

JOY P. ROBINSON, PC
9701 Apollo Drive, Suite 393, Upper Marlboro, Maryland 20774
Office: 301.322.3170, Fax: 301.263.6888, Website: www.joyrobinsonlaw.com

Thank you for choosing our law firm to assist you with your financial needs. Please fill out this form with as much detail as possible. All information you provide will be kept in the strictest confidence. When you have finished filling out this form, return to us for the attorney to review. We look forward to helping you achieve your financial goals and get a fresh start to a better financial future.

Today's Date _____ Total Number of People Living in Your Household _____

Your Name _____

Name of Spouse (if applicable) _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ Cell Phone _____

Email Address _____

Would you like to receive our free newsletter that we mail to our clients? o YES o NO

INITIAL INTAKE FORM

Please answer the following "yes" and "no" questions. All information will be kept in the strictest confidence.

Do you own a home or other real estate?	o YES	o NO
Are you behind in your mortgage payments?	o YES	o NO
If so, how many months are you behind?	_____	Months
Do you own a mobile home?	o YES	o NO
Do you receive bonuses at your work?	o YES	o NO
Do you receive commissions or tips at your work?	o YES	o NO
Do you own any cars, motorcycles, vans, RVs or other vehicles?	o YES	o NO
if so, how many vehicles do you own outright or make payments on?	_____	Vehicles
Have you filed all of your income tax returns for this year and the past 3 years?	o YES	o NO
Do you owe the IRS any past due taxes?	o YES	o NO
Do you owe any unpaid state taxes?	o YES	o NO
Do you owe any unpaid property taxes?	o YES	o NO
Do you owe on a student loan?	o YES	o NO
Have you borrowed money from your IRA or other retirement plan to pay bills?	o YES	o NO

Last Name _____

Initial Intake Form - Page 2 of 4

Have you received any cash advances within the past 3 months?	<input type="radio"/> YES	<input type="radio"/> NO
Do you have any loans with a credit union where you work?	<input type="radio"/> YES	<input type="radio"/> NO
Are you leasing any buildings or equipment?	<input type="radio"/> YES	<input type="radio"/> NO
Does an ex-spouse have a claim against you for any reason?	<input type="radio"/> YES	<input type="radio"/> NO
Do you owe money on the purchase of jewelry, furniture or other household goods?	<input type="radio"/> YES	<input type="radio"/> NO
Have you experienced, or do you expect to experience a foreclosure or repossession?	<input type="radio"/> YES	<input type="radio"/> NO
Are you in the process of suing someone?	<input type="radio"/> YES	<input type="radio"/> NO
Does anyone want to sue you or have they already filed a lawsuit against you?	<input type="radio"/> YES	<input type="radio"/> NO
Does anyone have a claim against you due to a car accident?	<input type="radio"/> YES	<input type="radio"/> NO
Have you used your credit cards to make purchases within the past 90 days?	<input type="radio"/> YES	<input type="radio"/> NO
During the past 2 years, have you owned or had an interest in any business?	<input type="radio"/> YES	<input type="radio"/> NO
Have you ever made money on the internet selling or trading?	<input type="radio"/> YES	<input type="radio"/> NO
Have you transferred any property with a retail value of \$600 or more within the past 4 years? This includes homes, motor vehicles and other assets.	<input type="radio"/> YES	<input type="radio"/> NO
Have you stopped using all your credit cards?	<input type="radio"/> YES	<input type="radio"/> NO
Do you have any credit cards you want to hold on to for an emergency?	<input type="radio"/> YES	<input type="radio"/> NO
Have you ever filed bankruptcy before?	<input type="radio"/> YES	<input type="radio"/> NO
Are you behind in child support?	<input type="radio"/> YES	<input type="radio"/> NO
Do you have any payday loans you still owe money for?	<input type="radio"/> YES	<input type="radio"/> NO
Have you closed any bank accounts and left owing a balance?	<input type="radio"/> YES	<input type="radio"/> NO
Do you have any bounced checks you owe additional fees for?	<input type="radio"/> YES	<input type="radio"/> NO
Do you have any co-signers for your debts other than your spouse (if applicable)?	<input type="radio"/> YES	<input type="radio"/> NO
Have you co-signed a loan for anyone other than your spouse (if applicable)?	<input type="radio"/> YES	<input type="radio"/> NO
Have you ever been convicted of any crime?	<input type="radio"/> YES	<input type="radio"/> NO
Are you currently paying any court fines?	<input type="radio"/> YES	<input type="radio"/> NO
Are your wages currently being (or are soon to be) garnished?	<input type="radio"/> YES	<input type="radio"/> NO
Do you have any judgments against you from any lawsuits that you lost?	<input type="radio"/> YES	<input type="radio"/> NO
Do you have any lawsuits against you where the case is still pending?	<input type="radio"/> YES	<input type="radio"/> NO
Do you have CDs, stocks, bonds or other types of financial accounts?	<input type="radio"/> YES	<input type="radio"/> NO
Are you self-employed?	<input type="radio"/> YES	<input type="radio"/> NO
If so, how long have you been self-employed?	_____	Months
Are you currently drawing unemployment, retirement and/ or social security disability?	<input type="radio"/> YES	<input type="radio"/> NO

