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INITIAL INFORMATION

Date: _____

YOUR NAME(s): _____ SPOUSE NAME (IF ANY): _____

MARITAL STATUS: Single / Married / Separated / Divorced / Widowed (circle one)

Mailing Address: _____ City: _____ Zip: _____

Email Address(es): _____ Phone: _____

How Did You Find Us? _____

WA Resident for the last 2 Years? Y / N If "No" what other state(s) have you lived in: _____

Filed Bankruptcy in last 8 years? Y / N If "Yes" - Chapter? 7 / 13 Discharge Obtained? Y / N

REASONS FOR SEEKING ADVICE FOR BANKRUPTCY

Please check the box for items that apply.

EMERGENCY SITUATION

- Home Foreclosure
- Vehicle repossession
- Wage garnishment
- Bank Account garnishment/lien
- Utility shut off
- Pending Lawsuit
- Other: _____

GENERAL

- Mortgage Problem
- Too much credit card debt
- Too many medical bills
- Too much tax debt
- Job loss
- Hours reduced at work
- Other: _____

DO YOU OWE ANY OF THESE TYPE DEBTS?

- | | |
|--|---|
| <input type="checkbox"/> Tax – Personal | <input type="checkbox"/> Recent Credit Card Usage 30? 60? 90days? |
| <input type="checkbox"/> Tax – Business | <input type="checkbox"/> Recent Cash Advance (>\$950 in last 70 days) |
| <input type="checkbox"/> Student loans | <input type="checkbox"/> Willful/Malicious Injury (assault, etc) |
| <input type="checkbox"/> Child Support or alimony | <input type="checkbox"/> Tickets / fines /restitution |
| <input type="checkbox"/> Divorce property settlement | <input type="checkbox"/> Debts resulting from DUI/DWI |