

Client Information Sheet

Morse & Associates, LLC

Debtor Information

Client's Legal Name:

First:	Middle:	Last:
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Residence Address:

Street:	
City:	State/Zip:
County:	

Contact Information:

Home Telephone:	Home Fax:
Work Telephone:	Work Fax:
Cell Phone:	E-Mail Address:

Occupation Information:

Employer Name:	Occupational Title:	Starting Date:
Work Street Address:		
Work City:	Work State/Zip:	

Credit / Identification Information:

Social Security Number:	Date of Birth:
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Spouse (Co-Debtor) Information

Spouse's Legal Name:

First:	Middle:	Last:
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Spouse's Address (If Different):

Street:	
City:	State/Zip:
County:	

Contact Information (If Different):

Home Telephone:	Home Fax:
Work Telephone:	Work Fax:
Cell Phone:	E-Mail Address:

COMPLETE THE REVERSE SIDE

Occupation Information:

Employer:	Occupational Title:	Starting Date:
Work Street Address:		
Work City:	Work State/Zip:	

Credit / Identification Information:

Social Security Number:	Date of Birth:
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Self Employment Information

List ALL Businesses Currently Open – Operating or Not

Business Information:

Business Name:	EIN:
Nature of Business:	
Business Form (Circle): Sole Proprietorship LLC S-Corp C-Corp Other:	

Business Address:

Street:	
City:	State/Zip:
Business Phone:	Business Fax:

If you hold additional businesses or Incorporations, then please inform the attorney.

BUDGET

Income

MONTHLY INCOME:

I get paid (Circle): Weekly Every Two Weeks Twice a Month Monthly

Employment Net Income: (After Taxes)	\$
Maintenance:	\$
Child Support:	\$
Social Security	\$
Unemployment Assistance:	\$
Pension/Retirement:	\$
Rental Income:	\$
Other:	\$
TOTAL MONTHLY INCOME:	\$

SPOUSE MONTHLY INCOME:

Spouse gets paid (Circle): Weekly Every Two Weeks Twice a Month Monthly

Employment Net Income: (After Taxes)	\$
Maintenance:	\$
Child Support:	\$
Social Security	\$
Unemployment Assistance:	\$
Pension/Retirement:	\$
Rental Income:	\$
Other:	\$
TOTAL MONTHLY INCOME:	\$
TOTAL HOUSEHOLD MONTHLY INCOME:	\$

COMPLETE THE REVERSE SIDE

Expenses

List Your Current, Regular Monthly Household Expenses

Rent/Mortgage:	\$	Auto Insurance:	\$
Real Estate Tax:	\$	Health Insurance:	\$
Real Estate Insurance:	\$	Life Insurance:	\$
Second Mortgage:	\$	Other Insurance:	\$
Electricity:	\$	Taxes (Not From Pay):	\$
Heating:	\$	Car Payment #1 (Include # of months left):	\$
Water/Sewer/Garbage:	\$	Car Payment #2(Include # of months left):	\$
Telephone:	\$	IRS Repayment:	\$
Cellular Phone:	\$	Professional Fees/License:	\$
Cable/Internet:	\$	Student Loans:	\$
Home Maintenance:	\$	Maintenance/Support Payments	\$
Food:	\$	Business Expenses:	\$
Clothing:	\$	Subscriptions:	\$
Laundry/Dry Cleaning:	\$	Grooming & Haircuts:	\$
Medical/Dental (Not Covered by Insurance):	\$	Auto Repairs/Maintenance:	\$
Transportation (Gas, Bus, etc...):	\$	Tuition/Books:	\$
Recreation/Entertainment:	\$	401K Loan Repayment (Include # of months left):	\$
Contributions/Charity:	\$	Reaffirmations:	\$
Childcare:	\$	Pet Expenses:	\$
School Supplies:	\$	Other Expenses (Specific):	\$
TOTAL MONTHLY EXPENSES:		\$	

Client Intake Form

To be completed prior to consultation and reviewed with attorney

MORSE & ASSOCIATES, LLC

“We ARE Colorado Consumer Bankruptcy”

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Financial History – Assets & Liabilities

Morse & Associates, LLC

Instructions: The questions below are designed to enable your consulting attorney to give you the best possible solution to your specific financial situation. Answer the following questions to the best of your ability. If you do not know the answer or have a question regarding any blank on this form, please put a star next to the question so that the consulting attorney can better explain

Debt Summary:

Below, fill in the approximate amounts of debt, to the best of your ability, which you believe you currently have.

