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INFORMATION REQUIRED

1. Complete name(s) and any other name or business name used in the past six years.

(Client) _____ Referred by: _____

(Spouse) _____ Marital Status: _____

_____ # of Dependents: _____

E-Mail address: _____

2. Social Security Number(s) and/or Federal ID number (if any).

(Client) _____ (Spouse) _____

3. Addresses for the past two years:

Present (Street) _____ (City) _____ (State) _____ (Zip) _____

Former (Street) _____ (City) _____ (State) _____ (Zip) _____

4. All phone numbers (home, work, pager, etc.) where you can be reached.

(Client) _____
(Home) _____ (Work) _____ (Cell) _____ (Pager) _____

(Spouse) _____
(Home) _____ (Work) _____ (Cell) _____ (Pager) _____

5. Place of employment; how long; position:

(Client) _____
(Company) _____ (Address) _____ (Position) _____ (Years) _____

(Spouse) _____
(Company) _____ (Address) _____ (Position) _____ (Years) _____

6. Wages received 2005, 2006, 2007; Child Support/Alimony rec'd 2006, 2007, 2008
2006 _____ 2006 _____
2007 _____ 2007 _____
2008 _____ (year to date) 2008 _____ (year to date)

7. Amount and type of taxes due (if any). _____

8. If buying a home, when did you buy your house? _____
How long have you lived in the State of Florida? _____

9. Vehicle: year, model, amount of lien, mileage. Attach copy of Proof of insurance.

10. List of assets and estimated market value (based on amount for which item could be sold at a garage sale, for example: sofa and love seat, \$150.00)

11. Have you received any income other than wages in the past one year? If yes, please state source and total amount: _____

12. Monthly Income: Client Gross _____ Net _____
Spouse Gross _____ Net _____

13. Usual monthly expenses.

Rent/mortgage	_____	Recreation, entertainment	_____
Real estate taxes	_____	Charitable contributions	_____
Property insurance	_____	Insurance (not paid from paycheck)	
Electricity and heating fuel	_____	Homeowners	_____
Water and sewer	_____	Life	_____
Telephone	_____	Health	_____
Cell phone	_____	Auto	_____
Cable	_____	Other	_____
Internet	_____	Taxes	_____
Home maintenance	_____	Alimony Paid	_____
Food	_____	Child Support Paid	_____
Clothing	_____	Other:	
Laundry and dry cleaning	_____	_____	_____
Medical and dental expenses	_____	_____	_____
Transportation (gas repairs, etc.)	_____	_____	_____

14. ALL creditors - name, address, account number and balance due (including house payment, car or truck payment, etc., even if you plan to continue payment on the debt).

First Mortgage: Monthly Payment _____ Months Behind? _____

creditor account number balance

address city/state/zip

Second Mortgage: Monthly Payment _____ Months Behind? _____

creditor account number balance

address city/state/zip

Vehicle #1: Make/Model _____ Miles _____ When Purchased _____

Monthly Payment _____ Months Left on Loan _____

creditor account number balance

address city/state/zip

Vehicle #2: Make/Model _____ Miles _____ When Purchased _____

Monthly Payment _____ Months Left on Loan _____

creditor account number balance

address city/state/zip

Other Bills like Credit Cards, Medical and Charge-offs:

creditor account number balance

address city/state/zip

creditor account number balance

address city/state/zip

Get a Free Credit Report at: www.annualcreditreport.com

MUST PROVIDE COPY OF VALID DRIVERS LICENSE AND SOCIAL SECURITY CARD

LAST SIX MONTHS PAYROLL RECORDS/BANK ACCOUNT RECORDS

ONE or FOUR YEARS INCOME TAX RETURNS

creditor _____ account number _____ balance _____

address _____ city/state/zip _____

creditor _____ account number _____ balance _____

address _____ city/state/zip _____

creditor _____ account number _____ balance _____

address _____ city/state/zip _____

creditor _____ account number _____ balance _____

address _____ city/state/zip _____

creditor _____ account number _____ balance _____

address _____ city/state/zip _____

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