RYAN LAW FIRM, P.A.
Attorney At Law

INITIAL QUESTIONNAIRE

Contact Information:

If filing single: You
Name: _____
A/K/A:_____
Address:_____
City _____ State____ Zip_____
Social Security #_____
DOB:_____
Home Phone:_____
Work Phone:_____
Cell Phone: _____
Other Phone: _____
E-mail:_____

If filing jointly: Your Spouse
Name: _____
A/K/A:_____
Address:_____
City _____ State____ Zip_____
Spouse's Social Security #_____
Spouse's DOB:_____
Home Phone:_____
Work Phone:_____
Cell Phone: _____
Other Phone: _____
E-mail:_____

How do you prefer that we contact you?
Home ☐ Work ☐ Cell ☐ E-mail ☐
Other:_____

How do you prefer that we contact you?
Home ☐ Work ☐ Cell ☐ E-mail ☐
Other:_____

Financial Concerns:

What is nature of your financial concerns: (Check all that apply)

☐ Credit Card	☐ Individual	☐ Joint
☐ Health Related	☐ Individual	☐ Joint
☐ Divorce Related	☐ Individual	☐ Joint
☐ Investment Failure	☐ Individual	☐ Joint
☐ Business Failure (personal liability)	☐ Individual	☐ Joint
☐ Business Liquidation (no personal liability)	☐ Individual	☐ Joint
☐ Business Liquidation (personal liability)	☐ Individual	☐ Joint
☐ Business Reorganization	☐ Individual	☐ Joint
☐ Taxes or Tax Liens	☐ Individual	☐ Joint
☐ Student Loans	☐ Individual	☐ Joint
☐ Mortgage Default	☐ Individual	☐ Joint

☐ Other (describe) _____
_____
_____

Marital Status:

Are you married? ☐ Single ☐ Divorced ☐ Separated ☐ Widowed ☐

Do you have any Children? Yes ☐ No ☐

If yes, how many? _____ ages _____. How many reside with you? _____

Are you liable for the following?

Child Support Yes ☐ No ☐ If yes, how much per month? $_____

Alimony Yes ☐ No ☐ If yes, how much per month? $_____

If Married:

Is your spouse also liable on some of your debts? Yes ☐ No ☐

Is your spouse employed outside the home? Yes ☐ No ☐

What is your total income for the last six months? $_____

What is your spouse's total income* for the last six months? $_____

(Please provide copies of your tax returns for the last 3 years)

How do you and your spouse file your taxes? (Check box that applies)

- ☐ Married, filing separately and maintaining separate households
- ☐ Married, filing separately
- ☐ Married, filing jointly
- ☐ Legally separated

(Please provide copies of your tax returns for the last 3 years)

Your Income:

1. Select all that apply:

You:	Spouse:
☐ unemployed	☐ unemployed
☐ disabled	☐ disabled
☐ work at home (see below)	☐ work at home (see below)
☐ employed by others (see below)	☐ employed by others (see below)
☐ self employed (see below)	☐ self employed (see below)

2. Nature of occupation: (describe) _____ Nature of occupation: (describe)_____

3. Company or Employer Name:_____ Company or Employer Name:_____

4. Company/Employer Address: _____ Company/Employer Address: _____

5. Your total income for the last six months? $_____ Your total income for the last six months? $_____

6. Any supplemental sources of income? Yes ☐ No ☐ Any supplemental sources of income? Yes ☐ No ☐

_____

* Include gross wages, salary, tips, bonuses, overtime and commissions.

If yes, how much per month? $_____ If yes, how much per month? $_____

Identify such source of income
(describe)_____
_____
If yes, how much per month? $_____

Your Residence:

Do you own your home? Yes ☐ No ☐
What is the address?
_____

How long have you resided there? _____ years _____ months
How is the property titled? (Check box that applies)

- ☐ Me, as a single person
- ☐ Myself and my spouse
- ☐ My spouse only
- ☐ Joint with person other than spouse

Is the residence located on less or more than ½ acre of land? Less ☐ More ☐
Is the property located in a ☐ municipality or ☐ unincorporated area?
Date the residence was purchased: _____
Current value of the property: $_____
Debt owed on the property? $_____
Do you consider this your homestead? ☐ Yes ☐ No
Are payments current? If not, how many months behind?_____
Real estate taxes paid?
Is the property in foreclosure?_____
If so, where and what is the case number?_____

If you have owned your home less than 3 ½ years, did you own a residence prior to this one?
If so, where was that prior residence located? _____
How long did you live in the prior residence? _____ years _____ months.

Did you use proceeds of the sale of the prior residence to purchase your current home?
☐ Yes ☐ No

If you have moved into the State of Florida recently (within the last 90 days) in which State you reside during the last 2 years? _____ and 6-months prior to this 2 year period? _____.

