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Franklin County Chambersburg, PA 17201 Tel: (717) 709-0500 4076 Market Street Suite 209 Camp Hill, PA 17011 Tel: (717) 975-0500 Fax: (717) 975-0508

CLIENT INTAKE FORM

Your Appointment Date:	Your Appointment Time:			
YOU	YOUR SPOUSE			
FULL NAME (Last, First and Middle):	FULL NAME (Last, First and Middle):			
SOCIAL SECURITY NO:	SOCIAL SECURITY NO:			
DATE OF BIRTH:	DATE OF BIRTH:			
PHYSICAL ADDRESS:	PHYSICAL ADDRESS:			
CONTACT INFORMATION:	CONTACT INFORMATION:			
HOME: ()	HOME: ()			
CELL: ()	CELL: ()			
email:	email:			
MAILING ADDRESS (Include City, State, Zip):	MAILING ADDRESS (Include City, State, Zip):			
COUNTY OF RESIDENCE:	COUNTY OF RESIDENCE:			
EMPLOYER:	EMPLOYER:			
EMPLOYER'S ADDRESS:	EMPLOYER'S ADDRESS:			
WORK TELEPHONE NUMBER:	WORK TELEPHONE NUMBER:			
() Extension:	() Extension:			
SELF-EMPLOYED? VES NO	SELF-EMPLOYED? VES NO			
OCCUPATION / JOB TITLE:	OCCUPATION / JOB TITLE:			
LENGTH OF EMPLOYMENT:	LENGTH OF EMPLOYMENT:			
Marital status? □ Married □ Never Married □ Do you have dependents? □ Yes (how many:				
Have You Ever Filed Bankruptcy Before?	□ No If Yes, When?			
Did You Move to this State Within the Past Two	Years? Yes No If Yes, Prior State:			
Are you Currently Facing? Repossession W	age Garnishment 🗌 Foreclosure/Eviction 🗌 None			
Are you paying on or do you own a home?	🗆 Yes 📋 No			

Has Your Home Been Scheduled for Foreclosure? □ Yes (When) □ No							
Has Your Home EVER Been Scheduled for Foreclosure?							
Do you own any other property (rental or otherwise) or land? No							
Yes Address:							
Address:							
Do you receive child support? Yes (\$ per week/month) No							
Does your spouse receive child support? Yes (\$ per week/month) No							
Do you pay child support? □ Yes (\$ per week/month) □ No							
Does your spouse pay child support? Yes (\$ per week/month) No							
Do you receive Social Security/SSI/SSD?] No						
Does your spouse receive Social Security/SSI/SSD? Yes (\$ per month)] No						
Does any child of yours receive Social Security/SSI/SSD? ☐ Yes (\$ per month)	_ No						
Do you receive Unemployment Compensation?] No						
Does your spouse receive Unemployment Compensation? Yes (\$ per week)] No						
Do you receive Workers Compensation?] No						
Does your spouse receive Workers Compensation? Yes (\$ per week)] No						
Do you receive a Pension?] No						
Does your spouse receive a Pension?	_ No						
Do you receive rental income?	□ No						
Do you own a business? Yes (sole proprietor/LLC/Corporation/Partnership)] No						
Does your spouse own a business? Yes (sole proprietor/LLC/Corporation/Partnership)] No						
How much income is received from your business?							
How much income is received from your spouse's business? \$ per week/month							
How Did You Hear about Cohen Law Offices? I am a Client Radio Newspaper Place Phone Book: Verizon Yellow Book EZ To Use Imbard Internet Referred by: Proceeding Nolo							

In State 2 Years? 🗌 Y 🗌] N	Prior
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In District 91 Days?
Y
N Prior:

