

GRILLO LAW FIRM

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Bankruptcy Initial Consultation Appointment

You must bring the following items to your consultation appointment so our attorney can best advise you concerning your financial situation.

- You must have **copies of statements showing your household income for the previous six (6) months**. This includes, but is not limited to income from employment, unemployment, retirement income, disability income, Social Security income for you and/or a dependent, alimony, child support, SNAP/EBT/food stamps, ect.
- You must have a **photo I.D.** and your **Social Security Card**.
- You must have the following **Bankruptcy Initial Consultation** paperwork completed. Every item/question must have an answer. If an item/question does not apply to you, then your answer will be **N/A**.

If you have any question concerning the **Bankruptcy Initial Consultation** paperwork, please call us!

Date: _____

How did you hear about our firm? (please check all that apply)

- Referred by a family member or a friend. Saw the TV commercial.
 Saw the **Yellow Pages** advertisement. Saw it online/internet.
 Referred by an attorney: _____ Former client of the firm.

Has this office or any lawyer associated with it ever represented you or any member of your family (including former spouses)? Has this office or any lawyer associated with it ever represented anyone in a suit or other action AGAINST you or any member of your family (including former spouses)? If Yes, please explain and inform the receptionist **BEFORE** you complete this paperwork: _____

Please PRINT all information and tell us EVERYTHING! We are on your side!

Name: _____ Age: _____ Date of Birth: _____
(Yours) Last First Middle/Maiden

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

Home Phone: _____ Cell Phone: _____ Email: _____

Street Address: _____ City: _____ County: _____

State: _____ Zip: _____ Mailing Address (if different): _____

City: _____ County: _____ State: _____ Zip: _____

How long have you lived in Mississippi? _____ If you have lived in Mississippi for *less than two (2) years*, where did you previously live? _____ For how long? _____

Where do you work (name & address)? _____

Job/Position: _____ Work Phone: _____

Spouse: _____ Age: _____ Date of Birth: _____
(Name) Last First Middle/Maiden

SS Number: _____ Cell Phone: _____ Email: _____

How long have you lived in Mississippi? _____ If you have lived in Mississippi for *less than two (2) years*, where did you previously live? _____ For how long? _____

Where do you work (name & address)? _____

Job/Position: _____ Work Phone: _____

Do you and your spouse live together? Yes No If No complete the following about where your spouse lives

Street Address: _____ City: _____ County: _____

State: _____ Zip Code: _____ Mailing Address (if different): _____

City: _____ County: _____ State: _____ Zip Code: _____

Are you renting leasing buying your home?

Dependent Information:

List all dependents who **RESIDE** with you.

Name (full name including middle/maiden)	Relationship	Age

List any other dependents who **reside OUTSIDE** of your home for whom you provide some type of support.

Name (full name including middle/maiden)	Relationship	Age

Have you and/or your spouse ever filed bankruptcy? Yes No If Yes, who filed? _____
When? _____ What type of bankruptcy was it? _____ What was the Case
number? _____ Was a discharge granted? Yes No If Yes, list the discharge date: _____

Do you own a business, LLC, or corporation? Yes No If Yes, complete the following:
Name: _____ Address _____
Type of Business: _____ If there is a partner(s), please list the name(s): _____

Please estimate the amount you owe on the following items:

1. Student Loans: \$ _____ They are: *Deferred* *Defaulted* *Due and Payable*
2. Federal Income Taxes: \$ _____ For which years? _____
3. State Income Taxes: \$ _____ For which years? _____
4. Have you filed, **ON TIME**, all income tax returns that are due? Yes No If No, which years are due?
 2010 2011 2012 2013 2014
5. Do you pay or have you been ordered to pay domestic support obligations (i.e., child support, alimony,) property settlement payments, etc.? Yes No If Yes, which obligations do you owe and how much? _____
_____ Name and address of person(s)/agency(s) you are required to pay: _____
6. Do you owe for any NSF checks? Yes No If Yes, list the merchant/business owed **and** the amounts: _____

Are you buying a home? Yes No If Yes, complete the following

Address:	Name(s) on the Deed:	Estimated Value:

Mortgage: Yes No If Yes, what do you owe \$ _____ Monthly payment \$ _____ Are you behind on payments? Yes No If Yes, how many months behind? _____ Who/What company holds the mortgage? (Name & address) _____

2nd Mortgage: Yes No If Yes, what do you owe \$ _____ Monthly payment \$ _____ Are you behind on payments? Yes No If Yes, how many months behind? _____ Who/What company holds the mortgage? (Name & address) _____

Other Properties: You **MUST** disclose any and all property of any kind in which you have an interest! You **MUST** reveal everything! Do you own or have an interest in any of the following types of property? Yes No If Yes, check all that apply:

