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Initial Questionnaire

Today's Date: _____

How did you first hear about The Elmer Law Firm? _____

Please answer the following to your best ability. If you are unsure, give your best available information.

Name: (Mr./Mrs./Ms.) _____ SSN: _____ Date of Birth: _____

Spouse: _____ SSN: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____ County: _____

Home Phone: _____ Cell (H): _____ Cell (W): _____

Email: _____

Marital Status: (check one) Married _____ Single _____ Separated _____ Divorced _____

Employer: _____ Occupation: _____

How Long: _____ Work Phone: _____

Spouse's Employer: _____ Occupation: _____

How Long: _____ Work Phone: _____

How many members are in your household: Adults- _____ Children- _____

Have you ever previously filed a bankruptcy? Yes No
If yes, when and what Chapter? _____

Have you sold or transferred any property within the last 2 years? Yes No

Do you: Own Rent Are you behind in payments? Yes No
(circle one) Other _____ If yes, how many? _____

Have you filed your tax returns for the last 5 years? Yes No
If no, what years have not been filed? _____

Do you owe IRS or State taxes? Yes No

If yes, how much? IRS: \$ _____ State: \$ _____

How much is your usual tax refund, if any? IRS: \$ _____ State: \$ _____

Do you owe student loans? Yes No

If yes, list lender(s): _____ How Much? \$ _____

Do you pay child support or spousal support? Yes No

If yes, are you behind in payments? Yes No

If yes, how much? _____

Have you made any credit card cash advances in the last 6 months? Yes No

If yes, when was the most recent? _____

Do you have any NSF/bounced checks outstanding? Yes No

If yes, have they been turned over to the District Attorney? Yes No

If yes, have they been turned over to a collection agency? Yes No

Are your wages being garnished or are you about to be garnished? Yes No

Are you aware of any lawsuits against you? Yes No

If yes, do you have any judgments against you? Yes No

If yes, have any liens been filed against you? Yes No

Have you filed any lawsuits against anyone? Yes No

Do you have any potential legal claims against anyone (such as for a personal injury or any other legal right to sue)?
Yes No

Have you co-signed on any loan for another person or legal entity? Yes No

Do you have any outstanding pawns? Yes No

Do you have any check advances? Yes No If yes, date of most recent and amount: _____

Do you have any rent-to-own contracts? Yes No

Do you have any retirement accounts (such as a 401(k), IRA, etc.) Yes No

Do you owe the State of Alabama for unemployment benefits overpaid to you? Yes No

SECURED DEBTS:

Mortgages: Check here if none: _____

Property #1 Address (your home if multiple properties owned): _____

1st mortgage payment _____/month Amount owed: \$ _____ Behind? Yes No If yes, how many: _____

2nd mortgage payment _____/month Amount owed: \$ _____ Behind? Yes No If yes, how many: _____

3rd mortgage payment _____/month Amount owed: \$ _____ Behind? Yes No If yes, how many: _____

Value of Property: \$ _____ Purchase Price: \$ _____ Year Purchased: _____

Circle which are in your name: Mortgage Deed Both

List any other owners of the property with you: _____

Property #2 Address: _____

1st mortgage payment _____/month Amount owed: \$ _____ Behind? Yes No If yes, how many: _____

2nd mortgage payment _____/month Amount owed: \$ _____ Behind? Yes No If yes, how many: _____

3rd mortgage payment _____/month Amount owed: \$ _____ Behind? Yes No If yes, how many: _____

Value of Property: \$ _____ Purchase Price: \$ _____ Year Purchased: _____

Circle which are in your name: Mortgage Deed Both

List any other owners of the property with you: _____

Mobile Homes: Are you purchasing a mobile home? Yes No

If yes, what Year _____ Make _____ Model _____

Payment: \$ _____/month Amount Owed: \$ _____

Do you own or rent the land? (circle one) Own Rent Other

If you own the land: Payment amount: \$ _____ Amount owed: _____ Value: \$ _____

Do you own any other real estate? Yes No

If yes, what is it's value? \$ _____

Have you received a letter advising of a foreclosure date? Yes No

If yes, what is the date the auction is scheduled to occur? _____

If yes, which attorney/law firm is handling the foreclosure? _____

Vehicles: Check here if none in your name: _____

Please include **all motor vehicles**, including motorcycles, boats, RVs, etc. which are titled in your name and/or you are on the note for. List even paid for vehicles.

Vehicle # 1:

Year: _____ Make: _____ Model: _____
(Check one) Paid For Buying Leasing

Creditor purchasing from if still paying: _____

Payment per month: \$ _____ Balance Owed: \$ _____ Fair Market Value: \$ _____
Date purchased: _____ Current on payments? _____

Vehicle # 2:

Year: _____ Make: _____ Model: _____
(Check one) Paid For Buying Leasing

Creditor purchasing from if still paying: _____

Payment per month: \$ _____ Balance Owed: \$ _____ Fair Market Value: \$ _____
Date purchased: _____ Current on payments? _____

Vehicle # 3:

Year: _____ Make: _____ Model: _____
(Check one) Paid For Buying Leasing

Creditor purchasing from if still paying: _____

Payment per month: \$ _____ Balance Owed: \$ _____ Fair Market Value: \$ _____
Date purchased: _____ Current on payments? _____

Vehicle # 4:

Year: _____ Make: _____ Model: _____
(Check one) Paid For Buying Leasing

Creditor purchasing from if still paying: _____

Payment per month: \$ _____ Balance Owed: \$ _____ Fair Market Value: \$ _____
Date purchased: _____ Current on payments? _____

Income & Expenses:

Monthly household income:

	You	Spouse
Gross monthly income from employment (before taxes)		
Gross monthly income from Social Security		
Gross monthly income from retirement of all sources		
Regular monthly income from any other source		

Monthly household expenses:

Please list the amount you expend each month for each category of household expense on a monthly basis. For some, such as medical expenses or clothing, you may have to average costs out over several months or a year.

	\$
Food/groceries	
Housing (mortgage/rent of home and land)	
Property taxes & insurance	
Home upkeep/maintenance	
Automobile payments (all)	
Transportation costs (gas, services, bus fare, etc.)	
Laundry	
Clothing	
Electricity	
Gas	
Water/sewer	
Garbage removal	
Television	
Telephone	
Internet	
Medical/dental	
Child care/daycare	
Minor child's tuition	
Auto insurance	
Health insurance	
Life insurance	
Other insurance: _____	
Court ordered child support, spousal support or alimony (circle which one)	
Charitable contributions	
Other: _____	
Other: _____	
Other: _____	