Prior Chapter 7 (when)___

Prior Chapter 13 (when)____

Household Size? 0 0 1 0 2 3 4 5 6 7 8 0 0 0 0 1 0 1 0 0 0 0 0 0 0 0 0 0 0 0						2 🗌	
I NCOME SOURCE	FRE	EQ	AVG NET	MONTHL) GROSS	MONTHLY NET	NOTES	
DEBTOR			\$	\$	\$	□ Self-Employed	cs
SPOUSE			\$	\$	\$	IncYrSt	GARN
OTHER			\$	\$	\$		LEVY
OTHER			\$	\$	\$	SHs/Prtnrs: Emplees:	ASGMT
OTHER			\$	\$	\$	PubPrems:	IRA/401K
Withholding Cha			TOTALS	\$	\$	Assets: K Gross/mo \$ K Exp/mo \$ K	ST PEN CONTR REPAY CS/ALIM CO
PAYMENT ARREARS	DUE	CI	REDITOR CLASS	PAYOFF	ref/red/s/al f	DN OF SECURITY fmv pm/npm u/s n/d ce acquired (3.3yr) PMTS n incurred (2.5/1yr) REM	Cmcl Ppty Cashcol
\$				¢			TS EVER? 1 MTG
\$	1			\$			2 MTG 3 MTG
\$.		•	НОА
\$				\$			Otr RE
\$							Auto Boat
\$				\$			CUCC
\$							DurGds Jewelry
\$				\$			DeptStore NPMSI
\$							Taxes SL
\$				\$			Div/Sep Meds
\$							RepoDef Apts
				\$			Suits MVA
\$							CC Store CCs
\$				\$			LOC Pers
\$							Prof Ins Prem
\$				\$		Γ	Tuition Benf Ovrpy
\$							PayDay NSF
\$				\$		· · · · · · · · · · · · · · · · · · ·	O/D Utils
\$				Ŧ			Mail Order
			tos / Boat / 401k / \$ / Jwlry / Guns /				
Music Inst / Cmcl	Ppty / To	ols / An	im / X-fersW / in4y	yrs / Trust /	Min Eval: \$ \$ /p	Min to File Plan \$ / p PRDO H W	
			/ A-R / DivDec / Lifl r / Storage / Losse		\$ /p Plan \$ /	p PRDO H W /mo for / /mos Du	le
	-		-		(min) / (ma		
					Contingent Legal	Claims:	
					Inheritance Rjcte	d w/in 4 Yrs or Exmpted w/in 6	6 mos:
					Returns Not Filed	: Last Ref Amt:	
					Ref Exempted:	Previously Filed BKs:	
CCC: 🗌 Y 🗌 N	% CC	Debt w	/in Yr: C	ash Advance:	\$ w/in 75	Days Otr FS Given w/in Yr:	

Remarks:

	CURRENT EXPENSES
•	u or your spouse maintain separate households? $\Box Y \Box N$ blease fill one page out for your household and another for your spouse's.
	ate how much you pay for each item each month. If you do not pay anything, please indicate it "0" or "-", DO NOT leave it blank.
	are unsure of the amount you pay each month, but know the amount for a different period (per week, y, every 3 months, etc.), write in the amount and the frequency that you pay the amount.
1.	Your rent/lot rent/homeowners association fee
2.	Your first mortgage
	Does your mortgage pmt include real estate taxes?
2	Does your mortgage pmt include property insurance? Y N
3.	Your second mortgage or line of credit
4.	Rent/Mortgage payments for another property
5.	Electricity
6.	Gas/heating oil/propane
7.	Water
8.	Sewer
9.	Landline telephone
10.	Cell phone
11.	Garbage
12	Cable/DirectTV/Satellite TV
13.	Internet
14.	Home repairs and upkeep (yearly)
15.	Food
16.	Clothing (yearly)
17.	Laundry detergents/Laundromat/dry cleaning
18.	Medical Pmts/Prescriptions not covered by insurance (i.e., co-pays)
19.	Dental and Vision Appts/Glasses not covered by insurance
20.	Gasoline/car maintenance/inspections/registration (weekly)
21.	Entertainment (i.e., movies/eating out/newspapers/magazines)
22.	Tithing to church/synagogue/charitable contributions (weekly)

3.	Insurance not deducted from paychecks or included in mortgage pmt:	
	a) Homeowners or renters insurance	
	b) Life insurance (term whole life)	
	c) Health insurance	
	d) Automobile insurance	
	e) Other insurance (such as cancer or accident)	
ŀ.	Taxes not deducted from paychecks (such as local taxes)	
5.	Automobile payments (indicate yr & model & bank name):	
) .	Furniture/appliance payments (indicate type & bank):	
7.	Camper/ATV/Motorcycle/Other installment payments:	
5.	Alimony, maintenance, child or spousal support paid to others:	
	Name & address of person paid:	
•	Payments for dependents not living at home (i.e., college student)	
	Education for a mentally or physically challenged child	
	Private education/catholic school tuition	
	Childcare (weekly)	
•	School lunches (weekly)	
·.	Cigarettes (weekly)	
5.	Pet food/vet bills/medicine/grooming expenses	
5 .	Business expenses	
7.	Other expense not listed above	

ASSET LIST

Please go room to room or picture what items you have in each room & list them below. WARNING, if you fail to list anything of value, the bankruptcy court may take possession of it, so be sure to list anything of value to you. Also, please list the value for the items (use private party Kelly blue book or NADA values for your vehicles) and used values for your other items (unless it is fairly new). If you do not own anything in a category, please do not leave it blank – list NONE.

ADDRESS OF HOUSES/LAND	NAMES ON DEED	VALUE	AMOUNT OWED	WHO YOU MAKE	PAYMENT
OWNED OR PAYING ON			ON THEM	PAYMENTS TO	AMOUNT

MOBILE HOMES/DOUBLE WIDES OWNED OR PAYING ON	NAMES ON TITLE	VALUE	AMOUNT OWED ON THEM	WHO YOU MAKE PAYMENTS TO	PAYMENT AMOUNT

BANK ACCOUNTS (Please list even if you have a zero (0) balance of if you are on an account with someone else, even if you do not personally use it)						
NAME OF BANK	CHECKING/SAVINGS/CD	NAMES ON ACCOUNT	CURRENT BALANCE			