If you do not own your home: (Check box that applies)

- ☐ I rent with a lease (please provide copy of lease)
- ☐ I rent with no lease (month to month basis)
- ☐ I share a residence with a family member that is not my spouse
- ☐ I am living with someone - paying rent and expenses
- ☐ I am living with someone - not paying rent or expenses
- ☐ Other: (describe) _____

Amount paid each month. $_____

How many people reside in the premises where you live? (Check box that applies)

- ☐ Just myself
- ☐ Myself and spouse
- ☐ Myself, spouse and children
- ☐ Myself and another family member (not spouse or children)
- ☐ Myself, spouse and family member(s)
- ☐ Myself, spouse, children and family member(s)
- ☐ Myself and paying roommate(s)
- ☐ Myself and non-paying roommate(s)
- ☐ Other: (describe) _____

Does anyone, other than you and your spouse that reside with you earn a separate income?
☐ Yes ☐ No If yes, please identify their total income for the past six months. $_____

Additional real estate: (if none skip to bank accounts) Number of parcels of real estate owned?
1. Address:_____ Value:_____ Debt:_____
2. Address:_____ Value:_____ Debt:_____

Bank Accounts:

Account Type (checking, savings)	Bank	Account Number	Balance

IRA/Retirement Plans ☐ Yes (where)_____
☐ No
Educational Funds/Trusts ☐ Yes (where)_____
☐ No

Cars/trucks/RVs/boats:
(1) Year, Make, Model_____ Own/Buying/Leasing Debt $_____
How far behind? #_____Months $_____ Repossessed? ☐ Yes ☐ No
Name(s) on title _____

(2) Year, Make, Model_____ Own/Buying/Leasing Debt $_____
How far behind? #_____Months $_____ Repossessed? ☐ Yes ☐ No
Name(s) on title _____
(3) Year, Make, Model_____ Own/Buying/Leasing Debt $_____
How far behind? #_____Months $_____ Repossessed? ☐ Yes ☐ No
Name(s) on title _____
(4) Other: (describe)_____

Other Assets:
Household furnishings:☐ Yes (estimated garage sale value: $_____) ☐ No
Jewelry: ☐ Yes (estimated garage sale value: $ _____) ☐ No
Paintings, Artwork, Tools ☐ Yes (estimated garage sale value: $ _____) ☐ No
Business interests ☐ Yes (value: $_____) ☐ No
Do you own stock or interest in any business? ☐ Yes ☐ No
If yes, describe: _____
_____
Other Assets ☐ Yes (Describe:_____ value: $_____) ☐ No

Unsecured Debts:
Estimate total credit card and unsecured debt: $ _____
CREDIT CARDS
M/C $_____ VISA $_____ DISCOVER $_____
AMEX $_____ SEARS $ _____ HOME DEPOT $_____
GAS CARDS $_____ OTHER $_____
OTHER UNSECURED LINES OF CREDIT: _____
FINANCE COMPANY $_____ OTHER $_____

Have you or your spouse EVER filed for bankruptcy before?
☐ Yes (when ____/____/_____ where _____ Case # _____)
☐ No
Are you current on (if not describe):

Mortgage	☐ N/A	☐ Yes	☐No:_____
Federal Income Taxes:	☐ N/A	☐ Yes	☐No:_____
Real Estate Taxes:	☐ N/A	☐ Yes	☐No:_____
Alimony	☐ N/A	☐ Yes	☐No:_____
Child Support	☐ N/A	☐ Yes	☐No:_____
Student Loans	☐ N/A	☐ Yes	☐No:_____

Have you filed the last 3 Income tax returns? ☐Yes ☐ No
(missing year(s)_____)

Do you expect a tax refund this year? ☐ Yes ($_____) ☐ No
Pending Lawsuits: ☐ Yes_____ ☐ No
Pending Foreclosures: ☐ Yes_____ ☐ No
Judgments: ☐ Yes_____ ☐ No
Wage garnishment: ☐ Yes_____ ☐ No

How many people, in total, reside in the same premises? _____
Of those people, how many earn an income? _____

Are you a disabled Veteran? Yes ☐ No ☐

Did your indebtedness occur primarily during the period you were on active duty or while you were performing a homeland defense duty? Yes ☐ No ☐

Are your debts primarily consumer debts (consumer debts are the debts incurred by an individual primarily for a personal, family or household purposes (11 U.S.C. §101 (8).)? Yes ☐ No ☐

Questions:

What is the last six month's average of what the household's total gross wages, salary, tips, bonuses, overtime and commissions?
$_____

Do you or your spouse receive income form the operation of a ☐ business, ☐ profession or ☐ farm? Yes ☐ No ☐ If yes, how much do you or your spouse receive?
$_____

Do you or your spouse receive income from a renter for other real property?
Yes ☐ No ☐ If yes, how much do you or your spouse receive?
$_____

Do you or your spouse receive income from interest, dividends, and royalties?
Yes ☐ No ☐ If yes, how much do you or your spouse receive?
$_____

Do you or your spouse receive income from a pension plan or retirement plan?
Yes ☐ No ☐ If yes, how much do you or your spouse receive?
$_____

Do you or your spouse receive rental income on other property? (Property not your homestead)
Yes ☐ No ☐ If yes, how much do you or your spouse receive?
$_____

Are there any amounts paid by another person or entity, on a regular basis, for the household expenses of the debtor or the debtor's dependant's, including child support paid for that purpose?
Yes ☐ No ☐ If yes, how much do you or your spouse receive?
$_____
What is the source of that income? _____

Have you or your spouse received unemployment compensation during the last year?
Yes ☐ No ☐ If so, how much do you or your spouse receive?
$_____

Do you or your spouse receive any other income from any other sources (do not include alimony or separate maintenance payments paid by your spouse)? Yes ☐ No ☐
$_____

If so, how much do you or your spouse receive?
Identify such source of income (describe) _____
_____.
To your knowledge are you the beneficiary of any will trust or estate? ☐ Yes ☐ No
Does anyone owe you any money? ☐ Yes ☐ No
If yes, who and how much and for what reason?_____
_____

Have you paid back a debt owed to any friend or relative within the last year? ☐ Yes ☐ No
If yes, who did you pay? How much? Reason for debt?_____
_____