INITIAL BANKRUPTCY CONSULTATION FORM

After you've completed this consultation form return it to my office in person, by mail, or fax at (316) 262-1536. If you have not done so already call my office for an appointment. My phone number is (316) 262-7696. Tell the secretary that you want to schedule your initial bankruptcy appointment with the attorney. This form does not obligate you to filing bankruptcy nor does it create an attorney client relationship.

Name:		
(First)	(Full Middle Name)	(Last)
Name of spouse:		
(First	t) (Middle Name)	(Last)
E-mail: _ _ _		
cell phone: ()p	work phone () work phone ()	one ()
Will your spouse be filing bankrup	tcy with you?[] Yes[] No[] Haver	n't decided [] Not married.
Current Address:	City, S	tate, Zip:
Spouse Current address (if diff	ferent)City, S	State, Zip:
	City, S	
Have you ever filed bankruptcy be	fore? Yes No If yes when	n?
Has your spouse ever filed bankrup	otcy before? Yes No If	yes when?
How long have you lived in Kansa: How long has your spouse lived in		
How were you referred to our offic Friend/Relative Another attorney Phone book ad How many people live in your hom	internet Other The even if they are not related to you? A	Adults Minors
Are you currently employed? Yes_		
	(wages before any deductions) for the l	ast six months, including overtime
Did you have any other income in the Yes No If yes how mu	the last six months? (Child support, socich?	cial security, business income, etc)
Is your spouse currently employed	? Yes No	
What were your spouse's total grost time jobs?	ss wages for the last six months, includ	ing overtime and second or part-
	come in the last six months? (Child sup If yes how much?	port, social security, business
	uity loan, contract for deed, lease to ow e title loan, or any other loan that is sec	