Priority Debts	Unsecured Debt
Taxes: _____	Credit Cards: _____
Student Loans: _____	Lines of Credit: _____
Child Support: _____	Repossessed Car: _____
Governmental Debt: _____	Foreclosed Home: _____
Other: _____	Medical: _____
_____	Legal: _____
_____	Utilities: _____
_____	Apartment Leases: _____
_____	Other: _____
Total: _____	Total: _____

Amount Currently paid on Unsecured debts per month: _____

Have you taken a Cash Advance from any lender in the last 180 days (6 Months)? YES NO

Lender Name:	When Taken:	Amount Taken:

Bankruptcy History

Have you ever filed Bankruptcy before (Circle One)? YES NO

State of Filing:	What Chapter did you file? 7 or 13
Date of Filing:	Did You receive a discharge? YES NO

Family Information

Filing Status (Circle One): Married/Joint Married/Individual Individual Corporation

Marital Status (Circle One): Single/Live Alone Married/Live Together Married/Separated Common-Law Married

Do you have Dependants (Circle One)? YES NO If YES, then complete the following:

Relation:	Age:
Relation:	Age:
Relation:	Age:
Relation:	Age:

Income History:

1a. Debtor's Income Source (Circle all that apply):

[Employment] [Self-Employed Child Support] [Maintenance] [Social Security Disability]
[Unemployment] [Retirement Draw] [Pension] [Other]: _____

Monies Received so far this year: \$ _____; Last Year: \$ _____; Prior Year: \$ _____.

1b. Co-Debtor's Income Source (Circle all that apply):

[Employment] [Self-Employed Child Support] [Maintenance] [Social Security Disability]
[Unemployment] [Retirement Draw] [Pension] [Other]: _____

Monies Received so far this year: \$ _____; Last Year: \$ _____; Prior Year: \$ _____.

Collection History:

2. Have you paid any creditor more than \$600, cumulatively, in the last 90 days (Circle)? YES NO

Creditor's Name:	Amount Paid:	Date of Last Payment:
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3. Has anyone Sued or Served you in the last year (Circle)? YES NO

Creditor's Name:	Month/Year of Suit:
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4. Have any creditors Garnished or Seized Property from you in the last year (Circle)? YES NO

Circle: GARNISHMENT / PROPERTY SEIZURE

Creditor's Name:	Amount/Property Seized:
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5. Have you had a Repossession in the last year (Circle)? YES NO

Creditor:	Date Taken:	
Year:	Make:	Model:

6. Have you had a Foreclosure in the last year (Circle)? YES NO

Creditor:	Date of Foreclosure:
Property Address:	

7a. Have you made any Charitable Contributions in the last year (Circle)? YES NO

Name of Charity:	Date of Gift:
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7b. Do you give regularly to a religious organization (Circle)? YES NO

Organization's Name:		
Street Address:		
City:	State:	Zip Code:

8. Have you had a loss from Fire, Theft, or Gambling in the last year (Circle)? YES NO

Description of Property Lost:	Police Report Filed? YES NO
If Gambling, How much was lost this Year?	Last Year?

9. Have you paid anyone to help you with or consult with you regarding your debts (Circle)? YES NO

Whom did you pay?	Amount paid?	Date of Payment?
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10a. Have you transferred any property or money to relatives or close business associates in the last 2 Years (Circle)? YES NO

Name & Relation of Transferee:	Property/Value:	Date of Transfer:
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10b. Have you transferred any Real Estate in the last 4 years (Circle)? YES NO

Property Address:	Monies Made:	Date of Sale:
Name of Buyer	Buyer's Street Address:	
City:	State:	Zip Code:

11. Were any Financial Accounts closed for your benefit in the last year (Examples: Cashed out retirement, whole life policies, stocks, bonds, etc...) (Circle) YES NO

Type of Account:	Amount Received:	Date of Closure:
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12. Do you have, or have had, a Safety Deposit Box in the last year (Circle)? YES NO

Name of Bank:	Street Address:		
City:	State:	Zip Code:	

13. Is your name on anyone else's property (Examples: Home Titles, Bank Accounts, Vehicle Titles, etc...) (Circle) YES NO

Name/Type of Account/Title:	Account/Title Holder:
Source of payments to Account or Titled Properties:	

