

CLIENT PERSONAL INFORMATION SHEET

Date: _____ How did you hear about us? _____

7 _____

Name: _____ Social Security Number: _____

Spouse: _____ Social Security Number: _____

Address: _____ City, State, Zip: _____

Dependents? Name & Age: _____

Personal Information: Email Address: _____

Home Phone Number: () _____ - _____ Ext: _____ Occupation: _____

Cell Phone Number: () _____ - _____ () _____ - _____

Place of Employment: _____

Work Phone Number: () _____ - _____ Ext: _____ How Long? _____

(Spouse) Place of Employment: _____

Work Phone Number: () _____ - _____ Ext: _____ How Long? _____

Marital Status: Married Single Divorced Separated Widow(er)

Do you own _____ or rent _____? Do you own any real estate? Yes No

Have you ever filed for bankruptcy? Yes No

Do you have any personal injury claims, automobile claims, or other claims? Yes No

Do you have any claims for an inheritance? Yes No

Do you have money in: Bank \$ _____ Investments \$ _____ Retirement \$ _____

Do you have a 401(k) loan, TSP loan, or retirement loan? Yes No If yes, balance \$ _____

Please estimate the balances owed on the following:

- 1. Total of Student Loans \$ _____
2. Taxes Owed: IRS \$ _____ State \$ _____ All returns filed? Yes No
3. Any back Child Support or Spousal Support \$ _____
4. Any NSF checks outstanding \$ _____

Secured Debts:

Home Loans: 1st Mortgage Payment \$ _____ per mo. Loan Total \$ _____ Behind? Yes No
2nd Mortgage Payment \$ _____ per mo. Loan Total \$ _____ Behind? Yes No
3rd Mortgage Payment \$ _____ per mo. Loan Total \$ _____ Behind? Yes No

APPROXIMATE VALUE OF PROPERTY \$ _____

Vehicles: 1st Auto: Yr/Make _____ Own/Lease? Payment \$ _____ Balance \$ _____
2nd Auto: Yr/Make _____ Own/Lease? Payment \$ _____ Balance \$ _____
3rd Auto: Yr/Make _____ Own/Lease? Payment \$ _____ Balance \$ _____

Any recreational vehicles, motorcycles, boats, or other vehicles:

1st Item: What? _____ Own/Lease? Payment \$ _____ Balance \$ _____
2nd Item: What? _____ Own/Lease? Payment \$ _____ Balance \$ _____
3rd Item: What? _____ Own/Lease? Payment \$ _____ Balance \$ _____

Other Secured Loans: Please list loans for furniture, appliances, stereo, etc.(Including rent-to-own)
{List credit cards, medical bills and doctor bills on next page}

Name of Company: _____ Payment: _____ Balance: _____ #of months behind: _____
1. _____
2. _____
3. _____
4. _____

UNSECURED DEBTS: {List all debts even if disputed or written off. Include credit cards, charge accounts, medical, personal loans, bad checks, auto accidents, etc.}

Name of Creditor	Type of Debt	\$ per Month	Balance	# Months Behind
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				

Are any of your debts less than six (6) months old? Yes No Details: _____
 Are your wages now being garnished or about to be garnished? Yes No
 Do you have any judgments against you? Yes No Who? _____
 Do you have any lawsuits against you? Yes No Who? _____

APPROXIMATE INCOME & EXPENSES

For Office Use Only

Income:	Your total monthly take home pay	\$ _____	\$ _____
	Spouses monthly take home pay	\$ _____	\$ _____
	Other monthly income _____	\$ _____	\$ _____
	<hr/>	\$ _____	\$ _____
	Total monthly income	\$ _____	\$ _____
Estimated Future Monthly Living Expenses:			
	Rent/Mortgage/Lot Rent	\$ _____	\$ _____
	Electricity & Gas ___ Water ___ Phone ___ Total:	\$ _____	\$ _____
	Food and Household.....	\$ _____	\$ _____
	Clothing and Personal Grooming.....	\$ _____	\$ _____
	Laundry and Cleaning.....	\$ _____	\$ _____
	Newspapers, Magazines, Books (include school books)	\$ _____	\$ _____
	Medical, Dental, Medicines.....	\$ _____	\$ _____
	Auto Insurance.....	\$ _____	\$ _____
	Other Insurance.....	\$ _____	\$ _____
	Child or Spousal Support.....	\$ _____	\$ _____
	Day Care.....	\$ _____	\$ _____
	1st Auto Payment.....	\$ _____	\$ _____
	2 nd Auto Payment.....	\$ _____	\$ _____
	Gasoline & Transportation Costs.....	\$ _____	\$ _____
	Cable, Satellite, Internet.....	\$ _____	\$ _____
	Other installment payments: _____	\$ _____	\$ _____
	Other living expenses: _____	\$ _____	\$ _____
	Total Monthly Expenses.....	\$ _____	\$ _____

How did you hear about us?

(Please check all that apply)

1. **Referral** (friend, family, etc.)
2. **Repeat Client**
3. **TV Commercial**
4. **Facebook**
5. **User Friendly Phone Book**
6. **Google**
7. **YP.com**
8. **Our website** (www.tommcbriidelaw.com)
9. **The Real Yellow Pages**
10. **Letter from us**

Referrals

If someone has referred you to us, please provide us with their name and address.

Mr. McBride appreciates referrals and wants to thank those that refer clients.

Name: _____

Address: _____

Telephone Number: _____