

THE LAW OFFICE OF TRACY A. BROWN, P.C.

ATTORNEYS AND COUNSELORS AT LAW

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Questions for Initial Consultation

Name:

Date & Time of Appointment:

Phone Number: (Best Contact)

Instructions:

Thank you for choosing to meet with us at The Law Office of Tracy A. Brown. In order for us to help you in a timely and complete manner, please provide us with the following requested information. If you cannot provide all of the information at this time, do not worry. At your initial consultation, we will review your situation and let us know what exactly we need to proceed.

- 1. Please print and complete the following Documents.**
- 2. Bring all pages with you to your initial consultation.**
- 3. Please bring the following additional information to your appointment:**
 - There is no charge due at the Initial Consultation; however if you would like to retain our services and be able to tell your Creditors to call us (and not you), you can do so with a minimum of \$100.
 - Driver's License (or State issued I.D. card)
 - Social Security Card
 - Proof of income for the last month.
 - Most recently filed Federal and State Tax Returns

Answer all Questions. Pay close attention to time frames. Attach additional sheets if necessary.

| | | | | | |
|----|---|---|---|------------------------------------|----------|
| 1 | What is your current marital status? | <input type="checkbox"/> Married <input type="checkbox"/> Not Married <input type="checkbox"/> Married, but separated | | | |
| 2 | Have you moved in the last 3 years? | <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, list prior addresses & dates moved: Address: _____ In: ___/___/___ Out: ___/___/___ | | |
| 3 | Have you lived with a spouse in AZ, CA, ID, LA, NV, NM, PR, TX, WA or WI in the last 3 years ? | <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, which state? _____ | | |
| 4 | <p>What income have you received from employment or operating a business this year & the prior two years?</p> <ul style="list-style-type: none"> List the total gross amounts you received from all jobs and all businesses, including part-time activities during this year and the two previous calendar years. For this year, use "<i>Total YTD Gross Income</i>" on your pay stub. For more than one job, add all amounts together. For prior years, use the income listed on your tax return or total amount from all W-2 forms. | Client Income | | Spousal Income | |
| | | This year: Year to date income. | \$ _____ | This year: Year to date income. | \$ _____ |
| | | Last Year: | \$ _____ | Last Year: | \$ _____ |
| | | Year before last: | \$ _____ | Year before last: | \$ _____ |
| 5 | <p>What other income have you received this year & the two prior years from all other sources?</p> <ul style="list-style-type: none"> List the total gross amounts you received during this year and the two previous calendar years. Specify the source(s) of income. Include all types of government assistance, SSI, disability, pension, retirement, unemployment, AFDC, child support, alimony, interest, winnings, etc. Do not list amounts from a job or business listed in #4. Your Tax Returns may not list all of these amounts. | Client Income | | Spousal Income | |
| | | Year to date income: | \$ _____ | Year to date income: | \$ _____ |
| | | Source: | | Source: | |
| | | Last Year's income: | \$ _____ | Last Year's income: | \$ _____ |
| | Source: | | Source: | | |
| | Year before last's income | \$ _____ | Year before last's income | \$ _____ | |
| | Source: | | Source: | | |
| 6 | In the last 90 days , have you paid any creditor a total of \$600 or more? (or \$6,225 if business related) | <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, how much paid: \$ _____ Creditor: _____ Address: _____ Pay Date: ___/___/___ Still Owe:\$ _____ | | |
| 7 | In the last year , did you repay any friends, family, or business partners? | <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, how much paid: \$ _____ Name: _____ Relation: _____ Address: _____ Pay Date: ___/___/___ Still Owe:\$ _____ | | |
| 8 | In the last year , did you pay any bills for friends, family, or business partners? (including any debts cosigned by family or friends) | <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, how much paid: \$ _____ Name: _____ Relation: _____ Address: _____ Date given: ___/___/___ Value:\$ _____ | | |
| 9 | In the last year , were you a party in any lawsuit or court action? i.e. Have you been sued? (Provide all court paperwork) | <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, Case # _____ . Parties: _____ v. _____ Status: <input type="checkbox"/> Pending. <input type="checkbox"/> Won. <input type="checkbox"/> Lost. | | |
| 10 | In the last year , have you been garnished or had property repossessed, foreclosed upon, levied, or seized ? (Provide additional details as necessary) | <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, what was taken: _____ <input type="checkbox"/> Vehicle. <input type="checkbox"/> Real Estate. <input type="checkbox"/> Pay Garnished. <input type="checkbox"/> Bank account levied. Date taken ___/___/___ Value:\$ _____ Creditor name: _____ Creditor address: _____ | | |
| 11 | In the last 90 days , has any creditor setoff or taken money from your accounts to pay a debt you owed them? | <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, Creditor name: _____ Creditor address: _____ Date offset ___/___/___ Value:\$ _____ | | |

