

# LORIS LAW FIRM

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

Please fill out this 3 page questionnaire thoroughly and completely. Thank you for your patience and cooperation.

**\*IMPORTANT: PLEASE PROVIDE A WRITTEN LIST OF YOUR DEBTS, INCLUDING NAME, ADDRESS & BALANCE, ALONG WITH A PHOTO I.D. (DRIVERS LICENSE), AND PROOF OF INCOME TO THE RECEPTIONIST WITH THIS COMPLETED INTERVIEW SHEET.**

Your Full Legal Name: \_\_\_\_\_ Social Security No: \_\_\_\_\_

Spouse's Full Legal Name: \_\_\_\_\_ Social Security No: \_\_\_\_\_

Marital Status: Married\_\_\_\_ Single\_\_\_\_ Separated\_\_\_\_ Divorced\_\_\_\_ Widowed\_\_\_\_

Mailing Address \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Physical Address \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Date of Birth \_\_\_\_\_

Spouse's Date of Birth \_\_\_\_\_

County: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Number of Dependent Children at Home: \_\_\_\_\_ Ages: \_\_\_\_\_

**\*Important\* What Person or which Yellow Page or TV ad referred you to our office? \_\_\_\_\_**

## HOME LOANS:

Mortgage Company: 1st \_\_\_\_\_ 2nd \_\_\_\_\_

Mailing Address: \_\_\_\_\_

1st MTG Pmt\$ \_\_\_\_\_/Month Payoff Total \$ \_\_\_\_\_ Months Behind? \_\_\_\_\_

2nd MTG Pmt\$ \_\_\_\_\_/Month Payoff Total \$ \_\_\_\_\_ Months Behind? \_\_\_\_\_

Approximate Market Value of Property \$ \_\_\_\_\_ **Year Purchased** \_\_\_\_\_ Purchase Price\$ \_\_\_\_\_

**LANDLORD'S NAME AND ADDRESS:** \_\_\_\_\_

**(Required if Renting)** \_\_\_\_\_

**VEHICLES: (Please list every vehicle in your name, even if it is paid off.)**

1st Auto Yr/Make/Model: \_\_\_\_\_ Purchase Date: \_\_\_\_\_

Name and Address of Auto Loan Company: \_\_\_\_\_

**Mileage** \_\_\_\_\_ **Payoff \$** \_\_\_\_\_ Monthly payment: \_\_\_\_\_

2nd Auto Yr/Make/Model: \_\_\_\_\_ Purchase Date: \_\_\_\_\_

Name and Address of Auto Loan Company: \_\_\_\_\_

**Mileage** \_\_\_\_\_ **Payoff \$** \_\_\_\_\_ Monthly payment: \_\_\_\_\_

**ARE YOU BEHIND ON ANY CAR PAYMENTS?** \_\_\_\_\_ **If so, how many?** \_\_\_\_\_

**PERSONAL INFORMATION:**

Name and **Complete Address** of Your Employer: \_\_\_\_\_

Occupation \_\_\_\_\_

Work Phone: \_\_\_\_\_ Ext. \_\_\_\_\_ How long employed? \_\_\_\_\_

Name and **Complete Address** of Spouse Employer: \_\_\_\_\_

Occupation \_\_\_\_\_

Work Phone: \_\_\_\_\_ Ext. \_\_\_\_\_ How long employed? \_\_\_\_\_

**MONTHLY HOUSEHOLD INCOME:**

Your Income: Gross / Net : \$ \_\_\_\_\_ / \_\_\_\_\_  
Circle One: **Wkly / bi-wkly / monthly**

Spouse: Gross / Net: \$ \_\_\_\_\_ / \_\_\_\_\_  
Circle One: **Wkly / bi-wkly / monthly**

Other income: Child Support \$ \_\_\_\_\_

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

Any other type of income \$ \_\_\_\_\_

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

**ANNUAL INCOME: (Required)**

**You**

**Spouse**

**2016** Income to date: \_\_\_\_\_

**2015** Income: \_\_\_\_\_

**2014** Income: \_\_\_\_\_

**NAME OF BANK:** Checking: \_\_\_\_\_ Savings: \_\_\_\_\_

**BALANCE:** \$ \_\_\_\_\_ \$ \_\_\_\_\_

Have you or your spouse ever filed for Chapter 7 Bankruptcy or Chapter 13 Debt Consolidation?