My Home	Rental Property	Land/Acreage/Vacant Lot
Timeshare(s)	2 nd or Vacation Home	Real Estate owned with another (not a spouse)
Condominium(s)	Timber Rights	Mineral Rights
Mobile Home financed <i>with</i> the land where it rests		Oil Rights
Mobile Home financed <i>without</i> the land where it rests		Heir Property:
		Other:

Complete the following about EACH of the properties you checked:

Address _____

Name(s) on the Deed: _____ Estimated value: _____

Mortgage: Yes No If Yes, what do you owe \$ _____ Monthly payment \$ _____ Are you behind on payments? Yes No If Yes, how many months behind? _____ Who/What company holds the mortgage? (Name & address) _____

2nd Mortgage: Yes No If Yes, what do you owe \$ _____ Monthly payment \$ _____ Are you behind on payments? Yes No If Yes, how many months behind? _____ Who/What company holds the mortgage? (Name & address) _____

Address _____

Name(s) on the Deed: _____ Estimated value: _____

Mortgage: Yes No If Yes, what do you owe \$ _____ Monthly payment \$ _____ Are you behind on payments? Yes No If Yes, how many months behind? _____ Who/What company holds the mortgage? (Name & address) _____

2nd Mortgage: Yes No If Yes, what do you owe \$ _____ Monthly payment \$ _____ Are you behind on payments? Yes No If Yes, how many months behind? _____ Who/What company holds the mortgage? (Name & address) _____

Vehicles: You **MUST** disclose ANY AND ALL vehicles in which you have an interest! This includes, but is not limited to the following types: cars, trucks, 3-wheelers, 4-wheelers, motorcycles, boats, motors, tractors, trailers, campers, motor homes, mobile homes, travel trailers, antique/collector cars, etc.

Type:	Year:	Make:	Model:	Miles:
Do you owe money on it? <input type="checkbox"/> Yes <input type="checkbox"/> No		Is it Financed? <input type="checkbox"/> Yes <input type="checkbox"/> No		Is it Leased? <input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, who or what company holds the loan or lease?				
When did you get the loan/lease?		For how many months?		Balance due:
Monthly payment:	Are you behind on payments? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, how many months?			

Type:	Year:	Make:	Model:	Miles:
Do you owe money on it? <input type="checkbox"/> Yes <input type="checkbox"/> No		Is it Financed? <input type="checkbox"/> Yes <input type="checkbox"/> No		Is it Leased? <input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, who or what company holds the loan or lease?				
When did you get the loan/lease?		For how many months?		Balance due:
Monthly payment:	Are you behind on payments? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, how many months?			

Type:	Year:	Make:	Model:	Miles:
Do you owe money on it? <input type="checkbox"/> Yes <input type="checkbox"/> No		Is it Financed? <input type="checkbox"/> Yes <input type="checkbox"/> No		Is it Leased? <input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, who or what company holds the loan or lease?				
When did you get the loan/lease?		For how many months?		Balance due:
Monthly payment:	Are you behind on payments? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, how many months?			

if you owned any of these vehicles outright and had the title, have you put the title up as collateral on a loan(s)?
 Yes No If Yes, complete the following:

Who or what company gave you the loan?				
When did you get the loan?		For how many months?		Balance due:
Monthly payment:	Are you behind on payments? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, how many months?			

Who or what company gave you the loan?				
When did you get the loan?		For how many months?		Balance due:
Monthly payment:	Are you behind on payments? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, how many months?			

Other Assets: You ***MUST disclose any and all other assets you own.*** This includes assets owned by you and/or your spouse. ***Do not forget to list assets jointly owned by you and someone other than a spouse.*** Please list the asset and your estimate of its present value. These assets may include, but are not limited to the following types of items:

(a.) Savings accounts; Certificates of Deposit (CDs); investment accounts; stocks; bonds; accounts payable to you; IRA; 401K; retirement accounts:

(b.) Gold; silver; diamonds; jewelry; furs; antiques; collectible items such as dolls; pottery; stuffed toys; art; dogs/horses that you breed for money; race/show animals for which you receive monetary awards:

(c.) Any PENDING lawsuits or ANY OTHER claims which you are or could be part of such as Workman's Compensation lawsuits, class action lawsuits, claims against drug companies, BP Oil claims, etc., in which you or your spouse might be awarded money or property.

Have you made any **RECENT CHARGES** on any of these accounts (i.e., TV, stereo systems, appliances, lawn mower, etc.) or have you made any purchases of luxury goods or items (i.e., condo rentals; vacations; airfare; jewelry, etc.)?
 Yes No If Yes, complete the following:

Describe the Purchase	Credit Card/Type Used	Price of Purchase	Date of Purchase

Other Debt Issues: Please answer the following questions concerning other debt issues.