14. Have you co-signed for or had someone co-sign for you on any debt with a balance (Circle)? YES NO

Co-Signer's Name:	Co-Signer's Street Address:		
City:	State:	Zip Code:	
Describe Property(Vehicle – Year, Make & Model):			
Creditor's Name:	Creditor's Street Address		
City:	State:	Zip Code:	

15. Provide your addresses for the last 3 years.

Street Address:	Dates of Occupancy (Month/Year):	
City:	State:	Zip Code:

Street Address:	Dates of Occupancy (Month/Year):	
City:	State:	Zip Code:

Street Address:	Dates of Occupancy (Month/Year):	
City:	State:	Zip Code:

Real Estate History

16a. Have you Transferred or Sold any Real Estate in the last 4 years (Circle)? YES NO

16b. If Transferred, (Quick Claim, etc... NOT SOLD) did you receive full market value for the property (Circle)? YES NO

16c. If you SOLD property in the last 4 years, then complete the following:

Street Address Of Sold Property:		Dates of Sale (Month/Year):
City:	State:	Zip Code:
Name of Buyer:	Buyer's Street Address:	
City:	State:	Zip Code:

Current Real Estate

Is your name currently on any Real Estate or Mortgage (Circle)? YES NO

If YES, then complete the following for each property/mortgage:

FIRST PROPERTY/MORTGAGE

Street Address:		
City:	State:	Zip Code:
1 st Mortgage:	Balance:	
2 nd Mortgage:	Balance:	
Intention (Circle):	Reaffirm	Surrender Redeem
Are your Current?: YES NO	If behind, how many months?:	

SECOND PROPERTY/MORTGAGE

Street Address:		
City:	State:	Zip Code:
1 st Mortgage:	Balance:	
2 nd Mortgage:	Balance:	
Intention (Circle):	Reaffirm	Surrender Redeem
Are your Current?: YES NO	If behind, how many months?:	

Personal Property

1. Cash on Hand:

Amount of Cash on Hand:

2. Is your name on a bank account (Circle)? YES NO

If YES, then complete the following for each account:

Name of Bank:	Checking Balance:	Savings Balance:
Name of Bank:	Checking Balance:	Savings Balance:
Name of Bank:	Checking Balance:	Savings Balance:

3. Below, list your Household Goods. List the items which are of value in their used condition and their approximate used value:
 (For Example: Bed - \$100, Couch - \$50, Kitchen Table - \$25, Big Screen TV - \$200, Flat Screen TV - \$300, Personal Computer - \$100, Laptop Computer - \$150... Please note anything with a particularly high value.)

Item:	Used Value:	Item:	Used Value:
Item:	Used Value:	Item:	Used Value:

4. List your books, pictures, art objects, antiques, stamps, coins, and other collections or collectables with their used values:
 (For Example: Coin Collection - \$300, Picasso painting \$1.5 Million, etc...)

Item:	Used Value:	Item:	Used Value:
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5. List your Wearing Apparel with their used values:
 (For Example: Personal Used Clothing - \$450)

Item:	Used Value:	Item:	Used Value:
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6. List your Furs & Jewelry with their values:
 (For Example: Wedding Ring - \$200, Engagement Ring - \$1,000, Fur Coat - \$500, etc...)

Item:	Used Value:	Item:	Used Value:
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7. List your Firearms & Hobby Equipment with their used values:
 (For Example: 9mm - \$200, Shot Gun - \$100, .22 Revolver - \$45, Professional Camera [The Kodak 3000M] - \$2,000, You do not need to list personal equipment that is of little to no value)

Item:	Used Value:	Item:	Used Value:
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8a. Do you have a Life Insurance Policy (Circle)? YES NO If YES, Then complete the following:

Name of Insurance Company:	Name of Insurance Company:
Circle Type of Insurance: WHOLE TERM UNIVERSAL	Circle Type of Insurance: WHOLE TERM UNIVERSAL
Cash Surrender Value of Insurance:	Cash Surrender Value of Insurance:
Name of Insurance Company:	Name of Insurance Company:
Circle Type of Insurance: WHOLE TERM UNIVERSAL	Circle Type of Insurance: WHOLE TERM UNIVERSAL
Cash Surrender Value of Insurance:	Cash Surrender Value of Insurance:

8b. Does your employer provide you with Life Insurance (Circle)? YES NO

9. Do you have any Annuities (Circle)? YES NO If YES, then complete the following:

Type of Annuity:	Present Value:
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10. Do you have an interest in an IRA, ERISA, Keough or other Pension or Pension Plans (401K) funded with Pre-Tax Money or Retirement (Circle)? YES NO If YES, then complete the following:

