

DOCUMENTS NECESSARY FOR YOUR FIRST OFFICE APPOINTMENT

Please provide the following information at the time of your appointment:

- **Make a list of your bills and the amounts owing:** Include **ALL BILLS** having a balance (outstanding doctor bills, hospital bills, utility bills, credit cards, personal loans, mortgages, charge accounts, credit cards, student loans, etc.)
- **Make a list of your assets, and its value or balance:** Include all bank accounts, pension plans, life insurance policies, vehicles including campers, trailers, and motorcycles; cemetery plots, time-shares, real estate, any monies from income tax returns or pending lawsuits. Please list any large items you have that would be of any value.
- **Monthly income (see form):** Please bring in your most recent pay stubs, monthly income amounts for social security, disability, unemployment, rents received, child support, or any government assistance.
- **Make a list of your monthly expenses (see form):** Rent or mortgage, utilities, garbage, internet, food, real estate taxes, insurances, out-of-pocket medicals, daycare, schooling, etc. Do not include monthly payments to creditors.
- **Income Tax Returns:** Please furnish the last three years income tax returns.
- **Law Suits:** Bring in the paperwork regarding any lawsuits pending.
- Please bring with you your **Social Security Card and picture identification.**

I look forward to meeting with you to discuss your financial situation. Please call my office to make an appoint for a free consultation.

Very truly yours,

Raymond W. Ferrario

RAYMOND W. FERRARIO, P.C.
Raymond W. Ferrario, Esquire
Suite 528 Scranton Life Building
538 Spruce Street
Scranton, PA 18503-1816
TEL (570) 963-7878
Fax (570) 963-7850
e-mail raymondwferrariopc@comcast.net

CLIENT INFORMATION SHEET:

Date: _____

Last Name: _____

Spouse's Last Name: _____

First Name: _____

Spouse's First Name: _____

Middle Name: _____

Spouse's Middle Name: _____

Other names used: _____

Address: _____

City, _____ State _____ Zip _____

County of Residence: _____

Mailing Address if different from address above:

Telephone Numbers:

Home: _____

Spouse

Home: _____

Work: _____

Work _____

Cell: _____

Cell: _____

Email: _____

Email: _____

Additional Questions:

Have you ever filed bankruptcy? Yes ___ No ___

If your answer is yes,

What Chapter? _____

Where was it file? _____

Were you Discharged? Yes ___ No ___

CURRENT MONTHLY INCOME:

Marital status - married ____, single ____, divorced ____

Dependent Children's names:

_____	Age _____
_____	Age _____
_____	Age _____
_____	Age _____
_____	Age _____

Husband's employment:	Spouse's employment:
Occupation _____	Occupation _____
Employer's Name _____	Employer's name _____

Address: _____	Address: _____
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How long employed? _____	How long employed? _____
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MONTHLY INCOME

	Debtor	Spouse
1. Current monthly gross wages, salary and commissions	\$ _____	\$ _____
2. Estimated monthly overtime	\$ _____	\$ _____
3. SUBTOTAL	\$ _____	\$ _____
4. LESS PAYROLL DEDUCTIONS:		
a. Payroll taxes and Social Security	\$ _____	\$ _____
b. Insurance	\$ _____	\$ _____
c. Union dues	\$ _____	\$ _____
d. Other, specify _____	\$ _____	\$ _____
5. SUBTOTAL OF PAYROLL DEDUCTIONS	\$ _____	\$ _____
6. NET TAKE HOME PAY	\$ _____	\$ _____
7. Regular income from operation of business or profession or farm (attach detailed statement)	\$ _____	\$ _____
8. Income from real property	\$ _____	\$ _____
9. Interest and dividends	\$ _____	\$ _____
10. Alimony, maintenance or support payments payable to the debtor for the debtor's use or that of dependents lists above	\$ _____	\$ _____
11. Social Security or government assistance	\$ _____	\$ _____
12. Pension or retirement income	\$ _____	\$ _____
13. Other monthly income, Explain _____	\$ _____	\$ _____
_____	\$ _____	\$ _____
14. SUBTOTAL OF INCOME REPORTED ON LINES 7 - 13	\$ _____	\$ _____
15. TOTAL MONTHLY INCOME (add amounts shown on Lines 6-14)	\$ _____	\$ _____
16. TOTAL COMBINED MONTHLY INCOME \$ _____		

17. Describe any increase or decrease in income reasonably anticipated to occur within the year following today's date. _____

CURRENT MONTHLY EXPENDITURES:

- 1. Rent or home mortgage payment (include lot rented for mobile home) \$ _____
 - a. Are real estate taxes included? Yes ___ No ___ \$ _____
 - b. Is property insurance included? Yes ___ No ___ \$ _____
 - *Second Mortgage (Home Equity) payment \$ _____
- 2. Utilities:
 - a. Electricity and heating fuel \$ _____
 - b. Water and sewer \$ _____
 - c. Telephone \$ _____
 - d. Garbage \$ _____
 - e. Cable \$ _____
 - f. Internet \$ _____
 - g. Association Dues \$ _____
- 3. Home maintenance (repairs and upkeep) \$ _____
- 4. Food \$ _____
- 5. Clothing..... \$ _____
- 6. Laundry and dry cleaning \$ _____
- 7. Medical and dental out of pocket expenses \$ _____
- 8. Transportation (not including car payments) include oil changes, tires, gas and repairs) \$ _____
- 9. Recreation, clubs, entertainment, newspapers, magazines \$ _____
- 10. Charitable contributions \$ _____
- 11. Insurance (not deducted from wages or included in home mortgage payments)
 - a. Homeowner's or renters \$ _____
 - b. Life \$ _____
 - c. Health \$ _____
 - d. Auto \$ _____
 - e. Other \$ _____
- 12. Taxes (not deducted from wages or included in home mortgage payments) (Specify) \$ _____
- 13. Installment payments \$ _____
 - a. Auto \$ _____
 - b. Student loans..... \$ _____
 - c. Other \$ _____
- 14. Alimony, maintenance and support paid to others \$ _____
- 15. Payments for support of additional dependents not living at your home \$ _____
- 16. Regular expenses from operation of business, profession, or farm (attach detailed statement) \$ _____
- 17. Other \$ _____
- TOTAL** \$ _____

Describe any increase or decrease in expenditures anticipated to occur within one year from this date _____

- MONTHLY NET INCOME:**
- (a) Total monthly income \$ _____
 - (b) Total monthly expenses from above \$ _____
 - (c) Monthly net income (a. minus b.) \$ _____

REAL ESTATE: List each property, time share and/or cemetery plot

1. Description of property: _____

Address of property: _____

Owned by: (husband ____, wife ____, jointly owned ____)

Names on deed: _____

Market Value (if known): \$ _____

First Mortgage Loan:

Lender: _____

Address: _____

Account Number: _____

Balance of Loan \$ _____

Second Mortgage Loan (Home Equity):

Lender: _____

Address: _____

Account Number: _____

Balance of Loan \$ _____

2. Description of second property owned: _____

Address of property: _____

Owned by: (husband ____, wife ____, jointly owned ____)

Names on Deed _____

Market Value (if known): \$ _____

First Mortgage Loan:

Lender: _____

Address: _____

Account Number: _____

Balance of Loan \$ _____

Second Mortgage Loan (Home Equity)

Lender: _____

Address: _____

Account Number: _____

Balance of Loan \$ _____

****PLEASE PROVIDE AN APPRAISAL DONE WITHIN THE PAST TWO YEARS.**