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Franklin County Chambersburg, PA 17201 Tel: (717) 709-0500 4076 Market Street Suite 209 Camp Hill, PA 17011 Tel: (717) 975-0500 Fax: (717) 975-0508

CLIENT INTAKE FORM

Your Appointment Date:	Your Appointment Time:				
YOU	YOUR SPOUSE				
FULL NAME (Last, First and Middle):	FULL NAME (Last, First and Middle):				
SOCIAL SECURITY NO:	SOCIAL SECURITY NO:				
DATE OF BIRTH:	DATE OF BIRTH:				
PHYSICAL ADDRESS:	PHYSICAL ADDRESS:				
CONTACT INFORMATION:	CONTACT INFORMATION:				
HOME: ()	HOME: ()				
CELL: ()	CELL: ()				
email:	email:				
MAILING ADDRESS (Include City, State, Zip):	MAILING ADDRESS (Include City, State, Zip):				
COUNTY OF RESIDENCE:	COUNTY OF RESIDENCE:				
EMPLOYER:	EMPLOYER:				
EMPLOYER'S ADDRESS:	EMPLOYER'S ADDRESS:				
WORK TELEPHONE NUMBER:	WORK TELEPHONE NUMBER:				
() Extension:	() Extension:				
SELF-EMPLOYED?	SELF-EMPLOYED?				
OCCUPATION / JOB TITLE.	OCCUPATION / JOB TITLE.				
LENGTH OF EMPLOYMENT:	LENGTH OF EMPLOYMENT:				
Marital status? ☐ Married ☐ Never Married ☐ I Do you have dependents? ☐ Yes (how many:					
Have You Ever Filed Bankruptcy Before? ☐ Yes	□ No If Yes, When?				
Did You Move to this State Within the Past Two Y	/ears? Yes No If Yes, Prior State:				
Are you Currently Facing? ☐ Repossession ☐ W	age Garnishment ☐ Foreclosure/Eviction ☐ None				
Are you paying on or do you own a home?	☐ Yes ☐ No				

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Has Your Home Been Scheduled for Foreclosure?	☐ Yes (When) ☐ No	
Has Your Home EVER Been Scheduled for Foreclosure?	☐ Yes ☐ No	
Do you own any other property (rental or otherwise) or land?	? □ No	
☐ Yes Address:		
Address:		
Do you receive child support? ☐ Yes (\$	per week/month) ☐ No	_
Does your spouse receive child support? ☐ Yes (\$	•	
		_
Does your spouse pay child support? ☐ Yes (\$	per week/month)	_
Do you receive Social Security/SSI/SSD? ☐ Ye	es (\$ per month) 🗆 No)
Does your spouse receive Social Security/SSI/SSD? ☐ You	es (\$ per month) 🗆 No)
Does any child of yours receive Social Security/SSI/SSD?	/es (\$ per month) □ No)
Do you receive Unemployment Compensation?	'es (\$ per week) □ No	
Does your spouse receive Unemployment Compensation?	/es (\$ per week) □ No	,
Do you receive Workers Compensation?	'es (\$ per week) □ No	
Does your spouse receive Workers Compensation?	Yes (\$ per week) □ No)
Do you receive a Pension?	Yes (\$ per week) □ No)
Does your spouse receive a Pension?	Yes (\$ per week) □ No)
Do you receive rental income?	Yes (\$ per month 🗆 No	0
Do you own a business? Yes (sole proprietor/L	.LC/Corporation/Partnership) 🔲 No)
Does your spouse own a business? ☐ Yes (sole proprietor/Li	LC/Corporation/Partnership) 🔲 No)
How much income is received from your business?	\$ per week/month	
How much income is received from your spouse's business?	\$ per week/month	
How Did You Hear about Cohen Law Offices? ☐ I am a Client Phone Book: ☐ Verizon ☐ Yellow Book ☐ EZ To Use ☐ Referred by: ☐ TotalBankrupt	☐ Embarq ☐ Internet tcy ☐ Bankruptcy.Me ☐ Nolo	t