Type of Plan:	Holder:	Value:
Type of Plan:	Holder:	Value:

11. Do you have any Stocks or Interest in Incorporated or Unincorporated Businesses (Circle)? YES NO If YES, then complete the following:

Name of Stock/Business:	# of shares or %Ownership:	Value:
Name of Stock/Business:	# of shares or %Ownership:	Value:

12. Do you have an interest in a Partnership or Joint Venture (Circle)? YES NO If YES, then complete the following:

Name of Partnership/Venture:	%Ownership:	Value:
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13. Do you own any Corporate or Government Bonds (Circle)? YES NO If YES, then complete the following:

Type of Bond:	# of Bonds:	Value:
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14. Does anyone owe you or your business Money or Property (Circle)? YES NO If YES, then complete the following:

Name of Debtor:	Money/Property owed:
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15. Does anyone owe you Maintenance, Child Support, or Property Settlement pursuant to Divorce to you (Circle)?

YES NO If YES, then complete the following:

Name of Debtor:	Type of Debt:	Debt Balance:
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16. Do you have any equitable future interests in Life Estates, and right or powers exercisable for your benefit other than those listed in Real Estate (Circle)? YES NO If YES, then complete the following:

(Example: You hold Real Estate during the lifetime of another, or you will have Real Estate based on the lifetime of another)

Type of Interest:	Value of Interest:
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17. Do you have a Contingent or a Non-Contingent interest in the estate of a decedent, death benefit plan, life insurance policy, trust or land trust (Circle)? YES NO If Yes, complete the following:

(Example: You are going to inherit money or property or you believe that you will inherit money or property soon.)

Type of Interest:	Value of Interest:
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18. Do you or anyone in your family have an injury or other claim of right to recover money or property (Circle)? YES NO

If YES, then complete the following:

(Example: you are currently suing someone or have a right to sue someone)

Type of Suit:	Defendant:	Value of Suit:
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19. Do you have any Patents or Copyrights (Circle)? YES NO If YES, then complete the following:

Name/Type of Patent:	Value:
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20. Do you have any Licenses, Franchises, or other Intangible Goods (Circle)? YES NO If, YES, then complete the following:

(Example: Business Franchise - \$15,000, Liquor License - \$5,000, Intellectual Property Rights - \$1,000)

Name/Type of Good:	Value:
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Vehicles

21. Do you have any Automobiles, Trucks, Trailers, Motorcycles, Snowmobiles, or other Title able Vehicles & Accessories (Circle)?

YES NO If YES, then complete the following:

FIRST VEHICLE

Year:	Make:	Model	Mileage:
Financing Company:			Balance:
Intention (Circle):	Reaffirm	Surrender	Redeem
Are your Current?: YES NO	If behind, how many months?:		

SECOND VEHICLE

Year:	Make:	Model	Mileage:
Financing Company:			Balance:

Intention (Circle):	Reaffirm	Surrender	Redeem
Are your Current?:	YES	NO	If behind, how many months?:

THIRD VEHICLE

Year:	Make:	Model	Mileage:
Financing Company:			Balance:
Intention (Circle):	Reaffirm	Surrender	Redeem
Are your Current?:	YES	NO	If behind, how many months?:

FOURTH VEHICLE

Year:	Make:	Model	Mileage:
Financing Company:			Balance:
Intention (Circle):	Reaffirm	Surrender	Redeem
Are your Current?:	YES	NO	If behind, how many months?:

22. Do you have any Boats, Motors, or Accessories (Circle)? YES NO If YES, then complete the following:

Year:	Make:	Model	Mileage/Hours:
Financing Company:			Balance:

23. Do you have any Office Equipment (Circle)? YES NO If YES, then complete the following:

Name/Type of Equipment:	Value:
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24. Are you currently involved in farming operations or do you own farming implements (Circle)? YES NO If Yes, the complete the following:

Name/Type of Equipment:	Value:
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25. Do you have any other Personal Property of Value (Circle)? YES NO If YES, the complete the following:

Name/Type of Property:	Value:
Name/Type of Property:	Value:

26. Have you taken any cash advances form your credit cards in the last 180 days (Circle)? YES NO

26a. If Yes, the complete the following:

Name of Lender:	Date Advanced:	Amount Advanced:
Name of Lender:	Date Advanced:	Amount Advanced: