

# CAIN & HERREN

A LAW CORPORATION

## Consultation Questionnaire

*Thank you for consulting with us. We've found this questionnaire to be the best way to start. It may seem lengthy, but it will save you time in the long run. We do not mean to pry into your personal affairs, but we must have enough information to provide you with a meaningful consultation. It is important that you be as honest, accurate, and complete as possible, because your consultation will only be as good as the information you provide. Whether you retain us or not, this information will be kept in the strictest confidence possible.*

### GENERAL INFORMATION

Your Name: \_\_\_\_\_

Marital Status:      \_\_\_\_\_ Single      \_\_\_\_\_ Married      \_\_\_\_\_ Domestic Partnership  
                                 \_\_\_\_\_ Separated      \_\_\_\_\_ Divorced      \_\_\_\_\_ Widowed

Name of Your Spouse/Partner: \_\_\_\_\_

Your Address: \_\_\_\_\_  
\_\_\_\_\_

Your Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Email Address: \_\_\_\_\_

Number of children living at home under 18 years of age: \_\_\_\_\_

Have you been a party to a divorce case? \_\_\_\_\_

If so please state name of Spouse or previous Spouse: \_\_\_\_\_

### INCOME

You:	Your spouse/partner:
Occupation: _____	Occupation: _____
Employer: _____	Employer: _____
Gross Income: \$ _____ per _____	Gross Income: \$ _____ per _____

- **"Gross Income"** is your total income before taxes and other deductions are withheld.
- **If you are self-employed**, "gross income" is your gross receipts less business expenses, prior to taxes being paid.
- **If your income varies greatly** from month to month, try to estimate the average monthly income over a 6 month period prior to today.

If either you or your spouse/partner have **other source of regular income**, such as a **second job, rental income, alimony, child support, social security, disability, retirement**, etc., please describe and state the gross monthly income it provides:

Description: \_\_\_\_\_ Gross monthly income: \_\_\_\_\_

Description: \_\_\_\_\_ Gross monthly income: \_\_\_\_\_

If you anticipate any significant change in your income within the next 6 months to a year, please explain:

\_\_\_\_\_  
\_\_\_\_\_

### ASSETS & DEBTS

**REAL PROPERTY:** (Include all properties, wherever they may be)

**Address # 1:** \_\_\_\_\_

Type of property(*circle one*): Your residence – Rental Property – Business Property – Land

Fair Market Value: \_\_\_\_\_ (*what the property would sell for in the next 6 months*)

Outstanding debt: 1<sup>st</sup> Mortgage: \_\_\_\_\_ 2<sup>nd</sup> Mortgage: \_\_\_\_\_

Total (combined) monthly mortgage payment: \_\_\_\_\_

Are you late or behind paying either mortgage? **YES / NO** If yes, how many months? \_\_\_\_\_

Are you late paying any condo/HOA fees? **YES / NO** If yes, how many months? \_\_\_\_\_

Borrower(s): (you, your spouse/partner, both, others) \_\_\_\_\_

Is the property in foreclosure? **YES / NO** If yes, what is the auction date? \_\_\_\_\_

**Address # 2:** \_\_\_\_\_

Type of property(*circle one*): Your residence – Rental Property – Business Property – Land

Fair Market Value: \_\_\_\_\_ (*what the property would sell for in the next 6 months*)

Outstanding debt: 1<sup>st</sup> Mortgage: \_\_\_\_\_ 2<sup>nd</sup> Mortgage: \_\_\_\_\_

Total (combined) monthly mortgage payment: \_\_\_\_\_

Are you late paying either mortgage? **YES / NO** If yes, how many months? \_\_\_\_\_

Are you late paying any condo/HOA fees? **YES / NO** If yes, how many months? \_\_\_\_\_

Borrower(s): (*you only, you and your spouse, etc.*) \_\_\_\_\_

Is the property in foreclosure? **YES / NO** If yes, what is the auction date? \_\_\_\_\_

**VEHICLES:** (Cars, trucks, motorcycles, boats, planes, etc., whether in your possession or not)

**Vehicle #1:** Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ Miles: \_\_\_\_\_

Outstanding Debt: \_\_\_\_\_ Monthly payment: \_\_\_\_\_

Are you behind on payments? **YES / NO** If yes, how many months? \_\_\_\_\_

**Vehicle #2:** Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ Miles: \_\_\_\_\_

Outstanding Debt: \_\_\_\_\_ Monthly payment: \_\_\_\_\_

Are you behind on payments? **YES / NO** If yes, how many months? \_\_\_\_\_

**Vehicle #3:** Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ Miles: \_\_\_\_\_

Outstanding Debt: \_\_\_\_\_ Monthly payment: \_\_\_\_\_

Are you behind on payments? **YES / NO** If yes, how many months? \_\_\_\_\_

**PERSONAL PROPERTY:**

Fair Market Value:

