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John C. Colwell State Bar No. 118532, Member, Board of Directors, NACBA  
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EXCLUSIVE PRACTICE  
 BILL & DEBT PROBLEMS

## CONSULTATION WORKSHEET

Date: \_\_\_\_\_ How did you hear about us? \_\_\_\_\_

Head of Household: \_\_\_\_\_ Soc. Sec. No. \_\_\_\_\_  
 (Last) (First) (Middle Initial)

Spouse: \_\_\_\_\_ Soc. Sec. No. \_\_\_\_\_

Street Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Spouse's Address (If different from above): \_\_\_\_\_

Divorced \_\_\_ Married \_\_\_ Separated \_\_\_ Single \_\_\_ Widowed \_\_\_ Head of Household Birth date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Filing Spouse's Birth date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Dependents: (Names & ages) \_\_\_\_\_

Home Phone No.: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Work: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Work: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
 Head of Household Head of Household Spouse

**Email Address** \_\_\_\_\_ **Mobile** : (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Occupation: \_\_\_\_\_ Spouse: \_\_\_\_\_

Employer: \_\_\_\_\_ Spouse: \_\_\_\_\_

HAVE YOU EVER FILED A BANKRUPTCY? \_\_\_ Yes \_\_\_ No Circle One: Chapter 7 Chapter 13  
 When? \_\_\_\_\_ Where? \_\_\_\_\_ Attorney's Name? \_\_\_\_\_

**How long have you resided in CA?** \_\_\_\_\_ **If less than 2 years, in what State did you reside before?** \_\_\_\_\_

WOULD YOU LIKE TO PAY YOUR BILLS IF A WAY CAN BE WORKED OUT? \_\_\_ Yes \_\_\_ No

Do you owe Federal Tax? Year(s) and Amount(s) \_\_\_\_\_

Do you owe State Tax? Year(s) and Amount(s) \_\_\_\_\_

Do you owe Student Loan(s)? Lender, Date 1st due, Amount(s) \_\_\_\_\_

Are you behind in Child/Spousal Support? Who to and Amount(s) \_\_\_\_\_

Are you behind in Rent? Who owed to, which months and Amount(s) \_\_\_\_\_

LIST SECURED DEBTS HERE (IE: Mortgages, Cars, Tv/stereo)--Others on Next Page

**HOME LOANS:** Property Address: \_\_\_\_\_ Market Value: \$ \_\_\_\_\_

1st TD: Lender \_\_\_\_\_ Bal. \$ \_\_\_\_\_ Mo. Pmt. \$ \_\_\_\_\_ # Mo. Behind \_\_\_\_\_

2nd TD: Lender \_\_\_\_\_ Bal. \$ \_\_\_\_\_ Mo. Pmt. \$ \_\_\_\_\_ # Mo. Behind \_\_\_\_\_

3rd TD: Lender \_\_\_\_\_ Bal. \$ \_\_\_\_\_ Mo. Pmt. \$ \_\_\_\_\_ # Mo. Behind \_\_\_\_\_

**VEHICLE LOANS:** (Auto, Truck, Motorcycle, Motor Home, RV, Boat, JetSki)

Loan Co. \_\_\_\_\_ Yr/Make/Model \_\_\_\_\_ Buy/Lease? Pmt. \$ \_\_\_\_\_ Bal. \$ \_\_\_\_\_ # Mo. Behind \_\_\_\_\_

Loan Co. \_\_\_\_\_ Yr/Make/Model \_\_\_\_\_ Buy/Lease? Pmt. \$ \_\_\_\_\_ Bal. \$ \_\_\_\_\_ # Mo. Behind \_\_\_\_\_

Loan Co. \_\_\_\_\_ Yr/Make/Model \_\_\_\_\_ Buy/Lease? Pmt. \$ \_\_\_\_\_ Bal. \$ \_\_\_\_\_ # Mo. Behind \_\_\_\_\_