Last Name _____

Are you only making the minimum payments on your credit cards?	<input type="radio"/> YES	<input type="radio"/> NO
Do you charge essential living expenses like groceries, gas and utilities?	<input type="radio"/> YES	<input type="radio"/> NO
Are you taking out cash advances on your credit cards to provide you with cash to pay essential living expenses?	<input type="radio"/> YES	<input type="radio"/> NO
At the end of the month, do you have to charge essential living expenses?	<input type="radio"/> YES	<input type="radio"/> NO
Are you receiving collection letters and/or telephone calls about your delinquent bills?	<input type="radio"/> YES	<input type="radio"/> NO
Are creditors threatening to sue you?	<input type="radio"/> YES	<input type="radio"/> NO
Do you avoid answering the telephone because you fear it will be bill collectors?	<input type="radio"/> YES	<input type="radio"/> NO
Do you skip paying some bills in order to have money to cover essential living expenses?	<input type="radio"/> YES	<input type="radio"/> NO
Are you continuing to get new credit cards to cover essential living expenses?	<input type="radio"/> YES	<input type="radio"/> NO
Are you borrowing money from friends/family to cover your debts?	<input type="radio"/> YES	<input type="radio"/> NO

YOUR INCOME

- How much money do you bring home every paycheck (after taxes)? \$
- How often do you get paid? WEEKLY TWICE A MONTH MONTHLY EVERY 2 WEEKS
- How much money does YOUR SPOUSE bring home every paycheck (after taxes)? \$
- How often does YOUR SPOUSE get paid? WEEKLY TWICE A MONTH MONTHLY EVERY 2 WEEKS
- How much social security do you receive per month? \$
- How much child support do you receive per month? \$
- How much retirement income do you receive per month? \$
- How much additional money do you earn per month? \$

MONTHLY LIVING EXPENSES

Please provide an AVERAGE amount that your household pays PER MONTH for the following expenses.

Mortgage or rent	\$	Garbage Pick-Up	\$
Electricity	\$	Lawn Maintenance	\$
Water and sewer	\$	Pool Maintenance	\$
Home Phone	\$	Other Expenses	\$
Cell Phone	\$	Recreation	\$
Food	\$	Motor Vehicle Payment #1	\$
Clothing	\$	Motor Vehicle Payment #2	\$

MONTHLY LIVING EXPENSES (CONTINUED)

Please provide an AVERAGE amount that your household pays PER MONTH for the following expenses.

Laundry	\$	Motor Vehicle Payment #3	\$
Gasoline for Motor Vehicles	\$	Student Loan	\$
Home Insurance	\$	Furniture Payment	\$
Life Insurance	\$	Jewelry Payments	\$
Auto Insurance	\$	Boat and RV	\$
Income Taxes (not deducted from paycheck)	\$	Child Care	\$
Real Estate Taxes (not included in mortgage payment)	\$	Infant Expenses	\$
Past Due Taxes	\$	Payments to family member	\$
How much money do you spend paying credit cards every month?			\$
What specific debts are you having the most difficult time with?			
Do you expect to lose your job any time soon?			o YES o NO
Do you expect your income or expenses to change in the near future?			o YES o NO
Are you paying expenses for someone other than your legal dependent(s)?			o YES o NO
What goal would you like to achieve by hiring this law firm to represent you?			

STATEMENT OF ACCURACY

By signing my/our names below, I/we state that the information in this four (4) page Initial Intake Form is true and correct to the best of my/our knowledge. I/We understand that providing inaccurate information can detrimentally affect my/our case, cause an undue outcome or result in charges brought against me/us if convicted of fraud. I/We also understand the information provided in this Initial Intake Form will not be shared with any other party, other than attorneys who have the knowledge to legally advise me/us and authorized parties assigned by the attorneys to work on my/our case.

Spouse #1 Signature _____ Date _____

Spouse #1 Signature _____ Date _____

Date Signed: _____

Date Reviewed: _____

Name of Reviewer: _____

Was an appointment scheduled? o YES o NO