

SIMON, FITZGERALD, COOKE, REED & WELCH
Simon Fitzgerald, LLC

Client Information Worksheet

Atty. _____

BR _____

UCC _____

Date: _____

YOU:		
Full name:		
Address:		
City:	State:	Zip Code:
Social Security No.:		
Home phone:	Work phone:	
Cell phone:		
Cell phone provider:		
E-mail address:		
Employer:		
Job Title:	How long employed?	

YOUR SPOUSE:		
Full name:		
Address:		
City:	State:	Zip Code:
Social Security No.:		
Home phone:	Work phone:	
Cell phone:		
Cell phone provider:		
E-mail address:		
Employer:		
Job Title:	How long employed?	

Please check one:	<input type="checkbox"/> Single	<input type="checkbox"/> Married How long? _____	<input type="checkbox"/> Divorced How long? _____	<input type="checkbox"/> Widowed How long? _____	<input type="checkbox"/> Separated How long? _____
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How Did You Hear About Our Firm? (Please check one)	
<input type="checkbox"/> Referral From Attorney (Attorneys Name: _____)	<input type="checkbox"/> Advertisement Letter
<input type="checkbox"/> Referral by Friend, Acquaintance or Relative (Name of Person: _____)	<input type="checkbox"/> Firm Website
<input type="checkbox"/> Television	<input type="checkbox"/> Radio
<input type="checkbox"/> Yellow Pages	<input type="checkbox"/> Lawyer Referral Service
	<input type="checkbox"/> Bankruptcy Street Referral Service
	<input type="checkbox"/> Other (Please Specify) _____

1. Are there any pending lawsuits/foreclosures/sheriff sales against you?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Do you have a potential claim to sue someone or have you recently been injured, or are you currently involved in any lawsuit? Example: Accidents, Employment Disputes, Insurance Claims, or other rights to sue including Automobile Accidents, Malpractice Claims, Slip & Falls, or Class Action Rights.	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Have you or your spouse filed a bankruptcy in the last 10 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Do you have income other than from employment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Has any property been garnished or seized during the last year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Has any property been repossessed during the last year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Has any property been voluntarily transferred to a creditor during the last year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Is any of your property being held or controlled by a sheriff or marshal?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Have you suffered any losses from Fire/Theft/Gambling within the last year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Have you consulted another attorney during the last year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
11. Have you sold, transferred, traded or given away anything of value during the last two years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
12. Have you lived in any other state (other than Louisiana) in the last two years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
13. Have you lived at your current address less than 3 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
14. Are you currently behind on any utility bills including, Electric, Natural gas, Water/Sewer, Cable/Satellite, Internet. (Circle which ones)	<input type="checkbox"/> Yes <input type="checkbox"/> No

(CONTINUED ON NEXT PAGE)

If you answered "Yes" to any of the above questions, please explain below:

15. Have you been associated with a corporation, partnership, sole proprietorship, or been a self-employed professional during the last two years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
16. Have you divorced or separated during the last year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
17. Are either of your parents deceased?	<input type="checkbox"/> Yes <input type="checkbox"/> No
18. Are either of your spouse's parents deceased?	<input type="checkbox"/> Yes <input type="checkbox"/> No
18. Have you inherited anything or do you have a right to inherit any property?	<input type="checkbox"/> Yes <input type="checkbox"/> No
20. Do you have more than \$500.00 in cash or in any of the following types of accounts: checking, savings, money market, Christmas club, stocks, or bonds?	<input type="checkbox"/> Yes <input type="checkbox"/> No
21. Do you have any <u>un-filed</u> federal or state tax returns?	<input type="checkbox"/> Yes <input type="checkbox"/> No
22. Did you claim a Business or Farming loss on any tax return in the last two years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
23. Do you have an IRA, 401K, 403(b), pension or other retirement?	<input type="checkbox"/> Yes <input type="checkbox"/> No
24. Do you have any 401K / Retirement loans or any other loan being deducted from your paycheck?	<input type="checkbox"/> Yes <input type="checkbox"/> No
25. Have you repaid a loan to a friend or family member in the past 12 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No
26. Does anyone owe you money?	<input type="checkbox"/> Yes <input type="checkbox"/> No
27. Do you owe any "Payday" loans?	<input type="checkbox"/> Yes <input type="checkbox"/> No
28. Do you have any rent to own or similar agreements?	<input type="checkbox"/> Yes <input type="checkbox"/> No
29. Do you owe any fees to the Office of Motor Vehicles or the Office of Debt Recovery, or have you had any problems renewing your driver's license or vehicle registration, related to failure to maintain insurance on a vehicle?	<input type="checkbox"/> Yes <input type="checkbox"/> No