If so, When? \_\_\_\_\_

Do you owe the IRS or State of AL Taxes? \_\_\_\_\_ If so, how much and for what years?

IRS \$ \_\_\_\_\_ Year \_\_\_\_\_ State \$ \_\_\_\_\_ Year \_\_\_\_\_

Do you owe child support? Yes \_\_\_\_\_ No \_\_\_\_\_ Person's Name and Address Receiving Support:

\_\_\_\_\_

Have you paid any creditor more than \$600.00 at one time in the last 90 days? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have any pending Lawsuits against you in the last 12 months? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have any outstanding judgments against you? Yes \_\_\_\_\_ No \_\_\_\_\_

Are your wages now being garnished or about to be garnished? Yes \_\_\_\_\_ No \_\_\_\_\_ Who? \_\_\_\_\_

**ESTIMATED MONTHLY EXPENSES:**

Rent/Mortgage/Mobile Home \$ \_\_\_\_\_

Utilities: Electric & Gas \$ \_\_\_\_\_

Water \$ \_\_\_\_\_

Home Phone / Cell \$ \_\_\_\_\_ / \_\_\_\_\_

Cable / Internet \$ \_\_\_\_\_ / \_\_\_\_\_

Food \$ \_\_\_\_\_

Medical and Dental Co-Pays & Prescriptions \$ \_\_\_\_\_

Auto Insurance \$ \_\_\_\_\_

Auto operating costs (gas) \$ \_\_\_\_\_

Child or Spousal Support \$ \_\_\_\_\_

(not including if deducted from paycheck)

Daycare \$ \_\_\_\_\_

Renter's Insurance \$ \_\_\_\_\_

Charitable Contributions \$ \_\_\_\_\_

Property Tax (if not in mortgage) \$ \_\_\_\_\_

Homeowners Insurance (if not in mortgage) \$ \_\_\_\_\_

Installment Payment for: \_\_\_\_\_ \$ \_\_\_\_\_

Other Misc. Living Expenses \_\_\_\_\_ \$ \_\_\_\_\_

**TOTAL MONTHLY EXPENSE:** \$ \_\_\_\_\_

Notes:

## List of Creditors

**Name** \_\_\_\_\_

**Account #** \_\_\_\_\_

**Address** \_\_\_\_\_

**Balance** \_\_\_\_\_

**Name** \_\_\_\_\_

**Account #** \_\_\_\_\_

**Address** \_\_\_\_\_

**Balance** \_\_\_\_\_

**Name** \_\_\_\_\_

**Account #** \_\_\_\_\_

**Address** \_\_\_\_\_

**Balance** \_\_\_\_\_

**Name** \_\_\_\_\_

**Account #** \_\_\_\_\_

**Address** \_\_\_\_\_

**Balance** \_\_\_\_\_

**Name** \_\_\_\_\_

**Account #** \_\_\_\_\_

**Address** \_\_\_\_\_

**Balance** \_\_\_\_\_

**Name** \_\_\_\_\_

**Account #** \_\_\_\_\_

**Address** \_\_\_\_\_

**Balance** \_\_\_\_\_

**Name** \_\_\_\_\_

**Account #** \_\_\_\_\_

**Address** \_\_\_\_\_

**Balance** \_\_\_\_\_

**Name** \_\_\_\_\_

**Account #** \_\_\_\_\_

**Address** \_\_\_\_\_

**Balance** \_\_\_\_\_

**Name** \_\_\_\_\_

**Account #** \_\_\_\_\_

**Address** \_\_\_\_\_

**Balance** \_\_\_\_\_

**Name** \_\_\_\_\_

**Account #** \_\_\_\_\_

**Address** \_\_\_\_\_

**Balance** \_\_\_\_\_

**Name** \_\_\_\_\_

**Account #** \_\_\_\_\_

**Address** \_\_\_\_\_

**Balance** \_\_\_\_\_

**Name** \_\_\_\_\_

**Account #** \_\_\_\_\_

**Address** \_\_\_\_\_

**Balance** \_\_\_\_\_