| | | | |
|----------------|---|---|--|
| 12 | In the last year , has any property been assigned to your creditors, the court, or custodian? | <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, who assigned: _____ Date assigned: ___ / ___ / ___ Value:\$ _____ |
| 13 | In the last 2 years , have you made a gift or contribution valued more than \$600 to any individual ? | <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, what was given? _____ Given to: _____ Address: _____ Date given: ___ / ___ / ___ Value:\$ _____ |
| 14 | In the last 2 years , have you made a gift or contribution valued more than \$600 to any charity ? | <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, what was given? _____ Given to: _____ Address: _____ Date given: ___ / ___ / ___ Value:\$ _____ |
| 15 | In the last year , did you lose anything because of theft, fire, other disaster, or gambling? | <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes: What was lost: _____ <input type="checkbox"/> Fire. <input type="checkbox"/> Theft. <input type="checkbox"/> Gambling. <input type="checkbox"/> Other: Date lost: ___ / ___ / ___ Value: \$ _____ Insured? <input type="checkbox"/> Yes. <input type="checkbox"/> No. for how much \$ _____ |
| 16 | In the last year , did you pay anyone (besides our firm) to assist with bankruptcy services ? | <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, Who: _____ Date paid ___ / ___ / ___ Amount:\$ _____ |
| 17 | In the last year , did you pay anyone to help you deal with or make payments to creditors? (i.e. consolidation) | <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, Who: _____ Date paid ___ / ___ / ___ Amount:\$ _____ |
| 18 | In the last 2 years , did you sell, trade, or transfer any property to anyone? | <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, what was transferred? _____ Sold to: _____ Address: _____ Date sold: ___ / ___ / ___ Value:\$ _____ |
| 19 | In the last 10 years , did you transfer any property into a trust? | <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, what was transferred? _____ Trust Name & Location: _____ Date: ___ / ___ / ___ Value:\$ _____ |
| 20 | In the last year , did you close , move, or transfer any bank accounts or other financial accounts? | <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, Bank Name? _____ Address: _____ Account type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings Date closed: ___ / ___ / ___ Value:\$ _____ |
| 21 | In the last year , did you have a safe deposit box ? | <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, Bank Name? _____ Address: _____ Contents: _____ |
| 22 | In the last year , have you stored property in a storage unit ? | <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, Storage Company? _____ Address: _____ Contents: _____ |
| 23 | Are you holding, borrowing, or controlling <i>any</i> property owned by someone else ? | <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, what property? _____ Owner: _____ Address: _____ Relationship: _____ Value:\$ _____ |
| 24 25 26 | Are you liable or potentially liable under or in violation of an environmental law ? | <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, please describe property, related hazard, and potential violations. |
| 27 | In the last 4 years , have you owned a business or been a partner, officer, or >5% shareholder in any business? | <input type="checkbox"/> Yes <input type="checkbox"/> No | Business Name: _____ Nature of Business: _____ EIN: _____ - _____ Address: _____ Your relationship to business: _____ Dates operated: _____ to _____ |
| 28 | In the last 2 years , have you given a financial statement to anyone regarding your business (if you have one)? | <input type="checkbox"/> Yes <input type="checkbox"/> No | Who? _____ Date: ___ / ___ / ___ Address: _____ |