Loan Co. \_\_\_\_\_ Yr/Make/Model \_\_\_\_\_ Buy/Lease? Pmt. \$ \_\_\_\_\_ Bal. \$ \_\_\_\_\_ # Mo. Behind \_\_\_\_\_

**FURNITURE, APPLIANCES, STEREO, JEWELRY, COMPUTER, OTHER DURABLE GOODS FINANCING:**

Loan Co. \_\_\_\_\_ Item(s) \_\_\_\_\_ Pmt. \$ \_\_\_\_\_ Bal. \$ \_\_\_\_\_ # Mo. Behind \_\_\_\_\_

Loan Co. \_\_\_\_\_ Item(s) \_\_\_\_\_ Pmt. \$ \_\_\_\_\_ Bal. \$ \_\_\_\_\_ # Mo. Behind \_\_\_\_\_

Loan Co. \_\_\_\_\_ Item(s) \_\_\_\_\_ Pmt. \$ \_\_\_\_\_ Bal. \$ \_\_\_\_\_ # Mo. Behind \_\_\_\_\_

Loan Co. \_\_\_\_\_ Item(s) \_\_\_\_\_ Pmt. \$ \_\_\_\_\_ Bal. \$ \_\_\_\_\_ # Mo. Behind \_\_\_\_\_

Co-signers or Guarantors on any of your debts? \_\_\_\_\_

**UNSECURED DEBTS:** ALL DEBTS that you haven't already listed MUST be listed here, even if they are uncertain, disputed or written off. Include ALL CREDIT CARDS WITH A BALANCE OWING, charge accounts, medical/dental, hospital bill(s), loans, bad checks, auto accidents, lawsuits.

Creditor Name:	Type of Debt (Misc. purchases, etc.)	\$ Per Mo.	\$ Balance	# Mo. Behind
1. _____	_____	\$ _____	\$ _____	_____
2. _____	_____	\$ _____	\$ _____	_____
3. _____	_____	\$ _____	\$ _____	_____
4. _____	_____	\$ _____	\$ _____	_____
5. _____	_____	\$ _____	\$ _____	_____
6. _____	_____	\$ _____	\$ _____	_____
7. _____	_____	\$ _____	\$ _____	_____
8. _____	_____	\$ _____	\$ _____	_____
9. _____	_____	\$ _____	\$ _____	_____
10. _____	_____	\$ _____	\$ _____	_____
11. _____	_____	\$ _____	\$ _____	_____
12. _____	_____	\$ _____	\$ _____	_____

Are your wages now being garnished?  Yes  No About to be garnished?  Yes  No

By what Creditor? \_\_\_\_\_

Do you have any judgments against you?  Yes  No Who? \_\_\_\_\_

Have any lawsuits been filed against you?  Yes  No Who? \_\_\_\_\_

**MONTHLY INCOME AND EXPENSE ESTIMATE**

Head of Hshld: How often are you paid? _____	(Circle one) Weekly	Every Other Week	Twice A Month	Monthly.
GROSS income	Your NET take home:	Per payday: \$ _____	Per Month: \$ _____	\$ _____
Spouse: How often are you paid? _____	(Circle one) Weekly	Every Other Week	Twice A Month	Monthly.
GROSS income	Your NET take home:	Per payday: \$ _____	Per Month: \$ _____	\$ _____
Other Monthly Income: (Explain) _____			Per Month: \$ _____	\$ _____
<b>TOTAL MONTHLY INCOME</b>				<b>\$ _____</b>