- 1. Cash on hand (if over \$1000): \_\_\_\_\_ \$ \_\_\_\_\_
  - 2. Checking/Savings Accounts (if combined value over \$5000) \_\_\_\_\_ \$ \_\_\_\_\_
  - 3. Household furnishings (if combined value over \$10000): \_\_\_\_\_ \$ \_\_\_\_\_
  - 4. Books, art, antiques, collections (if combined value over \$1000): \_\_\_\_\_ \$ \_\_\_\_\_
  - 5. Jewelry (if combined value over \$2000): \_\_\_\_\_ \$ \_\_\_\_\_
  - 6. Stock, bonds, or other interests in businesses/entities (if you own a business or a part of a business, we need to know the fair market value of **your** interest in the business): \_\_\_\_\_ \$ \_\_\_\_\_
  - 7. Accounts receivable (if over \$1000): \_\_\_\_\_ \$ \_\_\_\_\_
  - 8. Tax Refunds (received or anticipated, if over \$1000): \_\_\_\_\_ \$ \_\_\_\_\_
  - 9. Other contingent and unliquidated claims (for example, are you suing, or thinking of suing someone for money damages? If so, please estimate the value of such a claim): \_\_\_\_\_ \$ \_\_\_\_\_
  - 10. Machinery, equipment, supplies used in business: \_\_\_\_\_ \$ \_\_\_\_\_
  - 11. Inventory in a business you own: \_\_\_\_\_ \$ \_\_\_\_\_
  - 12. Property in Safety Deposit Boxes (if over \$1000): \_\_\_\_\_ \$ \_\_\_\_\_
  - 13. Other personal property of any type not listed above (if value is over \$1000): \_\_\_\_\_ \$ \_\_\_\_\_
- Please describe this other property: \_\_\_\_\_
- \_\_\_\_\_

**OTHER DEBTS:**

Amount Outstanding:

Debtor:  
(you, spouse/partner, both)

- 1. Credit Card Debt (combined): \_\_\_\_\_ \$ \_\_\_\_\_
  - 2. Federal Income Tax Debt: \_\_\_\_\_ \$ \_\_\_\_\_
  - 3. State Income Tax Debt: \_\_\_\_\_ \$ \_\_\_\_\_
  - 4. State GET Tax Debt: \_\_\_\_\_ \$ \_\_\_\_\_
  - 5. Payroll Tax Debt (940/941): \_\_\_\_\_ \$ \_\_\_\_\_
  - 6. Property Tax Debt: \_\_\_\_\_ \$ \_\_\_\_\_
  - 7. Unsecured loans (personal, business, signature) \_\_\_\_\_ \$ \_\_\_\_\_
  - 8. Medical/Hospital Debt: \_\_\_\_\_ \$ \_\_\_\_\_
  - 9. Back rent/lease payments: \_\_\_\_\_ \$ \_\_\_\_\_
  - 10. Back AOA/Condo Assn. Fees: \_\_\_\_\_ \$ \_\_\_\_\_
  - 11. Back child support/alimony: \_\_\_\_\_ \$ \_\_\_\_\_
  - 12. Deficiency on repossessed vehicle: \_\_\_\_\_ \$ \_\_\_\_\_
  - 13. Student loan(s): \_\_\_\_\_ \$ \_\_\_\_\_
  - 14. Other: \_\_\_\_\_ \$ \_\_\_\_\_
- Description: \_\_\_\_\_

GENERAL QUESTIONS

Has anyone co-signed on a debt for you or your spouse/partner? YES / NO

Have you or your spouse/partner co-signed on a debt for anyone? YES / NO

Are you or your spouse/partner involved in any type of lawsuit? YES / NO

Describe: \_\_\_\_\_

Do you expect to receive an inheritance in the next 6 months? YES / NO

Have you repaid any debts over \$600 in the past year?: YES / NO

Have you taken on any debt in the last 90 days? (Credit cards, etc.) YES / NO

How long have you lived in Hawaii? \_\_\_\_\_ years \_\_\_\_\_ months

If you have filed bankruptcy before, what was the date you last filed?: \_\_\_\_\_

Our firm provides services other than bankruptcy, including divorce, loan modification, criminal defense, contracts, and debt collection. If we have represented someone that is, has, or possibly will be on the opposite side of a legal matter from you, we may not be able to represent you. Can you think of any such conflict? If so, please explain:

\_\_\_\_\_  
\_\_\_\_\_

How did you hear about us? \_\_\_\_\_Radio \_\_\_\_\_Website \_\_\_\_\_Phone Book \_\_\_\_\_Newspaper  
\_\_\_\_\_Reference (who? \_\_\_\_\_)  
Other: \_\_\_\_\_

Finally, in consulting our firm, what do you wish to achieve for yourself and family? Also, is there any other information you think might help us in advising you on your situation?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

By signing below, you are certifying that the information given above is true and correct to the best of your knowledge and belief. Please be advised that by signing this document you have not retained our firm, and that an attorney-client relationship between us will only arise upon further written agreement.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_