

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

2019 Income to date: _____

2018 Income: _____

2017 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 _____

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