BANKRUPTCY QUESTIONNAIRE Date of Consultation_____

YOUR NAME:_____ _____ _____
First Middle Initial Last Name
Maiden Name or Prior Married Names_____

_____ _____ _____ _____
Street Address City Zip Code County

SSN:_____ Home Telephone: _____ Cell Tel _____
E-mail _____

_____
Employer Name & Address Position/title Length of Service

SPOUSES NAME:_____ _____ _____
First Middle Initial Last Name
Maiden Name or Prior Married Names _____

_____ _____ _____ _____
Street Address City Zip Code County

SSN:_____ Home Telephone: _____ Cell Tel _____

_____
Employer Name & Address Position/title Length of Service

YEAR THAT YOU STARTED LIVING IN THE STATE OF OHIO _____
Approximate date of move to Ohio if within the last 3 years

CHILDREN AND DEPENDENTS REGARDLESS OF THEIR CURRENT RESIDENCE
Name Age Son/Daughter/Step Child

How did you find us?
Yellow Pages _____ _____ _____
Hamilton County Butler County Clermont County

Referral from Prior Client? _____ Who? _____

Advertising Letter _____ Internet Ad _____