

**Initial Client Interview Sheet**  
**PLEASE COMPLETE AND BRING THIS WITH YOU TO YOUR INITIAL MEETING**  
**WITH ELIZABETH D. CARLIN (305)274-4698 ELIZAB**

The following information is needed in order to properly evaluate your situation. As with all communication between you and the attorney, all the information supplied is strictly confidential. It is very important for you to supply all relevant information, as the attorney cannot properly advise you without a complete understanding of you situation. If you are in doubt or have any questions, talk to the attorney about it. Remember it is necessary for you to be completely honest and candid with the attorney. In case of Married couple, each needs to answer the questions. Call me at 305-274-4698 to set up an appointment or with questions.

**Name:** \_\_\_\_\_

**Occupation:** \_\_\_\_\_

**Home Address:**

**Business Address:**

\_\_\_\_\_

\_\_\_\_\_

**Home Phone:** \_\_\_\_\_

**Business Phone:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_

**Fax Number:** \_\_\_\_\_

***Spouse's Information***

**Name:** \_\_\_\_\_

**Occupation:** \_\_\_\_\_

**Home Address:**

**Business Address:**

\_\_\_\_\_

\_\_\_\_\_

**Home Phone#:** \_\_\_\_\_

**Business Phone:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_

**Fax Number:** \_\_\_\_\_

Never married     Married, living together     Married, living apart

Living with a domestic partner     Divorced     Widowed

If divorced, when did it become final: \_\_\_\_\_

Number of dependant children: \_\_\_\_\_

Any other person dependant on you: \_\_\_\_\_

What is your age: \_\_\_\_\_ Age of your spouse \_\_\_\_\_

How much is your current monthly income? \_\_\_\_\_ Spouse \_\_\_\_\_

Are you or your spouse receiving any disability, workers comp or retirement income? If so, how much per month: \$\_\_\_\_\_

**ELIZABETH D. CARLIN, ATTORNEY AT LAW 12251 sw 94 Street Miami, Florida 33186**  
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**pursuant to Title 11 of the US Code and provides legal assistance to consumers**  
**seeking relief under the Bankruptcy Code**

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How long have you lived in the state of California: \_\_\_\_\_. If less then two years, list every state you have lived in the past two years and the date you lived there:

\_\_\_\_\_

List all real estate you owned, when it was acquired and its present value:

Location	Date Acquired	Value
		\$
		\$
		&

List anything given away, traded or transferred worth more then \$1,000 in the past five years, including to family members:

Item	Value	Date transferred	To whom
	\$		
	\$		
	\$		

List each bankruptcy you have ever filed and the outcome of each case:

Date	Chapter 7, 11, 13, 12	Outcome (dismissed or completed)

If you owe any money on any of your vehicles, list the type of vehicle, date purchased or leased and the amount owed:

Type of vehicle	Date purchased	Amount owed
		\$
		\$
		\$
		\$

Do you owe taxes for prior years? \_\_\_\_ If so, what years and approximately how much tax is owed? \_\_\_\_\_

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Have you closed any financial account (checking, savings, retirement, IRA, stock, mutual fund, Christmas club) in the past two years?

Type of account	Date closed	Value when closed
		\$
		\$
		\$

Have you received, or are you entitled to, any inheritance, property settlement agreement, or proceeds from a life insurance? YES  NO

Will you received any inheritance, property settlement agreement, or proceeds from a life insurance with in the next two years? YES  NO

Do own or have any ownership interest, in any business including partnerships:

Type of business	Date started (closed)	Annual gross income
		\$
		\$

Have you sold, transferred or closed any business (or an interest in) with in the past three years? YES  NO

List all retirement accounts you have an interest in (IRA, 401k, Union, Government, Military, Profit-sharing):

Type of account	Date withdrawals can start	Current value
		\$
		\$
		\$

List all financial accounts you have an interest in (checking, savings, CD, Christmas club etc):

Type of account	Name of Bank etc	Current balance
		\$
		\$
		\$

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Have you co-signed on a loan for anyone else? YES  NO

Do you have anything of yours in the possession or name of someone else?

YES  NO

Do you have your name on anyone else's bank account, real property or vehicle?

YES  NO

Are you suing any one or have the right to sue them? YES  NO

Have you paid any family member any money in the past year (excluding support)?

YES  NO

Have you filed all tax returns for the past three years? YES  NO

Approximately how much credit card debt do you have? \_\_\_\_\_

Do you have any student loans? \_\_\_\_\_

Do you have any debts not already listed in this form? \_\_\_\_\_

Have you made any major purchases (over \$200) on any credit card in the past three months? YES  NO

Have you taken any cash advances in the past three months? YES  NO

Have you made any balance transfers on any credit card in the past three months?

YES  NO

Do you own any money from a marital settlement or judgment of divorce?

YES  NO

Have you been ordered to pay child or spousal support? YES  NO

Is any support pat due? YES  NO

Does any one owe you money for any reason? YES  NO

Do you have any claims against any one or the right to sue any one? YES  NO

Do you have any tax refund due you at this time? YES  NO

Have you changed any payroll deduction with in the past six months? YES  NO

Have you set up a trust in the past ten years? YES  NO

Do you receive any income from a trust or annuity? YES  NO

Do you have income from royalties, gas or mineral rights, copyrights, licenses agreements or patents now or in the future? YES  NO

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Do you have a life estate or the right to use anyone else's property? YES  NO

Do own any stocks or bonds? YES  NO

Do you have a storage unit? If so, what is in it: \_\_\_\_\_

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Do you have a safety deposit box? If so, what is in it \_\_\_\_\_

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Any thing else you think the attorney should be made aware of? \_\_\_\_\_

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Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Spouse's Signature: \_\_\_\_\_

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