



Acclaim

LEGAL SERVICES, PLLC

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DATE: _____

Is your home(s) in foreclosure? Yes No
If yes, what is the scheduled foreclosure sale date? _____

Full Name: _____ Age: _____

Date of Birth: _____

Address: _____

City/Zip Code: _____ County: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

E-mail Address: _____

ARE YOU MARRIED? Yes No (If yes, please fill out the next question)

IS YOUR SPOUSE FILING TOO? Yes No

Spouse Information

Full Name: _____ Age: _____

Date of Birth: _____

Have you or your spouse used any other names in the past 6 years (maiden names, business names, etc.)?

Yes No If Yes, Names Used: _____

Children or Dependents

Name and age of any children or dependents living in your household (this includes Step or Adopted Children also)

(Name) (Age) (Name) (Age)

(Name) (Age) (Name) (Age)

Name and age of any children or dependents you support not living in your household:

Prior Bankruptcy Cases

Have you or your spouse ever filed for Bankruptcy? Yes No; If yes, what was your Case # _____

Real Estate Information

Do you own, are you buying, or are you involved as PART OWNER in any real estate (land or home)?

Yes No

See Vehicle Information section for MOBILE HOMES)

(If no, go to next section)

Address of Property: _____

Is this your residence? Yes No

Year bought: _____ Price Paid: \$ _____ Present Value: \$ _____

Balance on Mortgage: \$ _____ 2nd Mortgage: \$ _____ 3rd: \$ _____

Whose names are on the deed: _____ SEV from tax bill: \$ _____

Do you own any other property? If so, location: _____

Is it rented out to anybody? Yes No

Who is/are your Mortgage Company: _____

Their address: _____

Vehicle Information

Do you own or lease any cars, trucks, mobile homes, boats, trailers, ATVs, motorcycles, etc.? Yes No
(If no, go to next section)

	Year, Make & Model	Name on Title	Present Value	Amount Owed / Lease?
<input type="checkbox"/> Keep <input type="checkbox"/> Give Up			\$	\$ Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="checkbox"/> Keep <input type="checkbox"/> Give Up			\$	\$ Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="checkbox"/> Keep <input type="checkbox"/> Give Up			\$	\$ Yes <input type="checkbox"/> No <input type="checkbox"/>

Who is your CAR FINANCIER? _____

What is their Address: _____

DO NOT list any cars that have already been REPOSSESSED or RETURNED or cars in which you or your spouse's names do not appear on the Title. DO INCLUDE leased vehicles or any other vehicles that you are actually paying for. You should also list any vehicles that are in your names, but are being paid for by your child, a friend, etc.

Personal Property Information

For each type of property listed below, indicate whether you own any property of that category and, if you do, fill in the remaining information. The “present value” is considered as the *resale* value of such property.

Type of Property	Do you have any? Yes/No	Description	Owned by husband, wife or joint	Present Value
Checking, Savings Account, Certificate of Deposit		Which Bank? Account #:		\$
Security Deposits		With whom?		\$
Household goods, furnishings, appliances				\$
Clothing				\$
Furs or Jewelry				\$
Firearms, sports, photo or hobby equipment				\$
Life insurance policies, stocks, bonds, IRAs, 401k, Pension for work		What?		\$
Tax refund, unpaid wages, commission				\$
Any lawsuits, claims for money against anyone, inheritance in Probate Court				\$
Animals		What kind?		\$
Anything else of value?				\$

Current Expenses

Do you share household expenses with another adult or spouse? Yes No *If so, list your part of the expenses.*

Indicate how much you pay for each item each month:

EXPENSE	AMOUNT	EXPENSE	AMOUNT
RENT	\$	TRANSPORTATION (not car payment)	\$
MORTGAGE PAYMENT	\$	CAR PAYMENT/ LEASE PAYMENT	\$
SECOND MORTGAGE	\$	OTHER CAR/LEASE PAYMENT	\$
REAL ESTATE TAXES	\$	AUTO INSURANCE	\$
HOUSE/RENTAL INSURANCE	\$	OTHER INSURANCE	\$
ELECTRICITY	\$	ENTERTAINMENT/ RECREATION	\$
HEAT/GAS	\$	CHARITY/CHURCH	\$
WATER & SEWAGE	\$	CHILD SUPPORT You pay	\$
TELEPHONE	\$	ALIMONY SUPPORT You pay	\$
CABLE	\$	DAY CARE	\$
CELL PHONE/PAGER	\$	HOME MAINTENANCE	\$
FOOD/GROCERIES	\$	TAXES not deducted from pay	\$
CLOTHING	\$	PET COSTS	\$
LAUNDRY/DRY CLEAN	\$	HAIR CARE	\$
INTERNET	\$	OTHER: _____	\$
MEDICAL/DENTAL	\$	OTHER: _____	\$

Any additional information you'd like us to know regarding your monthly expenses: _____

Financial Affairs

If you are filing jointly with your spouse, include information about you and your spouse. If the question doesn't apply to you, you may leave the answer blank.

Do you have any **UNFILED INCOME TAXES** (Federal, State or City)? **Yes** **No**

If so, what year(s):

Filing Year

Type of Tax Unfiled (State, Federal, etc.)

_____	_____
_____	_____
_____	_____

Income from employment, operation of business, social security, disability, pension, support, etc...

YOU

SPOUSE

2015 Year-to-Date Income

(January through today's date)

_____	_____
-------	-------

2014 Gross Income

_____	_____
-------	-------

2013 Gross Income

_____	_____
-------	-------

Are there any garnishments or other Court actions going on against you? **Yes** **No**

Creditor suing you: _____ Their Attorney: _____

Case No. _____ Which Court (i.e. 36th District): _____

Have you had any property repossessed for foreclosed within the last year?

Description of Property: _____ Creditor: _____

Date of Repossession or Foreclosure: _____

Have you donated or contributed more than \$200 to one charity/church/individual in the past year?

Who: _____ How much? _____ When? _____

Have you had any losses from fire, theft, gambling or other casualties within the past year?

Type of Loss: _____ Description & Value of Property: _____

When: _____

List all payments made to any persons, including Attorneys, for consultation regarding debt consolidation, bankruptcy, credit counseling, etc. within the past year. Who you gave money to: _____

When: _____ How Much? _____

Have you owned a business or been self-employed within the last six (6) years?

Names used: _____ Years of Operations: _____

Amount of Profit Each Year: _____

Is anyone else liable for any of the debts you have listed? Who: _____

Address: _____ Which debt: _____

Have you used any of your credit cards or taken out any loans or cash advances within the last three (3) months?

When: _____ Which card or company: _____

Amount: _____

If you have moved within the last two (2) years, list all addresses where you previously lived:

ACCOUNT NAME & ADDRESS	Husband, Wife, Joint, Co-signer AMOUNT OWED	Type of Debt – Car loan, mortgage, credit card, medical, utility, school loan, repo deficiency, bank loans, etc...
	H W J C \$	Account #: Date Debt Incurred:
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LIST ALL DEBTS – INCLUDING CAR LOANS, MORTGAGES, UTILITIES, STUDENT LOANS, WHETHER OR NOT THE DEBT IS CANCELED BY BANKRUPTCY