If you answered "Yes" to any of the above questions, please explain below:

HOUSEHOLD

How many people live in your household?						
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> Other _____

Please list the people who live with you (and your spouse) whether children, family members, or friends:

Relationship: <input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Other: _____	Age:	Relationship: <input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Other: _____	Age:
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Relationship: <input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Other: _____	Age:	Relationship: <input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Other: _____	Age:
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Relationship: <input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Other: _____	Age:	Relationship: <input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Other: _____	Age:
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If any of the above children are over 18, are they currently in college?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do any of the above children work and contribute money to the family household?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have other children or dependents who do not live with you?	<input type="checkbox"/> Yes <input type="checkbox"/> No

ESTIMATED ANNUAL INCOME:
 YOU: _____
 SPOUSE: _____

	MONTHLY	
	YOU	YOUR SPOUSE
MONTHLY INCOME		
Monthly Take Home Pay	\$	\$
Income from 2 nd Job or Part-time work	\$	\$
Pension or Retirement Income	\$	\$
Child Support Received	\$	\$
Social Security and SSI Received	\$	\$
Oil, Gas, or Mineral Royalties	\$	\$
Food Stamps Received	\$	\$
Help From Family or Friends	\$	\$
Other Monthly Miscellaneous Income	\$	\$
Estimated Pro-Rated Tax Refunds ** FOR OFFICE USE ONLY **	\$	\$
TOTAL ** FOR OFFICE USE ONLY **		\$

Are you Renting or Buying your home?

Rent \$ _____ per month

Buying/Own (See Below)

Are you behind on your rent or home mortgage payments? Yes

No

REAL ESTATE

What is the value of your home? (What do you estimate you could sell your house for as is today?)	\$
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Name of First Mortgage Holder:	Mortgage Balance:	Monthly Payment:	# of payments past due?
Name of Second Mortgage Holder:	Mortgage Balance:	Monthly Payment:	# of payments past due?

Have you entered into any Oil, Mineral, or Gas Leases for this property?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Company:	Date Lease Signed:	Amount of Signing Bonus:	Amount of Monthly Royalty Income:

Do you own any other real estate?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If so, where is it located?			Est. Value: \$
Name of Mortgage Holder:	Mortgage Balance:	Monthly Payment:	# of payments past due?

Have you entered into any Oil, Mineral, or Gas Leases for this property?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Company:	Date Lease Signed:	Amount of Signing Bonus:	Amount of Monthly Royalty Income:

VEHICLES

(Vehicles, Motorcycles, 4-Wheelers, Boats, Recreational Vehicles,
Utility Trailers, Tractors, and Riding Lawn Mowers)

Year, Make & Model:	Amount Owed: \$	Monthly Payment: \$	Months Behind:
Lienholder:	Date Purchased:	Current Mileage:	Est. Value: \$

Year, Make & Model:	Amount Owed: \$	Monthly Payment: \$	Months Behind:
Lienholder:	Date Purchased:	Current Mileage:	Est. Value: \$

Year, Make & Model:	Amount Owed: \$	Monthly Payment: \$	Months Behind:
Lienholder:	Date Purchased:	Current Mileage:	Est. Value: \$

Year, Make & Model:	Amount Owed: \$	Monthly Payment: \$	Months Behind:
Lienholder:	Date Purchased:	Current Mileage:	Est. Value: \$

Year, Make & Model:	Amount Owed: \$	Monthly Payment: \$	Months Behind:
Lienholder:	Date Purchased:	Current Mileage:	Est. Value: \$

Year, Make & Model:	Amount Owed: \$	Monthly Payment: \$	Months Behind:
Lienholder:	Date Purchased:	Current Mileage:	Est. Value: \$

OTHER SECURED LOANS

(Loans with collateral)

List those loans on furniture, appliances, televisions, computers and other property that is not paid for or has been used as collateral for a loan.