In State 2 Years? ☐ Y ☐ N Prior: In District 91 Days? ☐ Y ☐ N Prior:										
					-					
Prior Chapter 7 (when) Prior Chapter 13 (when)										
Household S	izo2 🗆	0 🗆 1			7 7			Other Adults?		າ □
INCOME	lze: 🗆	<u> </u>	AVG	MONTHLY		MONTH		Other Adults? ☐ 0 ☐ 1 ☐		∠ ⊔
SOURCE	FRE	Q	NET	GROSS		NET		NOTES		
DEBTOR			\$	\$		\$		☐ Self-Employed		cs
SPOUSE			\$	\$		\$		IncYrSt		GARN
OTHER			\$	\$		\$		SHs/Prtnrs:		LEVY
OTHER			\$	\$		\$		Emplees:		ASGMT
OTHER			\$	\$		\$		PubPrems:		IRA/401K ST PEN
☐ Withholding Cha	ange w/in	6 Mos?						Assets: Gross/mo \$		CONTR
☐ Income Change	w/in 6 Mc	s?	TOTALS	\$		\$		Exp/mo \$		REPAY
Over Median						DE00D	IDTI			CS/ALIM CO
PAYMENT	DUE		REDITOR	PAYOFF		ref/red/	s/al f	ON OF SECURITY mv pm/npm u/s n/d		Cmcl Ppty Cashcol
ARREARS	DOL		CLASS	FAIOII				e acquired (3.3yr) n incurred (2.5/1yr)	PMTS REM	
\$				\$						TS EVER?
\$				Ф						2 MTG 3 MTG
\$				_						ноа
\$				\$						Ppty Tax Otr RE
\$									I	Auto Boat
\$				\$						CUCC PMSI
\$										DurGds Jewelry
				\$						DeptStore NPMSI
\$										Taxes SL
\$				\$						Div/Sep Meds
\$										RepoDef Apts
\$				\$						Suits MVA
\$										CC Store CCs
\$				\$						LOC Pers
\$				<u></u>						Prof Ins Prem
\$				\$						Tuition Benf Ovrpy
\$				Ť						PayDay NSF
\$				\$						O/D Utils
\$				"						Mail Order
Pmts to Mort: Houses / Land / Autos / Boat / 401k / IRA / Annuity / Svs / Stocks / HHG / Liq \$ / Jwlry / Guns / Collex / Music Inst / Cmcl Ppty / Tools / Anim / X-fersW / in4yrs / Trust / Cashouts / Pmts-GiftsToFrnds-Fam / A-R / DivDec / LifEIns\$Val / InterestInBus / PptyHeldByOtr / Otr / Storage / Losses Recommendation/Fee						ıe				
					Co	ontingent L	-		/	
	Inheritance Rjcted w/in 4 Yrs or Exmpted w/in 6 mos:						mos:			
					Re	turns Not	Filed	: Last Re	ef Amt:	
					Re	ef Exempte	ed:	Previously	Filed BKs:	
CCC: TY TN	CCC: Y N % CC Debt w/in Yr: Cash Advance: \$ w/in 75 Days Otr FS Given w/in Yr:									

Remarks:

	CURRENT EXPENSES						
	Do you or your spouse maintain separate households? Y N If so, please fill one page out for your household and another for your spouse's.						
	Indicate how much you pay for each item each month. If you do not pay anything, please indicate it with a "0" or "-", DO NOT leave it blank.						
	are unsure of the amount you pay each month, but know the amount for a different period (per week, y, every 3 months, etc.), write in the amount and the frequency that you pay the amount.						
1.	Your rent/lot rent/homeowners association fee						
2.	Your first mortgage						
	Does your mortgage pmt include real estate taxes? ☐ Y ☐ N Does your mortgage pmt include property insurance? ☐ Y ☐ N						
3.	Your second mortgage or line of credit						
4.	Rent/Mortgage payments for another property						
5.	Electricity						
6.	Gas/heating oil/propane						
7.	Water						
8.	Sewer						
9.	Landline telephone						
10.	Cell phone						
11.	Garbage						
12	Cable/DirectTV/Satellite TV						
13.	Internet						
14.	Home repairs and upkeep (yearly)						
15.	Food						
16.	Clothing (yearly)						
17.	Laundry detergents/Laundromat/dry cleaning						
18.	Medical Pmts/Prescriptions not covered by insurance (i.e., co-pays)						
19.	Dental and Vision Appts/Glasses not covered by insurance						
20.	Gasoline/car maintenance/inspections/registration (weekly)						
21.	Entertainment (i.e., movies/eating out/newspapers/magazines)						
22.	Tithing to church/synagogue/charitable contributions (weekly)						

