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CLIENT INTAKE SHEET

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_  
(First) (MI) (Last) (Jr/Sr.)  
SOCIAL SECURITY NUMBER \_\_\_\_\_ TDL# \_\_\_\_\_  
MAILING ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_  
PHYSICAL ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_  
PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_  
WORK PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_  
MARITAL STATUS  SINGLE  MARRIED  SEPARATED  DIVORCED  
SPOUSE'S NAME: \_\_\_\_\_  
(Include even if they are not filing) (First) (MI) (Last) (Jr/Sr.)  
SOCIAL SECURITY NUMBER \_\_\_\_\_ TDL# \_\_\_\_\_  
PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_  
WORK PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_  
DO YOU HAVE CHILDREN OR OTHER DEPENDENTS WHO LIVE WITH YOU? \_\_\_\_\_  
IF YES, PLEASE LIST NAME, AGE AND RELATION \_\_\_\_\_  
HOW LONG HAVE YOU LIVED IN TEXAS? \_\_\_\_\_

**HOW DID YOU HEAR ABOUT US?** (check all that apply)

CLIENT REFERRAL  NAME \_\_\_\_\_  
ATTORNEY REFERRAL  NAME \_\_\_\_\_  
CPA REFERRAL  NAME \_\_\_\_\_  
INTERNET  SEARCH ENGINE \_\_\_\_\_  
YELLOW PAGES   
OTHER  LIST \_\_\_\_\_

IS YOUR HOUSE IN DANGER OF FORECLOSURE? \_\_\_\_\_ IF YES, DATE SET? \_\_\_\_\_  
IS YOUR CAR IN DANGER OF REPOSSESSION? \_\_\_\_\_ MONTHS BEHIND? \_\_\_\_\_  
DO YOU OWE CHILD SUPPORT? \_\_\_\_\_ ARE YOU FACING ANY LAWSUITS? \_\_\_\_\_  
HAVE YOU FILED BANKRUPTCY BEFORE? \_\_\_\_\_ WHEN? \_\_\_\_\_  
WHERE DO YOU BANK? \_\_\_\_\_ DO YOU OWE YOUR BANK MONEY? \_\_\_\_\_  
HAVE YOU FILED ALL OF YOUR IRS TAX RETURNS? \_\_\_\_\_  
DO YOU OWE THE IRS? \_\_\_\_\_ WHICH YEARS? \_\_\_\_\_

DO YOU OWN A HOUSE? \_\_\_\_\_ DO YOU OWE PROPERTY TAXES? \_\_\_\_\_

NAME OF MORTGAGE CO AND TOTAL AMOUNT OWED \_\_\_\_\_

NAME OF SECOND MORTGAGE CO AND TOTAL OWED \_\_\_\_\_

MONTHLY MORTGAGE PAYMENT \_\_\_\_\_ AMOUNT BEHIND \_\_\_\_\_

MONTHLY 2<sup>ND</sup> MORTGAGE PYMT \_\_\_\_\_ AMOUNT BEHIND \_\_\_\_\_

VALUE OF HOUSE \_\_\_\_\_ DO YOU OWE HOA DUES? \_\_\_\_\_

DO YOU OWN ANY OTHER PROPERTY? \_\_\_\_\_

FOR EACH VEHICLE YOU OWN, HAVE CO-SIGNED FOR, OR HAVE IN YOUR NAME (even if you do not owe money on it) PLEASE LIST: (Include cars, trucks, boats, ATVS, jet skis, etc.)

CREDITOR	YEAR	MAKE	MODEL	MONTHLY PAYMENT	TOTAL OWED	AMOUNT BEHIND
<i>e.g. Capital One</i>	<i>2010</i>	<i>Chevy</i>	<i>Silverado</i>	<i>\$400.00</i>	<i>\$10,000.00</i>	<i>\$800.00</i>

APPROXIMATELY HOW MANY CREDITORS DO YOU HAVE? \_\_\_\_\_

WOULD YOU LIKE US TO PULL YOUR CREDIT REPORT TODAY? \_\_\_\_\_

(You do not have to do this, but it will be helpful in analyzing your situation. All three credit bureaus will be pulled and we only charge you what we are charged: \$30.00 for single; \$50.00 for joint)

APPROXIMATELY HOW MUCH DO YOU OWE IN CREDIT CARD DEBT? \_\_\_\_\_

APPROXIMATELY HOW MUCH DO YOU OWE IN STUDENT LOAN DEBT? \_\_\_\_\_

APPROXIMATELY HOW MUCH DO YOU OWE IN MEDICAL DEBT? \_\_\_\_\_

APPROXIMATELY HOW MUCH DO YOU OWE IN PAYDAY LOANS? \_\_\_\_\_

DO YOU HAVE ANY OTHER UNSECURED DEBT? \_\_\_\_\_

DO YOU OWE A CREDIT UNION? \_\_\_\_\_

HAVE YOU CHARGED ANYTHING IN THE LAST 90 DAYS? \_\_\_\_\_

HAVE YOU HAD ANY CASH ADVANCES OR BALANCE TRANSFERS? \_\_\_\_\_

FOR EACH CREDITOR FOR FURNITURE, APPLIANCES OR JEWELRY, PLEASE LIST:

CREDITOR	COLLATERAL	DATE BOUGHT	AMOUNT OWED	VALUE
<i>e.g. conns</i>	<i>Washer/dryer</i>	<i>1/1/11</i>	<i>\$500.00</i>	<i>\$300.00</i>

DO YOU HAVE A 401K? \_\_\_\_\_ VALUE \_\_\_\_\_ DO YOU HAVE A LOAN ON IT? \_\_\_\_\_  
 DO YOU HAVE ANY LIFE INSURANCE POLICIES? \_\_\_\_\_ CASH VALUE? \_\_\_\_\_  
 DO YOU HAVE ANY IRAS? \_\_\_\_\_ WAS THE IRA INHERITED? \_\_\_\_\_  
 DO YOU HAVE ANY CLAIMS AGAINST ANYONE? \_\_\_\_\_ IF SO, WHOM? \_\_\_\_\_

EMPLOYER _____	SPOUSE'S EMPLOYER _____
APPROXIMATE MONTHLY INCOME _____	APPROXIMATE MONTHLY INCOME _____
OTHER INCOME? (circle all that apply)	OTHER INCOME? (circle all that apply)
Social Security / Pension / Child Support / Family	Social Security / Pension / Child Support / Family
Assistance / Second Job / Self-employment	Assistance / Second Job / Self-employment
APPROXIMATE MONTHLY AMOUNT _____	APPROXIMATE MONTHLY AMOUNT _____

\_\_\_\_\_  
 PROSPECTIVE CLIENT

\_\_\_\_\_  
 PROSPECTIVE CLIENT

**ATTORNEY NOTES**

CHAPTER \_\_\_\_\_ FEE QUOTED \_\_\_\_\_ FIXED / HOURLY  
 MEANS TEST REQUIRED? \_\_\_\_\_ FILING: INDIVIDUAL / JOINTLY  
 DEPENDENTS: