

Legal Helpers

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State License Legend
CA California
IL Illinois

CLIENT INTAKE WORKSHEET

Date: _____

Name: _____ Soc. Sec. No. _____

Marital Status: Single _____ Married _____ Separated _____ Divorced _____ Widowed _____

Spouse: _____ Soc. Sec. No. _____

Date of Birth: ____ / ____ / ____ Spouse's Date of Birth: ____ / ____ / ____

Dependents (names & ages): _____

Street Address: _____ City/State/Zip: _____

Spouse's Address (If different from above): _____

Have you resided in California for the past 2 years? _____ Yes _____ No

Email Address: _____

Home Phone: (____) ____ - ____ Work #: (____) ____ - ____ Cell #: (____) ____ - ____

Home Phone: (____) ____ - ____ Work #: (____) ____ - ____ Cell #: (____) ____ - ____

Employer: _____ Spouse Employer: _____

Job Title: _____ Job Title: _____

Since when: _____ Since when: _____

Have you ever filed a Bankruptcy? ___ Yes ___ No If So, Circle One Chapter 7 Chapter 13

When: _____ Where: _____ Attorney Name: _____

How did you hear about us?

Online? (circle all that apply): Google Yahoo Facebook Yellow Pages Avvo

Church? (circle all that apply): Our Lady of Mt Carmel St. Rosa of Lima St. Charles St. Pius X
Most Precious Blood Mater Dei St. Mary St. Anthony
St. John of the Cross St. Michael St. Jude Holy Spirit
Our Lady Guadalupe Other Church? _____

Referral? (who): _____ Other? _____

I swear to complete this client worksheet to the best of my abilities and to tell the truth under penalty of perjury

Signature: _____ Date: _____

PRELIMINARY INFORMATION

1. REAL ESTATE

- a. Do you own Real Estate? Yes No
 - i. If so, do you intend to keep it? Yes No
- b. Are you behind in your property taxes? Yes No
- c. Has a foreclosure been started? Yes No
 - i. If so, do you have a copy of the Notice of Default or Notice of Sale? Yes No
- d. Have any Judgment Liens or Tax Liens been recorded against your Property? Yes No
- e. Have you recorded a Homestead on you Property? Yes No
 - i. Do you have a copy of it? Yes No
- f. Have you ordered a "Property Profile" on your Property? Yes No
 - i. Do you have a copy of it? Yes No

2. VEHICLE LOAN/LEASE

- a. Do you have a vehicle loan or lease? Yes No
 - i. If so, do you intend to keep the vehicle? Yes No
 - 1. If so, do you have your own insurance on the vehicle? Yes No
- b. Is the vehicle registration current? Yes No
- c. Is there a danger of repossession? Yes No
- d. Has the vehicle been repossessed before? Yes No
- e. How much longer do the payments run? Yes No

3. INCOME

- a. How long have you been at your present Employer? _____ Month/Years
- b. Do you have current paystubs? Yes No
- c. Do you have other income? Yes No
 - i. If so, what is the source of income? _____
- d. Are you entitled to tax refund? Yes No
 - i. If So, How much? _____

4. ASSETS

- a. Do you own anything of value worth more than \$400 other than ordinary clothing and furniture? Yes No
- b. Do you have a IRA and/or Pension Plans? Yes No
- c. Do you have any Stocks or Bonds, CDs, Money Markets, Christmas Club accounts? Yes No
- d. Do you own any Business Assets? Yes No
- e. Do you own any Trust Deeds and/or Notes Receivables from another person? Yes No
- f. Do you have any Claims, Lawsuits, Worker's Comp. Cases, and Judgments against Another? Yes No
- g. Does anyone owe you money? Yes No
- h. Are you a Trustee in a Trust or do you have a beneficial interest in a Trust? Yes No
- i. Do you have anything of value not mentioned above? Yes No

5. In the PAST 180 DAYS have you or your spouse used any of your accounts in excess of \$500.00? Yes No
Name: _____ Amount: _____ Date: _____