a) Homeowners or renters insurance b) Life insurance (term whole life) c) Health insurance d) Automobile insurance e) Other insurance (such as cancer or accident) 24. Taxes not deducted from paychecks (such as local taxes) 25. Automobile payments (indicate yr & model & bank name):
c) Health insurance d) Automobile insurance e) Other insurance (such as cancer or accident) 24. Taxes not deducted from paychecks (such as local taxes) 25. Automobile payments (indicate yr & model & bank name):
d) Automobile insurance e) Other insurance (such as cancer or accident) 24. Taxes not deducted from paychecks (such as local taxes) 25. Automobile payments (indicate yr & model & bank name):
e) Other insurance (such as cancer or accident) 24. Taxes not deducted from paychecks (such as local taxes) 25. Automobile payments (indicate yr & model & bank name):
24. Taxes not deducted from paychecks (such as local taxes) 25. Automobile payments (indicate yr & model & bank name):
25. Automobile payments (indicate yr & model & bank name):

26. Furniture/appliance payments (indicate type & bank):
27. Camper/ATV/Motorcycle/Other installment payments:
28. Alimony, maintenance, child or spousal support paid to others:
Name & address of person paid:
29. Payments for dependents not living at home (i.e., college student)
30. Education for a mentally or physically challenged child
31. Private education/catholic school tuition
32. Childcare (weekly)
33. School lunches (weekly)
34. Cigarettes (weekly)
35. Pet food/vet bills/medicine/grooming expenses
36. Business expenses
37. Other expense not listed above
Please indicate whether you have any extraordinary expenses due to a medical condition or commute to
a long distance job, etc

ASSET LIST

Please go room to room or picture what items you have in each room & list them below. WARNING, if you fail to list anything of value, the bankruptcy court may take possession of it, so be sure to list anything of value to you. Also, please list the value for the items (use private party Kelly blue book or NADA values for your vehicles) and used values for your other items (unless it is fairly new). If you do not own anything in a category, please do not leave it blank – list NONE.

T/ATTIE

AMOUNT OWED

WIIO VOLIMARE

DAVATENT

NAMES ON DEED

ADDDECC OF HOUCECL AND

ADDRESS OF HOUSES/LAND OWNED OR PAYING ON	NAMES ON DEED	VALUE	AMOUNT OWED ON THEM	WHO YOU MAKE PAYMENTS TO	PAYMENT AMOUNT
OWNED ON THE ON			OTT TILLIT		THIS CITY
MOBILE HOMES/DOUBLE WIDES	NAMES ON TITLE	VALUE	AMOUNT OWED	WHO YOU MAKE	PAYMENT
OWNED OR PAYING ON			ON THEM	PAYMENTS TO	AMOUNT

BANK ACCOUNTS (Please	e list even if you have a zero (0) ba	alance of if you are on an	account with someon	e else, even if you do not	personally use it)	
NAME OF BANK	F BANK CHECKING/SAVINGS/CD NAMES ON A		ON ACCOUNT	ACCOUNT CURRENT BALANCE		
VEHICLES YOU OWN OR ARE PAYING ON	NAMES ON TITLE	KBB or NADA VALUE (private party)	AMOUNT OWED ON VEHICLE	WHO ARE YOU PAYING	PAYMENT AMOUNT_	
SECURITY DEPOSITS						
NAME OF LANDLORD, U	UTILITY COMPANY, ETC.	AMO	UNT PAID			

BOATS, ATVs, 4-WHEELERS, TRAILERS, AIR	RCRAFT	NAMES ON TITLE	VALUE	AMOUNT OWED	COMPANY
YOU OWN OR ARE PAYING ON				ON ITEM	OWED TO
MACHINERY, BUSINESS EQUIPMENT	NAME	S ON TITLE	VALUE	AMOUNT OWED	COMPANY
YOU OWN OR ARE PAYING ON				ON ITEM	OWED TO