VEHICLES YOU OWN OR ARE PAYING ON	NAMES ON TITLE	KBB or NADA VALUE (private party)	AMOUNT OWED ON VEHICLE	WHO ARE YOU PAYING	PAYMENT AMOUNT_

SECURITY DEPOSITS		
NAME OF LANDLORD, UTILITY COMPANY, ETC.	AMOUNT PAID	

BOATS, ATVs, 4-WHEELERS, TRAILERS, AIRCRAFT YOU OWN OR ARE PAYING ON	NAMES ON TITLE	VALUE	AMOUNT OWED ON ITEM	COMPANY OWED TO

MACHINERY, BUSINESS EQUIPMENT YOU OWN OR ARE PAYING ON	NAMES ON TITLE	VALUE	AMOUNT OWED ON ITEM	COMPANY OWED TO
			ONTIEM	0002010

FARMING EQUIPMENT, CROPS, ANIMALS	NAMES ON TITLE	VALUE	AMOUNT OWED	COMPANY OWED
YOU OWN OR ARE PAYING ON			ON ITEM	& PMT AMT

JEWELRY AND FURS	TOTAL VALUE	AMOUNT OWING	COMPANY OWED TO
(Please list items, separated by commas)		ON ANY ITEM	& PMT AMOUNT
FIREARMS, SPORTS, HOBBY EQUIPMEN	NT TOTAL VALUE	AMOUNT OWING	COMPANY OWED TO

FIREARMS, SPORTS, HOBBY EQUIPMENT (Please list items, separated by commas)	TOTAL VALUE	AMOUNT OWING ON ANY ITEM	COMPANY OWED TO & PMT AMOUNT	

INSURANCE POLICIES (Please	list even if someone els	e pays premiums)			
INSURANCE COMPANY	ACCOUNT #	WHO IT COVERS	DEATH VALUE	CASH VALUE	AMT OF LOANS_

ANNUITIES OR CDs

 BANK OR INVESTMENT COMPANY
 NAME ON ACCOUNT
 ACCOUNT #
 CASH VALUE
 AMOUNT OF LOANS____

IRAs, 401Ks, PENSIONS & PROFIT SHARING PLANS (including those with current or former employers)							
BANK OR INVESTMENT COMPANY	NAME ON ACCOUNT	ACCOUNT #	CASH VALUE	AMOUNT OF LOANS			

STOCKS, BONDS, MUTUAL FUNDS				
BANK OR INVESTMENT COMPANY	NAME ON ACCOUNT	ACCOUNT #	CASH VALUE	AMOUNT OF LOANS

FURNITURE & ITEMS IN YOUR LIVING ROOM	TOTAL VALUE	MONEY OWED	COMPANY YOU OWE AMOUNT TO
Please list each item individually, separated by commas		ON ANY ITEM	

FURNITURE & ITEMS IN YOUR FAMILY ROOM	TOTAL VALUE	MONEY OWED	COMPANY YOU OWE AMOUNT TO
Please list each item individually, separated by commas		ON ANY ITEM	

FURNITURE & ITEMS IN YOUR KITCHEN/DINING ROOM Please list each item individually, separated by commas	TOTAL VALUE	MONEY OWED ON ANY ITEM	COMPANY YOU OWE AMOUNT TO

FURNITURE & ITEMS IN YOUR BEDROOMS Please list each item individually, separated by commas	TOTAL VALUE	MONEY OWED ON ANY ITEM	COMPANY YOU OWE AMOUNT TO

FURNITURE & ITEMS IN YOUR BASEMENT/ATTIC	TOTAL VALUE	MONEY OWED	COMPANY YOU OWE AMOUNT TO
Please list each item individually, separated by commas		ON ANY ITEM	

FURNITURE & ITEMS IN YOUR GARAGE/YARD/SHED	TOTAL VALUE	MONEY OWED	COMPANY YOU OWE AMOUNT TO
Please list each item individually, separated by commas		ON ANY ITEM	

FURNITURE & ITEMS IN YOUR LAUNDRY ROOM	TOTAL VALUE	MONEY OWED	COMPANY YOU OWE AMOUNT TO
Please list each item individually, separated by commas		ON ANY ITEM	

	VALUE (\$)
BOOKS, PICTURES, ANY COLLECTIONS YOU MAY HAVE	
CLOTHING, SHOES, BOOTS, COATS	
INTEREST IN BUSINESS OR PARTNERSHIP (NAME:)	
DOES ANYONE OWE YOU MONEY (WHO:)	
ALIMONY, SUPPORT, PROPERTY SETTLEMENT NOT RECEIVED YET	
TAX REFUNDS WHICH YOU HAVE NOT RECEIVED YET	
ARE YOU A BENEFICIARY OF AN ESTATE OR TRUST	
DO YOU HAVE ANY LAWSUITS PENDING	
WORKERS COMPENSATION, PERSONAL INJURY, SOCIAL SECURITY CLAIMS	
PATENTS, COPYRIGHTS	
LICENSES, FRANCHISES	
CUSTOMER LISTS/INVENTORY	
PETS (WHAT KIND:)	
ANY OTHER PERSONAL PROPERTY NOT LISTED	