**FUTURE MONTHLY LIVING EXPENSES:**

	Head of Hshld Expenses	Separated Spouse Expenses
Rent/Mortgage:.....	\$ _____	\$ _____
Property Tax/ HOA: .....	\$ _____	\$ _____
Gas & Electric: .....	\$ _____	\$ _____
Water & Trash: .....	\$ _____	\$ _____
Telephone: .....	\$ _____	\$ _____
Cable TV: .....	\$ _____	\$ _____
Home Maintenance: .....	\$ _____	\$ _____
Food: .....	\$ _____	\$ _____
Clothing: .....	\$ _____	\$ _____
Laundry: .....	\$ _____	\$ _____
Medical: .....	\$ _____	\$ _____
Gas & Transportation: .....	\$ _____	\$ _____
Recreation: .....	\$ _____	\$ _____
Charitable: .....	\$ _____	\$ _____
Homeowners/Rental Insurance: .....	\$ _____	\$ _____
Life Insurance: .....	\$ _____	\$ _____
Health Insurance: .....	\$ _____	\$ _____
Auto Insurance: .....	\$ _____	\$ _____
Other Insurance: .....	\$ _____	\$ _____
Taxes: .....	\$ _____	\$ _____
Car Payment: .....	\$ _____	\$ _____
Support or Alimony: .....	\$ _____	\$ _____
Dependants Not @ Home: .....	\$ _____	\$ _____
Other: .....	\$ _____	\$ _____
<b>TOTAL MONTHLY LIVING EXPENSES</b>	<b>\$ _____</b>	<b>\$ _____</b>

**PRELIMINARY INFORMATION**

1. DO YOU OWN REAL ESTATE? \_\_\_ Yes \_\_\_ No  
 If so, do you intend to keep it? \_\_\_ Yes \_\_\_ No  
 Are you behind in your property taxes? \_\_\_ Yes \_\_\_ No  
 Has foreclosure been started? \_\_\_ Not Sure \_\_\_ Yes \_\_\_ No  
     If so, do you have a copy of the Notice of Default or Notice of Sale? \_\_\_ Yes \_\_\_ No  
 Have any judgement liens or tax liens been recorded? \_\_\_ Not Sure \_\_\_ Yes \_\_\_ No  
 Have you recorded a homestead: \_\_\_ Not Sure \_\_\_ Yes \_\_\_ No  
     If so, do you have a copy? \_\_\_ Yes \_\_\_ No  
 Have you ordered a property profile on your property? \_\_\_ Yes \_\_\_ No  
     If so, do you have a copy? \_\_\_ Yes \_\_\_ No

2. DO YOU HAVE A VEHICLE LOAN OR LEASE? \_\_\_ Yes \_\_\_ No  
 If so, do you have your own insurance on the vehicle? \_\_\_ Yes \_\_\_ No  
 Is the vehicle registration current? \_\_\_ Yes \_\_\_ No  
 Is there a danger of repossession? \_\_\_ Not Sure \_\_\_ Yes \_\_\_ No  
 Has this vehicle been repossessed before? \_\_\_ Yes \_\_\_ No  
 How much longer do the payments run? \_\_\_\_\_ Months/Years  
(Circle One)

3. INCOME:  
 How long have you been at your present employment? \_\_\_\_\_ Months/Years  
(Circle One)  
 Do you have a current pay stub? \_\_\_ Yes \_\_\_ No  
 Does the pay stub reflect your average earnings? \_\_\_ Yes \_\_\_ No  
 Do you have other income? \_\_\_ Yes \_\_\_ No  
     If so, do you have documentation? \_\_\_ Yes \_\_\_ No  
     How much longer will it continue? \_\_\_ Yes \_\_\_ No  
 How much tax refund were you entitled to for the last tax year \$ \_\_\_\_\_

4. ASSETS:  
 Do you have assets other than ordinary clothing and furniture, such as:  
     Vehicles or Real Estate no mentioned above \_\_\_ Yes \_\_\_ No  
     IRA and/or Pension Plans \_\_\_ Yes \_\_\_ No  
     Stocks and/or Bonds \_\_\_ Yes \_\_\_ No  
     Business Assets \_\_\_ Yes \_\_\_ No  
     Trust Deeds and/or Notes Receivable from others \_\_\_ Yes \_\_\_ No  
     Claims, Lawsuits, and/or Judgements against others \_\_\_ Yes \_\_\_ No  
     Other: (Explain) \_\_\_\_\_ \_\_\_ Yes \_\_\_ No