FARMING EQUIPMENT, CROPS, ANIMALS YOU OWN OR ARE PAYING ON	NAMES ON TITLE	VALUE	AMOUNT OWED ON ITEM	COMPANY OWED & PMT AMT
JEWELRY AND FURS TOT (Please list items, separated by commas)	'AL VALUE	AMOUNT OWING ON ANY ITEM	COMPANY OWED & PMT AMOUN	
FIREARMS, SPORTS, HOBBY EQUIPMENT (Please list items, separated by commas)	TOTAL VALUE	AMOUNT OWING ON ANY ITEM	COMPANY & PMT	OWED TO AMOUNT
INSURANCE POLICIES (Please list even if someouns insurance company accounts)		VERS DEATH VALUE	CASH VALUE	AMT OF LOANS_

ANNUITIES OR CDs				
BANK OR INVESTMENT COMPANY	NAME ON ACCOUNT	ACCOUNT #	CASH VALUE	AMOUNT OF LOANS_
IRAs, 401Ks, PENSIONS & PROFIT SHA	RING PLANS (including those	e with current or form	ner employers)	
BANK OR INVESTMENT COMPANY	NAME ON ACCOUNT	ACCOUNT #	CASH VALUE	AMOUNT OF LOANS
STOCKS, BONDS, MUTUAL FUNDS				
BANK OR INVESTMENT COMPANY	NAME ON ACCOUNT	ACCOUNT #	CASH VALUE	AMOUNT OF LOANS

FURNITURE & ITEMS IN YOUR LIVING ROOM		MONEY OWED	COMPANY YOU OWE AMOUNT TO
Please list each item individually, separated by commas		ON ANY ITEM	
FURNITURE & ITEMS IN YOUR FAMILY ROOM	TOTAL VALUE	MONEY OWED	COMPANY YOU OWE AMOUNT TO
Please list each item individually, separated by commas		ON ANY ITEM	
FURNITURE & ITEMS IN YOUR KITCHEN/DINING RO	OOM TOTAL VALUE		COMPANY YOU OWE AMOUNT TO
Please list each item individually, separated by commas		ON ANY ITEM	

FURNITURE & ITEMS IN YOUR BEDROOMS	TOTAL VALUE	MONEY OWED	COMPANY YOU OWE AMOUNT TO
Please list each item individually, separated by commas		ON ANY ITEM	
FURNITURE & ITEMS IN YOUR BASEMENT/ATTIC	TOTAL VALUE	MONEY OWED	COMPANY YOU OWE AMOUNT TO
Please list each item individually, separated by commas	TOTAL VALUE	ON ANY ITEM	COMPANT TOO OWE AMOUNT TO
Flease list each item individually, separated by commas		ON ANT ITEM	
FURNITURE & ITEMS IN YOUR GARAGE/YARD/SHED	TOTAL VALUE	MONEY OWED	COMPANY YOU OWE AMOUNT TO
Please list each item individually, separated by commas		ON ANY ITEM	

FURNITURE & ITEMS IN YOUR LAUNDRY ROOM	TOTAL VALUE	MONEY OWED	COMPANY YOU OWE AMOUNT TO
Please list each item individually, separated by commas		ON ANY ITEM	

	VALUE (\$)			
BOOKS, PICTURES, ANY COLLECTIONS YOU MAY HAVE				
CLOTHING, SHOES, BOOTS, COATS				
INTEREST IN BUSINESS OR PARTNERSHIP (NAME:)				
DOES ANYONE OWE YOU MONEY (WHO:)				
ALIMONY, SUPPORT, PROPERTY SETTLEMENT NOT RECEIVED YET				
TAX REFUNDS WHICH YOU HAVE NOT RECEIVED YET				
ARE YOU A BENEFICIARY OF AN ESTATE OR TRUST				
DO YOU HAVE ANY LAWSUITS PENDING				
WORKERS COMPENSATION, PERSONAL INJURY, SOCIAL SECURITY CLAIMS				
PATENTS, COPYRIGHTS				
LICENSES, FRANCHISES				
CUSTOMER LISTS/INVENTORY				
PETS (WHAT KIND:)				
ANY OTHER PERSONAL PROPERTY NOT LISTED				