

Client Data Sheet – FINANCIAL PROBLEMS & BANKRUPTCY

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A. CLIENT

Name		Other Names Used During the Past 6 Years	
Mailing Address	Years at this Address?	Email	
City, State Zip		Phone #s (Cell) + (Home) + (Work)	
Employer		Position/Title	

B. SPOUSE

Name		Other Names Used During the Past 6 Years	
Mailing Address	Years at this Address?	Email	
City, State Zip		Phone #s (Cell) + (Home) + (Work)	
Employer		Position/Title	

C. ASSETS

Automobile(s)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Yr.	Model
Real estate	<input type="checkbox"/> Yes <input type="checkbox"/> No	Loc.	
Checking accounts	<input type="checkbox"/> Yes <input type="checkbox"/> No	Balance \$	
Savings accounts	<input type="checkbox"/> Yes <input type="checkbox"/> No	Balance \$	
Savings bonds, stocks	<input type="checkbox"/> Yes <input type="checkbox"/> No	List	
Life insurance	<input type="checkbox"/> Yes <input type="checkbox"/> No	Surrender Value \$	
Household furniture	<input type="checkbox"/> Yes <input type="checkbox"/> No	Describe	
Tools	<input type="checkbox"/> Yes <input type="checkbox"/> No	Describe	
Collections or jewelry	<input type="checkbox"/> Yes <input type="checkbox"/> No	Describe	

D. MAJOR BILLS

Creditor Name	Approx. Balance	Monthly Payments	Months Behind	Joint or Single	Collateral Pledged
1.					
2.					
3.					
4.					
5.					

Have you filed Bankruptcy before? _____ When? _____

What is your current yearly income (before taxes)? _____ Spouse's yearly income? _____

Has any property been repossessed? _____ When? _____

Are you involved in a lawsuit? _____ Explain: _____