

CLIENT INFORMATION SHEET

(Please fill out form completely)

DATE: _____

FULL NAME: _____

DATE OF BIRTH: _____ S.S.N: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ CELL NO: _____

PREVIOUS ADDRESSES FOR LAST 3 YEARS (INCLUDE DATE OF RESIDENCE):

EMPLOYED BY: _____

EMPLOYER ADDRESS: _____

EMPLOYER PHONE NUMBER: _____

POSITION: _____ LENGTH OF EMPLOYMENT: _____

PREVIOUS EMPLOYER: _____

OTHER INCOME: _____

SPOUSE'S NAME: _____ S.S.N: _____

SPOUSE'S ADDRESS (if different) _____

CITY: _____ STATE: _____ ZIP: _____

SPOUSE EMPLOYED BY: _____

EMPLOYER ADDRESS: _____

POSITION: _____ LENGTH OF EMPLOYMENT: _____

PREVIOUS EMPLOYER: _____

OTHER INCOME: _____

CHILDREN'S NAMES AND

AGES: _____

PRIOR BANKRUPTCIES (?) YES: _____ NO: _____

If yes, list file No: _____ Location where filed: _____

Date of filing: _____ Chapter 7 or 13: _____