6. What do you consider the principle CAUSE(S) of your Financial Problem?

- Unemployment Sickness/Accident Excess Credit Use
Business Reverses Poor Spending Habits Family Problems
Other (Explain) _____

Do you owe FEDERAL TAX? Year and Amounts: _____
 Do you owe STATE TAX? Year and Amounts: _____
 Do you owe STUDENT LOANS? Year and Amounts: _____
 Do you owe CHILD SUPPORT? Year and Amounts: _____
 Do you owe COURT FINES? Year and Amounts: _____

Are you behind on RENT? If so, name of Landlord and Amounts: _____

Are you wages now being garnished? ____ Yes ____ No About to be garnished? ____ Yes ____ No

Name of Creditor: _____

Do you have any Judgments against you? ____ Yes ____ No By Whom? _____

Have any lawsuits been filed against you? ____ Yes ____ No By Whom? _____

LIST SECURED DEBTS (mortgages, car loans, furniture, jewelry, appliances, electronics)

HOME: Property Address: _____ Market Value: \$ _____

1st TD: Lender _____ Bal.: \$ _____ Mo. Pymt. \$ _____ # Mo. Behind _____

2nd TD: Lender _____ Bal.: \$ _____ Mo. Pymt. \$ _____ # Mo. Behind _____

Property Tax _____ Bal.: \$ _____ Mo. Pymt. \$ _____ # Mo. Behind _____

HOA Fees _____ Bal.: \$ _____ Mo. Pymt. \$ _____ # Mo. Behind _____

VEHICLE LOANS (Auto, Truck, Motorcycle, Motor Home, RV, Boats, ATV, Jet Ski, others)

Lender: _____ Yr/Make/Model _____ Buy/Lease? Pymt. \$ _____ # Mo. Behind _____

Lender: _____ Yr/Make/Model _____ Buy/Lease? Pymt. \$ _____ # Mo. Behind _____

Lender: _____ Yr/Make/Model _____ Buy/Lease? Pymt. \$ _____ # Mo. Behind _____

FURNITURE, APPLIANCES, ELECTRONIC GOODS, COMPUTER, JEWELRY, OTHERS

Lender: _____ Item(s) _____ Pymt. \$ _____ Bal. \$ _____ # Mo. Behind _____

Lender: _____ Item(s) _____ Pymt. \$ _____ Bal. \$ _____ # Mo. Behind _____

Lender: _____ Item(s) _____ Pymt. \$ _____ Bal. \$ _____ # Mo. Behind _____

Do you have any Co-signors or Guarantors? ____ Yes ____ No Are you a Co-signor or Guarantors? ____ Yes ____ No

UNSECURED DEBTS – List all debts that you owe money, even if you are uncertain, deleted, written off. Include all credit cards with balances owing, charge accounts, medical, dental, hospital bills, personal loans, bad checks, auto accidents, lawsuits:

Creditor Name:	Type of Debt	\$ per mo.	\$ Balance	# Mo. Behind
1. _____	_____	\$ _____	\$ _____	_____
2. _____	_____	\$ _____	\$ _____	_____
3. _____	_____	\$ _____	\$ _____	_____
4. _____	_____	\$ _____	\$ _____	_____
5. _____	_____	\$ _____	\$ _____	_____

Total: _____

VEHICLE INFORMATION #1

Year: _____ Make: _____ Model: _____ Mileage: _____

Condition (pick one): Excellent Good Fair Poor Non-operational

Damage and/or Major Repairs: _____

Financed: _____ Leased: _____ Owned: _____

VEHICLE INFORMATION #2

Year: _____ Make: _____ Model: _____ Mileage: _____

Condition (pick one): Excellent Good Fair Poor Non-operational

Damage and/or Major Repairs: _____

Financed: _____ Leased: _____ Owned: _____

VEHICLE INFORMATION #3

Year: _____ Make: _____ Model: _____ Mileage: _____

Condition (pick one): Excellent Good Fair Poor Non-operational

Damage and/or Major Repairs: _____

Financed: _____ Leased: _____ Owned: _____