEPHONE		AUTO INSURANCE		TOBACCO	
CABLE		OTHER INSURANCE (not deducted from wages)		OTHER: _____	

DECLARATION

I declare that my statements on these 4 pages are true and complete to the best of my information, knowledge and belief or represent my best recollection or estimate.

Signature _____ Dated _____

Signature _____ Dated _____

For Office Use Only

Date:

Initials:

Office Use Only
Net Income from pg. 2
Above Expenses
Other Expenses
Total Expenses
Min. Pmts Pg. 3
Monthly Adj. Net Income