1.) Are any of your debts co-signed with a party other than your spouse? Yes No If Yes, describe the debt below. This includes any debts where someone has signed with you for a debt for you. It also includes any debt you co-signed with someone else for a debt for them.

Describe the Debt	Name of Person(s) Who Co-signed	Balance Owed

2.) Do you and/or your spouse jointly, or individually, have any judgments or liens against you? Yes No If Yes, complete the following:

Describe the Judgment*	Name of Person(s)/Company Involved	Balance Owed

**Please Note: You will be required to supply a copy of all judgments and liens.*

3.) Do you and/or your spouse jointly, or individually, have any lawsuits pending against you? Yes No If Yes, complete the following:

Describe the Lawsuit	Name of Person(s)/Company Involved

4.) Have you and/or your spouse jointly, or individually, ever been sued for an auto accident, or for any other reason? Yes No If Yes, complete the following:

Describe the Lawsuit	Name of Person(s)/Company Involved	Date	Outcome

5.) In the past, were your wages or your spouse's wages ever garnished? Yes No If Yes, whose wages were garnished? _____ When: _____ to _____ Who garnished those wages? _____ How much did they take out of your pay? _____

Are ANY wages currently being garnished? Yes No If Yes, whose wages are being garnished? _____ When did it begin? _____ Who is garnishing your wages? _____ How much are they taking? _____

6.) Have you sold or given any **REAL** property (land, homes, condominium, timeshare, etc.) or **PERSONAL** property (car, boat, money, bank account, 4-wheelers, jewelry, etc.) to a *family member, friend, or business associate* within the **LAST EIGHT (8) YEARS?** Yes No If Yes, complete the following.

Describe the Property	Person(s) Who Received the Property	Date Given/Sold	Estimated Value
Describe the Property	Person(s) Who Received the Property	Date Given/Sold	Estimated Value

7.) Have you sold or given any **REAL** property (land, homes, condominium, timeshare, etc.) or **PERSONAL** property (car, boat, money, bank account, 4-wheelers, jewelry, etc.) to **ANYONE** within the **LAST TWO (2) YEARS?** Yes No If Yes, complete the following:

Describe the Property	Person(s) Who Received the Property	Date Given/Sold	Estimated Value
Describe the Property	Person(s) Who Received the Property	Date Given/Sold	Estimated Value

8.) Have you given a family member or friend a gift of money, repaid a debt you owed them, or paid a debt for a family member or friend within the **last two (2) years?** Yes No If Yes, complete the following:

Describe the Gift/Debt Paid	Person(s) Who Received It	Amount	Date
Describe the Gift/Debt Paid	Person(s) Who Received It	Amount	Date

Your Income and Expenses: When completing the following, you may estimate amounts, but please try to be as accurate as possible. Please put your answers in the first column (on the left.) The second column is for office use (on the right.) If an item does not apply to you, please write 'none' in the blank.

<i>Estimated Monthly Income (from ALL sources)</i>	<i>Your Estimate</i>	<i>Office Use Only</i>
Your take-home pay from primary/full-time job		
Your Spouse's take-home pay from primary or full-time job		
Part-time employment income for you		
Part-time employment income for your spouse		
Social Security income for you		
Social Security income for your spouse		
Disability check for you		
Disability check for your spouse		
SSI check for a child/children		
Retirement or Pension		
Child Support or Alimony		
Other (i.e., SNAP, etc.):		

Total Monthly Household Income: \$ _____ \$ _____

<i>Estimated Monthly Expenses</i>	<i>Your Estimate</i>	<i>Office Use Only</i>
Rent		
Mortgage payment		
Mobile Home/Trailer note		
Mobile Home/Trailer lot rent		
Electric bill		
Gas bill (Entex; Willmut; etc.)		
Water and sewer bill		
Garbage pick-up fees		
Home telephone bill		

Cell phone bill		
Cable/satellite/internet		
Food		
Clothing		
Laundry/Dry Cleaning		
Home maintenance		
Entertainment (movies, magazines, books, etc.)		
Medical and dental expenses		
Life insurance		
Health insurance		
Home insurance (if not included in the mortgage)		
Renters insurance		
Vehicle insurance		
Other insurances (dental, vision, burial, cancer, disability, etc.)		
Property taxes (if not included in mortgage)		
Child support		
Alimony		
Day care/child care/after school care		
Educational expenses		
1 st vehicle payment		
2 nd vehicle payment		
Gasoline and other car expenses		
Annual car tags(divided by 12 for monthly cost)		
Church tithes (you must show proof)		
Other:		

Total Monthly Expenses: \$ _____ \$ _____

STOP! The following area is for Office use only!

Attorney/Paralegal Notes: _____