Name of Lender:	Collateral:	Est. Value: \$	Amount Owed:
Name of Lender:	Collateral:	Est. Value: \$	Amount Owed:
Name of Lender:	Collateral:	Est. Value: \$	Amount Owed:
Name of Lender:	Collateral:	Est. Value: \$	Amount Owed:
Name of Lender:	Collateral:	Est. Value: \$	Amount Owed:
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RENT TO OWN AGREEMENTS

_____	Term _____	Amt Past Due \$ _____	Payment Amount \$ _____
_____	PAYMENTS DUE:		
	<input type="checkbox"/> Weekly <input type="checkbox"/> Every 2 Weeks <input type="checkbox"/> Semi-Monthly <input type="checkbox"/> Monthly		

OTHER MISC. PROPERTY

(Paid In Full)

Please list any **Jewelry, Collectibles, Electronics** or **Other Items With a Value of More Than \$500.00**

	Est. Value: \$
	Est. Value: \$

TAX DEBTS

Federal / State:	Amount Owed:	Type of Taxes:	Year:
Federal / State:	Amount Owed:	Type of Taxes:	Year:

How do you file income taxes?	<input type="checkbox"/> Single	<input type="checkbox"/> Head of Household	<input type="checkbox"/> Married Filing Jointly	<input type="checkbox"/> Married Filing Separately
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STUDENT LOANS

Name of Lender:	Balance Due:
Name of Lender:	Balance Due:
Name of Lender:	Balance Due:

CHILD SUPPORT/ ALIMONY YOU PAY

Who you pay Child Support / Alimony to:	Child's Name:	Past Due Amount:	Monthly Payment:
Who you pay Child Support / Alimony to:	Child's Name:	Past Due Amount:	Monthly Payment:
Who you pay Child Support / Alimony to:	Child's Name:	Past Due Amount:	Monthly Payment:

CO-SIGNED DEBTS

Have you co-signed or guaranteed another person's debt?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did someone else co-sign or guarantee any of your debts?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Name of Other Person:	Name of Lender:
Name of Other Person:	Name of Lender:

UNSECURED DEBT

(Loans without collateral such as medical bills, credit cards, payday loans, etc.)

Please estimate the total amount of unsecured debt not listed above:		
<input type="checkbox"/> Up to \$5,000	<input type="checkbox"/> \$10,001 to \$20,000	<input type="checkbox"/> \$50,001 to \$100,000
<input type="checkbox"/> \$5,001 to \$10,000	<input type="checkbox"/> \$20,001 to \$50,000	<input type="checkbox"/> \$100,001 and above

Have you used a credit card to obtain a cash advance or for the purchase of a luxury item in the last 90 days?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please describe the transaction:	

MONTHLY LIVING EXPENSES		
Rent / Mortgage		\$
Real Estate Taxes Included?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Property Insurance Included?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Homeowner's or Renter's Insurance (not included in home mortgage payments)		\$
Home Maintenance (repairs and upkeep)		
Electricity and Natural Gas		\$
Water and Sewer		\$
Home Phone		\$
Cell Phone		\$
Cable and/or Satellite		\$
Internet		\$
Food and Household supplies		\$
Daycare		
Clothing, Laundry and Dry Cleaning		\$
Medical and Dental Expenses (paid directly by you, not covered by insurance)		\$
Transportation		\$
Recreation, Clubs and Entertainment, Newspapers, Magazines, Etc.		\$
Charitable Contributions (including church tithes and offerings)		\$
Life or Burial Insurance (not deducted from wages)		\$
Health Insurance (not deducted from wages)		\$
Auto Insurance		\$
Taxes (not deducted from wages or included in home mortgage payments)		\$
Vehicle Payment		\$
Vehicle Payment		\$
Other Installment Payment: _____		\$
Alimony, Maintenance, and Support Paid to Others		\$
Payments for Support of Dependents Not Living at Your Home		\$
Expenses from Operation of Business, Profession, or Farm		\$
Haircuts and other personal services		\$
Pet Supplies and Veterinary Services		\$
School Expenses (tuition, etc.)		\$
Cigarettes/ Tobacco		\$
Other: _____		\$
TOTAL ** FOR OFFICE USE ONLY **		\$