BUDGET (Page 4)

DEPENDENTS & SUPPORT

| DEPENDENTS: | Relationship | Age | Lives with you? | Monthly Support | Spouse's dependent? |
|-------------|--------------|-----|--|--|---------------------|
| | | | <input type="checkbox"/> Yes. <input type="checkbox"/> No. | \$ <input type="checkbox"/> Received. <input type="checkbox"/> Paid. | |
| | | | <input type="checkbox"/> Yes. <input type="checkbox"/> No. | \$ <input type="checkbox"/> Received. <input type="checkbox"/> Paid. | |
| | | | <input type="checkbox"/> Yes. <input type="checkbox"/> No. | \$ <input type="checkbox"/> Received. <input type="checkbox"/> Paid. | |
| | | | <input type="checkbox"/> Yes. <input type="checkbox"/> No. | \$ <input type="checkbox"/> Received. <input type="checkbox"/> Paid. | |

EMPLOYMENT & INCOME

| Employment Information | Debtor ↓ | Spouse ↓ |
|--|---|---|
| Occupation | | |
| Employer Name | | |
| Employer Address | | |
| Zip Code & Phone Number | Zip: _____ Phone: _____ | Zip: _____ Phone: _____ |
| How long employed? | Years: _____ Months: _____ | Years: _____ Months: _____ |
| Pay Period (Circle One) | Weekly Bi-Weekly Semi-Monthly Monthly | Weekly Bi-Weekly Semi-Monthly Monthly |
| Hourly or Salaried Employee | Hourly: \$ _____ / hr or Salary: \$ _____ /yr | Hourly: \$ _____ / hr or Salary: \$ _____ /yr |
| Gross Pay Per Period | \$ _____ | \$ _____ |
| Income from Other Sources (Monthly) | Debtor ↓ | Spouse ↓ |
| Gross Income from Business | \$ _____ | \$ _____ |
| Gross Income from Real Property (Rentals) | \$ _____ | \$ _____ |
| - Expenses from Business | \$ _____ | \$ _____ |
| Interest & Dividends | \$ _____ | \$ _____ |
| Family support income (alimony/child) | \$ _____ | \$ _____ |
| Unemployment compensation | \$ _____ | \$ _____ |
| Social Security income | \$ _____ | \$ _____ |
| Government Assistance (Food stamps, etc.) | \$ _____ | \$ _____ |
| Pension or Retirement Income | \$ _____ | \$ _____ |
| Other Income: (explain) | \$ _____ | \$ _____ |

➤ You must provide income statements & pay stubs for the full **6 months** prior to the date we file you. ⚡

MONTHLY BUDGET & EXPENSES

| EXPENSES (per month) | Debtor ↓ | Spouse ↓ (only if separate expenses) |
|---|--|--|
| Rent, Mortgage, Lot Rental, or Pad Fee | \$ _____ | \$ _____ |
| Real Estate Taxes (if not paid in mortgage) | Included? <input type="checkbox"/> or \$ _____ yr /12= _____ /mo | Included? <input type="checkbox"/> or \$ _____ yr /12= _____ /mo |
| Property/Rental Insurance (if not included) | Included? <input type="checkbox"/> or \$ _____ | Included? <input type="checkbox"/> or \$ _____ |
| Home Maintenance (repairs & upkeep) | \$ _____ | \$ _____ |
| Homeowner Association or Condo dues | Included? <input type="checkbox"/> or \$ _____ | Included? <input type="checkbox"/> or \$ _____ |
| Second mortgage / equity loan payments | \$ _____ | \$ _____ |
| Electricity, heat, & gas (monthly average) | \$ _____ | \$ _____ |
| Water, sewer, garbage collection | \$ _____ | \$ _____ |
| Telephone, cell phone, internet, cable | \$ _____ | \$ _____ |
| Alarm System | \$ _____ | \$ _____ |
| Food & housekeeping supplies (for family) | \$ _____ | \$ _____ |
| Childcare & Child education costs | \$ _____ | \$ _____ |
| Clothing, Laundry, & Dry Cleaning | \$ _____ | \$ _____ |
| Personal Care. (Hair, supplies, barber etc.) | \$ _____ | \$ _____ |
| Medical & Dental Expenses | \$ _____ | \$ _____ |
| Transportation (gas, bus, train, taxi, etc) | \$ _____ | \$ _____ |
| Entertainment, clubs, recreation, books, etc | \$ _____ | \$ _____ |
| Charitable / Religious donations | \$ _____ | \$ _____ |
| Life Insurance (if not listed above) | \$ _____ | \$ _____ |
| Health Insurance (if not listed above) | \$ _____ | \$ _____ |
| Vehicle Insurance | \$ _____ | \$ _____ |
| Personal Property Tax | Annual: \$ _____ /12 = \$ _____ /month | Annual: \$ _____ /12 = \$ _____ /month |
| Auto Payments | \$ _____ | \$ _____ |
| Family Support Payments (Alimony) | \$ _____ | \$ _____ |
| Family Support Payments (Child Support) | \$ _____ | \$ _____ |
| Payments to support others not living w/ you | \$ _____ | \$ _____ |
| Other Expenses: | \$ _____ | \$ _____ |

