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SEE MAP ON BACK

Dear Sir/Madam:

Your appointment with _____ is scheduled for _____ at _____.

The following forms and documents will help you and your attorney get a better understanding of your situation. We understand that sometimes it is difficult to get all of the documents and information. **If you cannot find all of the documents, or you cannot complete the forms, come to your appointment anyway. The most important step is meeting with your attorney the first time.**

Please try to bring the following items:

- 1) Any documents you have received from collection agencies, creditors, or attorneys
- 2) Paystubs for the last 6 months on you and your spouse
- 3) The last tax bill on any real estate (land or house) you own
- 4) Your most recent tax return
- 5) Any divorce decrees or agreements, if applicable

Again, even if you are unable to find all of these items or complete the forms, please still come to your appointment.

Yours Truly,

Morgan & Morgan
Attorneys at Law P.C.

PERSONAL INFORMATION

Husband's Name: _____ SSN: _____
Wife's Name: _____ SSN: _____

Number of Dependents: _____ Number of People in Household: _____

Street Address: _____

City: _____ State: _____ Zip Code _____

Home Phone: (____) _____ Home Phone Spouse: (____) _____

Cell Phone: (____) _____ Cell Phone Spouse: (____) _____

Work Phone: (____) _____ Work Phone Spouse: (____) _____

Other Phone: (____) _____ Other Phone: (____) _____

Email: _____ Email: _____

YOUR INCOME

If you are unsure about your income or your spouse's income, either estimate or leave blank

Monthly Gross Pay: Husband: \$ _____ Wife: \$ _____

Less:

Taxes and Social Security\$ _____ \$ _____

Insurance\$ _____ \$ _____

Other Deductions\$ _____ \$ _____

Monthly Take Home Pay.....\$ _____ \$ _____

Other Income.....\$ _____ \$ _____

YOUR ESTIMATED MONTHLY EXPENSES

If you are unsure about any of your expenses, either estimate or leave blank

Rent or Home Mortgage Payment\$ _____

Utilities

Electricity\$ _____

Heat\$ _____

Water\$ _____

Phone (Home and/or Cell).....\$ _____

Cable/Internet Service\$ _____

Garbage Pickup\$ _____

Other Expenses

Food\$ _____

Clothing\$ _____

Medical/Drug\$ _____

Insurance: Auto: \$ _____ Other: \$ _____ Total.....\$ _____

Child Care\$ _____

Taxes (not deducted from wages)\$ _____

Alimony or child support\$ _____

Automobile Payments\$ _____

Transportation (gas, oil, repairs)\$ _____

Other\$ _____

Other\$ _____

TOTAL EXPENSES\$ _____

YOUR DEBTS

If you are unsure about any of the information about your debts, either estimate or leave blank

Include mortgages, taxes, medical bills, credit cards, and any other debts.

Creditor Name: _____

Creditor Address: _____

City, State, Zip: _____

Acct. No: _____ Approx. date debt was incurred: _____

Type of debt: _____ Present Balance/Payoff: _____

Property Pledged as Collateral: _____

Monthly payment & number behind: _____

Do you dispute this bill? Yes No

Have you been served with court papers on this debt? Yes No

List name and address of any cosigner or guarantor on this debt:

Creditor Name: _____

Creditor Address: _____

City, State, Zip: _____

Acct. No: _____ Approx. date debt was incurred: _____

Type of debt: _____ Present Balance/Payoff: _____

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