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**OFFICE USE ONLY**

Retained:	
Deposit:	
Exemptions:	
Chapter:	
Joint/Single:	

**APPOINTMENT DATE:**

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**CLIENT INTAKE FORM**

YOUR INFO		SPOUSE INFO	
Full Name (last, First and Middle):		Full Name (Last, First and Middle):	
Have you used any other names in the past 8 years? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, other name used:		Have you used any other names in the past 8 years? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, other name used:	
Date of Birth:		Date of Birth:	
Have you filed bankruptcy before? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when? _____ <input type="checkbox"/> Ch. 7 <input type="checkbox"/> Ch. 13		Have you filed bankruptcy before? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, when? _____ <input type="checkbox"/> Ch. 7 <input type="checkbox"/> Ch. 13	
Address:		Address:	
County:		County	
Have you lived at this address for at least 180 days? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please list previous address:		Have you lived at this address for at least 180 days? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please list previous address:	
Have you lived in FL for the past two years? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please list previous state(s):		Have you lived in FL for the past two years? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please list previous state(s):	
Home Phone:		Home Phone	
Cell Phone:		Cell Phone	
Email Address:		Email Address:	
<input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Cohabitation			
How many reside in the household _____ Dependants Under 18? _____ Adults over 18? _____			

Personal Information

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YOUR INFO		SPOUSE INFO	
Income Information	Occupation	Occupation:	
	Employer: Self Employed? <input type="checkbox"/> Yes <input type="checkbox"/> No How long?	Employer: Self Employed? <input type="checkbox"/> Yes <input type="checkbox"/> No How long?	
	Monthly Income from Employment: \$	Monthly Income from Employment: \$	
	Other Monthly Income: \$ _____ <input type="checkbox"/> Social Security <input type="checkbox"/> Child Support <input type="checkbox"/> Alimony <input type="checkbox"/> Pension <input type="checkbox"/> Unemployment <input type="checkbox"/> Food Stamps <input type="checkbox"/> Other: _____	Other Monthly Income: \$ _____ <input type="checkbox"/> Social Security <input type="checkbox"/> Child Support <input type="checkbox"/> Alimony <input type="checkbox"/> Pension <input type="checkbox"/> Unemployment <input type="checkbox"/> Food Stamps <input type="checkbox"/> Other: _____	

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Debts	What are you worried about? <input type="checkbox"/> Repossession <input type="checkbox"/> Wage Garnishment <input type="checkbox"/> Foreclosure/Eviction <input type="checkbox"/> Lawsuit(s) <input type="checkbox"/> IRS <input type="checkbox"/> Medical Bills <input type="checkbox"/> Utility Disconnection <input type="checkbox"/> Bad Checks <input type="checkbox"/> Credit Cards <input type="checkbox"/> Car/Boat Payments <input type="checkbox"/> Property Taxes Estimate how many creditors (people or companies) to whom you owe money:
	Estimate your debt:  Credit Cards \$ _____ Medical Bills: \$ _____ Mortgages: \$ _____ Vehicles: \$ _____ Taxes: \$ _____ Student Loans: \$ _____ Other Loans: \$ _____ Other Debt: \$ _____
	Is your home currently in foreclosure? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Do you have any pending lawsuits? <input type="checkbox"/> Yes <input type="checkbox"/> No Have you recently been served in a lawsuit? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you have any hearings or court dates scheduled? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, When? _____
	Do you have any judgments or liens? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please explain:
	Do you owe the IRS money: <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, for what year(s)? Do you owe Property Tax: <input type="checkbox"/> Yes <input type="checkbox"/> No
	Are your wages being garnished or scheduled to be garnished? <input type="checkbox"/> Yes <input type="checkbox"/> No

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List all property (homestead, rentals, condominiums, raw land or mobile homes) that you own, either alone or with another person, or that you are purchasing:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How long have you maintained/owned homestead property in Florida?

List all vehicles (cars, boats, motorcycles, trucks, ATV, jet skis, etc.) that you own or are purchasing (include Year and Model)

Have you owned an interest in a business, corporation, LLC, or partnership or any other type of company within the past six years?

List any IRA, 401-K, annuity, stocks, bonds, pension, profit sharing, or retirement accounts that are in your or your spouse's name:  Yes  No If Yes, please explain:

Do you or your spouse anticipate receiving any money from an IRS refund or are you entitled to an IRS refund?  Yes  No

Assets

Have you or your spouse used your credit cards in the past three months:  Yes  No

Have you or your spouse taken any credit card cash advances in the past three months?  Yes  No

Have you or your spouse transferred or sold any property in the past two years?  Yes  No

If Yes, please explain:

Have you or your spouse paid any creditor more than the usual monthly payment in the past three months?

Yes  No If Yes, please explain:

Have you or your spouse paid back any loans from family, friends, or business associates in the past year?

Yes  No If Yes, please explain:

Have you or your spouse had any gains or losses from gambling in the past year?

Yes  No If Yes, please explain

Have you or your spouse borrowed money from a finance company?  Yes  No

If Yes, did the finance company list your household goods and furnishings on the contract?  Yes  No

Are you behind on any court-ordered child support or alimony obligations?  Yes  No

Financial Disclosures

<p>Have you or your spouse been involved in any automobile accident or other accident which caused injury within the past four years? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please explain:</p> <p>Have you or your spouse been injured by medical malpractice within the last two years: <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please explain:</p>
<p>Do you or your spouse currently have or anticipate a right to receive any monies from an inheritance, life insurance, worker's compensation, social security settlement or any other lawsuit(s) or from repayment of a debt owed to you, within six months of filing a bankruptcy case?  <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please explain:</p>
<p>Have you ever used another person's name or social security number for any reason?  <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please explain:</p>
<p>Have you ever been accused or convicted of committing any crime or fraud?  <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please explain:</p>

How did you hear about the Trunkett Law Firm?
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Your free consultation is limited to ½ hour. We are required by Federal Law to provide you with the attached Disclosure Documents entitled Important Information About Bankruptcy Assistance Services from an Attorney or Bankruptcy Petition Preparer and Disclosure Regarding Information Disclosed for Bankruptcy Assistance. Our office cannot speak with you until these documents are executed by you, and we are required by law to maintain these documents in our files, regardless of whether you retain our firm or not.

The information provided above is used by the Trunkett Law Firm to provide legal advice on Bankruptcy. Any information either omitted or provided in error could lead to an inaccurate analysis of my possible bankruptcy case. I HEREBY DECLARE that the information given above is truthful and complete to the best of my knowledge, information, and belief.

Date:	Signature:
Date:	Signature:

Please note that the foregoing document does not constitute a retainer agreement, but is merely used for the purposes of the initial consult. The Trunkett Law Firm is not in an attorney-client relationship with you for bankruptcy or any other legal matter unless we have been retained for that matter with a separate written retainer agreement.