5. In the PAST 60 DAYS, have you and/or your spouse charged or drawn cash in excess of \$1,000 on any one account? \_\_\_ Yes \_\_\_ No

6. What do you consider the principle CAUSE(S) of your financial problems?  
 \_\_\_ Unemployment    \_\_\_ Sickness/Accident    \_\_\_ Excess credit use  
 \_\_\_ Business reverses    \_\_\_ Poor spending habits    \_\_\_ Family Problems  
 \_\_\_ Other: (Explain) \_\_\_\_\_

**VEHICLE INFORMATION**  
(For Blue Book Value)

**VEHICLE #1**

\_\_\_\_\_  
YEAR \_\_\_\_\_ MAKE \_\_\_\_\_

MODEL \_\_\_\_\_

CURRENT MILEAGE \_\_\_\_\_

CONDITION OF VEHICLE: (Check One)

Excellent  Good  Fair  Poor  
 Non-Operable

AUTOMATIC  4-SPEED  5-SPEED

- |   |   |
|---|---|
| <input type="checkbox"/> A/C            | <input type="checkbox"/> Luggage Rack     |
| <input type="checkbox"/> ABS            | <input type="checkbox"/> Moon Roof        |
| <input type="checkbox"/> Alloy Wheels   | <input type="checkbox"/> Power Door Locks |
| <input type="checkbox"/> AM/FM          | <input type="checkbox"/> Power Steering   |
| <input type="checkbox"/> Cassette       | <input type="checkbox"/> Power Windows    |
| <input type="checkbox"/> Compact Disc   | <input type="checkbox"/> Premium Sound    |
| <input type="checkbox"/> Convertible    | <input type="checkbox"/> Premium Wheels   |
| <input type="checkbox"/> Cruise Control | <input type="checkbox"/> Sliding Roof     |
| <input type="checkbox"/> Dual Air Bag   | <input type="checkbox"/> T-Bar Roof       |
| <input type="checkbox"/> Flip-up Roof   | <input type="checkbox"/> Tilt Wheel       |
| <input type="checkbox"/> Leather        |   |

OTHER AVAILABLE EQUIPMENT

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DAMAGE AND/OR MAJOR REPAIRS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

FINANCED  LEASED  OWNED

**VEHICLE #2**

\_\_\_\_\_  
YEAR \_\_\_\_\_ MAKE \_\_\_\_\_

MODEL \_\_\_\_\_

CURRENT MILEAGE \_\_\_\_\_

CONDITION OF VEHICLE: (Check One)

Excellent  Good  Fair  Poor  
 Non-Operable

AUTOMATIC  4-SPEED  5-SPEED

- |   |   |
|---|---|
| <input type="checkbox"/> A/C            | <input type="checkbox"/> Luggage Rack     |
| <input type="checkbox"/> ABS            | <input type="checkbox"/> Moon Roof        |
| <input type="checkbox"/> Alloy Wheels   | <input type="checkbox"/> Power Door Locks |
| <input type="checkbox"/> AM/FM          | <input type="checkbox"/> Power Steering   |
| <input type="checkbox"/> Cassette       | <input type="checkbox"/> Power Windows    |
| <input type="checkbox"/> Compact Disc   | <input type="checkbox"/> Premium Sound    |
| <input type="checkbox"/> Convertible    | <input type="checkbox"/> Premium Wheels   |
| <input type="checkbox"/> Cruise Control | <input type="checkbox"/> Sliding Roof     |
| <input type="checkbox"/> Dual Air Bags  | <input type="checkbox"/> T-Bar Roof       |
| <input type="checkbox"/> Flip-up Roof   | <input type="checkbox"/> Tilt Wheel       |
| <input type="checkbox"/> Leather        |   |

OTHER AVAILABLE EQUIPMENT

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DAMAGE AND/OR MAJOR REPAIRS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

FINANCED  LEASED  OWNED