TAX REFUND

Answer the following questions regarding the **receipt and spending** of your income tax refund.

1. Did you receive a refund on the **last taxes** you filed? **Yes.** If yes, answer the following: **No,** did not receive a refund.
 I am not required to file taxes.

2. What **tax year** did you receive this refund?

3. **Federal Refund** Amount: \$ _____ Married & filed *separately*? Refund for: Husband \$ _____ + Wife \$ _____

4. **State Refund** Amount: \$ _____ Married & filed *separately*? Refund for: Husband \$ _____ + Wife \$ _____

5. **How did you spend your tax refund?** Answering "bills" is not enough. The Bankruptcy Trustee will ask for details.

| Description of Expenditure | Amount |
|----------------------------|----------|
| | \$ _____ |
| | \$ _____ |
| | \$ _____ |

6. **Using your refund, did you repay family or friends?** (If yes, complete details below.) **Yes.** **No.**

Name _____ Relationship: _____ \$ _____

Name _____ Relationship: _____ \$ _____

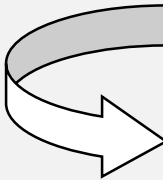
Grand Total of money spent: \$ _____

OFFICE NOTE: Confirm status of upcoming tax refunds for Schedule B.

PROVIDE A LIST OF ALL DEBTS

On a separate sheet, list all debt you owe or provide a statement from each debt.

Use the list below as a reminder of debts owed:

| | | |
|--------------------------------|---|--|
| Taxes | <input type="checkbox"/> Income Tax Owed to the IRS and State <input type="checkbox"/> Sales Tax on vehicles <input type="checkbox"/> Personal Property Tax |  |
| Bills | <input type="checkbox"/> Credit Card Bills <input type="checkbox"/> Medical Bills <input type="checkbox"/> Utility Bills <input type="checkbox"/> Cell Phone Bills <input type="checkbox"/> Cable Bill | |
| Loans | <input type="checkbox"/> Pay Day Loans <input type="checkbox"/> Bank and Personal Loans & Lines of Credit <input type="checkbox"/> Student Loans <input type="checkbox"/> Friends & Family personal loans <input type="checkbox"/> Mortgage & Vehicle Loans | |
| Claims Against You | <input type="checkbox"/> Car Accidents <input type="checkbox"/> Personal Injury Claims | |
| Fees | <input type="checkbox"/> Canceled account fees <input type="checkbox"/> Overdraft fees <input type="checkbox"/> Late payment fees | |
| Deficiencies | <input type="checkbox"/> Foreclosure deficiency after sale of real estate <input type="checkbox"/> Repossession deficiency after sale of collateral | |
| Outstanding Obligations | <input type="checkbox"/> Child Support <input type="checkbox"/> Alimony/Maintenance | |

You may have other types of debt. Be sure to list them ALL!