

# Initial Consult Form

Please complete this form completely and accurately.  
We need this information to help you with your financial issues.



Date:

## 1. PERSONAL INFORMATION (CLIENT #1)

Full Name

Email

Address

Phone

City

State

Zip

Occupation

Age

Number of dependent children of any age

Have you lived in SC continuously for the last 2 years?  Yes  No

If no, in what city and state did you live?

## 2. INFORMATION ABOUT SPOUSE, IF MARRIED (CLIENT #2)

Full Name

Email

Address

Phone

City

State

Zip

Occupation

Age

Number of dependent children of any age

Have you lived in SC continuously for the last 2 years?  Yes  No

If no, in what city and state did you live?

## 3. MARITAL STATUS

Never married

Married, living together

Married, living apart

Domestic partner

Divorced, date: \_\_\_\_\_

Widowed

## 4. HOW DID YOU FIRST HEAR ABOUT US?

Google  Yahoo  Bing  Avvo Referral \_\_\_\_\_ Other \_\_\_\_\_

## 5. ASSETS (REAL ESTATE, VEHICLES, BOATS, OTHER)

### Real Estate

Property	Address	Value (\$)	Mortgage Balance (\$)	Monthly Payments (\$)	Payments Current?
Home (residence)			1 <sup>st</sup>	1 <sup>st</sup>	<input type="checkbox"/> Y <input type="checkbox"/> N
			2 <sup>nd</sup>	2 <sup>nd</sup>	<input type="checkbox"/> Y <input type="checkbox"/> N
Other property			1 <sup>st</sup>	1 <sup>st</sup>	<input type="checkbox"/> Y <input type="checkbox"/> N
			2 <sup>nd</sup>	2 <sup>nd</sup>	<input type="checkbox"/> Y <input type="checkbox"/> N
Other property			1 <sup>st</sup>	1 <sup>st</sup>	<input type="checkbox"/> Y <input type="checkbox"/> N
			2 <sup>nd</sup>	2 <sup>nd</sup>	<input type="checkbox"/> Y <input type="checkbox"/> N

Do you rent? If so, list monthly rental amount: \_\_\_\_\_

### Vehicles (including boats, RVs, four wheelers, etc.)

Vehicle (make, model, year)	Value (\$)	Loan Balance (\$)	Monthly Payments (\$)	Payments Current?
				<input type="checkbox"/> Y <input type="checkbox"/> N
				<input type="checkbox"/> Y <input type="checkbox"/> N
				<input type="checkbox"/> Y <input type="checkbox"/> N
				<input type="checkbox"/> Y <input type="checkbox"/> N

## 6. JUDGMENTS

Creditor	Amount of Judgment	Date of Entry	Nature of Debt (ex. credit card)

**7. UNSECURED DEBTS** (those debts in which the creditor has no collateral securing the loan)

Types of Debt	Number of Accounts/Cards	Total Owed (\$)	Payments Current?
Credit Cards			<input type="checkbox"/> Y <input type="checkbox"/> N
Personal Loans			<input type="checkbox"/> Y <input type="checkbox"/> N
Medical Debts			<input type="checkbox"/> Y <input type="checkbox"/> N
Student Loans			<input type="checkbox"/> Y <input type="checkbox"/> N
Tax Debts			<input type="checkbox"/> Y <input type="checkbox"/> N
Other Debts			<input type="checkbox"/> Y <input type="checkbox"/> N

**8. INCOME**

**Client #1 - List gross pre-tax income**

(ex. employment, business, disability, rent, social security, VA benefits, gifts, or any other income REGARDLESS of whether it is taxable)

Source	Annual Income (\$)

Do you expect any change in income?  
If so, please explain here.

**Client #2 (spouse, if married) - List gross pre-tax income**

Source	Annual Income (\$)

Do you expect any change in income?  
If so, please explain here.

## 9. OTHER ASSETS

Do you have an ownership interest in any other assets worth more than \$5,000, other than retirement accounts?

Yes  No

## 10. NOTES/COMMENTS

Please explain anything here that you believe may be relevant to your case. Feel free to attach additional pages if you wish.

