

R.I. Bankruptcy Legal Clinic

Intake Form

Date: _____

Name: _____

Address: _____

City, State & Zip: _____

Telephone: _____

Email Address: _____

Family Size (# of people in household): Adults: ____ Children: ____

Total Gross Monthly Income (before taxes or other deductions are taken out): \$ _____

Source of Income (complete all that apply):

Employment	\$ _____	Unemployment	\$ _____
Gov't Assistance	\$ _____	VA Benefits	\$ _____
Social Security	\$ _____	Retirement	\$ _____
Other (please specify):	_____		\$ _____

Do you have more than \$5,000 in assets¹? Yes ____ No ____

Do you own real property (e.g., house)? Yes ____ No ____

Are you facing foreclosure? Yes ____ No ____

This is a confidential communication between an attorney and client and is subject to the attorney-client privilege.

I hereby certify that the information I have provided on this form is complete and accurate:

Signature

¹ An asset is something you have that produces value. Some examples of assets are cash, property, checking accounts, savings accounts, automobile, etc.

How long have you lived in Rhode Island? _____

If you have already filed for bankruptcy and have an active bankruptcy case, please complete the following:

What chapter did you file? (e.g., 7, 11, 12, 13) _____

When did you file? _____

Did you receive help preparing the petition? _____

Petition preparer's name: _____

What is your bankruptcy case number? _____

What was the latest case activity? (filing, hearing, etc.) _____

What questions do you have? _____

If you have not already filed for bankruptcy, please attempt to answer the following:

Have you filed for bankruptcy in the past? If so, when and what was the result?

Do you own your home? Yes ____ No ____

Is your home currently scheduled for a foreclosure sale? Yes ____ No ____

Do you have more than one mortgage on your home? Yes ____ No ____

If married, do you and your spouse intend to file your income taxes jointly? Yes ____ No ____

Employer: _____

Occupation: _____

Length of employment: _____

Do you have dependents? (i.e., children or parents you financially support)? Yes ____ No ____

Are you expecting to receive an inheritance in the next 6 months? Yes ____ No ____

Is your pay or bank account being garnished or has it recently been garnished? Yes ____ No ____

If yes, when and by whom? _____

Have you recently been sued? Yes ____ No ____

If yes, when and by whom? _____

Have you made payments to your creditors (the people or companies to whom you owe money) in the past 90 days? Yes ____ No ____

Have you made any gifts or transferred any assets (e.g., cash, cars, real estate) to anyone within the past 4 years? Yes ____ No ____

Have you been in any debt consolidation/settlement programs? Yes ____ No ____

Have you attempted to modify your mortgages with your mortgage lender? Yes ____ No ____

Please list the value of property you own, if applicable:

House ____ Stocks ____ Jewelry ____ Timeshares ____ Land ____

Motor Vehicles ____ Other property: _____

Please list your case, insurance investments and any utility deposits:

Bank account balance: _____

Cash value of life insurance policies: _____

Do you own a business? Yes ____ No ____

What kind? Corporation ____ Partnership ____ Sole Proprietorship ____ Other ____

Type of business: _____

Are you owed a tax refund? Yes ____ No ____

Does anyone owe you money? Yes ____ No ____

Do you have "tools" used in your business (e.g., machinery, value, etc.)? Yes ____ No ____

What kind of retirement plan do you have, if any? _____

How much did you put in your retirement plan(s) in the last 3 years? _____

Do you have personal injury claims (ie, car accident, slip and fall, etc.) against anyone?

Are you a party to any class action for damages? _____

Are you the beneficiary of a will or trust? _____