

RYAN LEGAL SERVICES
35836 CENTER RIDGE ROAD, STE. 101
NORTH RIDGEVILLE, OHIO 44039
(440) 327-3800

INITIAL CONSULTATION QUESTIONNAIRE

Name _____

address: _____

Date of Birth _____

Social Security # _____

SPOUSE NAME: _____

ADDRESS: _____

Spouses Date of Birth _____

Spouse Social Security _____

phone #: _____

Minor Children/Dependents: _____

_____ I do not own any real estate.

_____ I own the following real estate [list complete address]: (List all real estate even if you are paying on a mortgage):

MY RESIDENCE: _____

ESTIMATED FAIR MARKET VALUE: _____

MORTGAGE LENDER: _____

ACCOUNT # _____ Date of Loan: _____

WHO IS/ARE THE LISTED BORROWER(S): _____

WHO IS ON THE DEED TO THE HOME? _____

_____ BALANCE OWED: _____

MONTHLY PAYMENT: _____

MORTGAGE ARREARAGE: _____ (If behind on loan)

2nd Mortgage/Home Equity Lender:

ADDRESS: _____

2ND MORT./ HOME EQUITY LINE BALANCE: _____

MONTHLY PAYMENT: _____

ACCOUNT # _____ Date of Loan: _____

WHO IS/ARE THE BORROWER(S)? _____

MONTHLY PAYMENT : _____

ARREARAGE AMOUNT (for 2nd mortgage): _____

OTHER REAL ESTATE:

LOCATION: _____

ESTIMATED FAIR MARKET VALUE: _____

1ST MORTGAGE LENDER: _____

ACCOUNT # _____ Date of Loan: _____

WHO IS/ARE THE BORROWER(S)?: _____

WHO IS ON THE DEED TO THE HOME? _____

BALANCE OWED: _____

MONTHLY PAYMENT: _____

MORTGAGE ARREARAGE (past due) _____

2nd Mortgage/Home Equity Lender:

2ND MORT./ HOME EQUITY LINE BALANCE: _____

Date of Loan: _____

WHO IS/ARE THE BORROWER(S)? _____

MONTHLY PAYMENT : _____

PAST DUE AMOUNT (for 2nd mortgage): _____

OTHER REAL ESTATE:

LOCATION: _____

ESTIMATED FAIR MARKET VALUE: _____

1ST MORTGAGE LENDER: _____

ACCOUNT # _____ Date of Loan: _____

WHO IS/ARE THE BORROWER(S)?: _____

WHO IS ON THE DEED TO THE HOME? _____

BALANCE OWED: _____

MONTHLY PAYMENT: _____

MORTGAGE ARREARAGE(past due) _____

2nd Mortgage/Home Equity Lender:

2ND MORT./ HOME EQUITY LINE BALANCE: _____

Date of Loan: _____

WHO IS/ARE THE BORROWER(S)? _____

MONTHLY PAYMENT : _____

PAST DUE AMOUNT (for 2nd mortgage): _____

CARS AND OTHER VEHICLES

(If jointly owned, disclose who is on the title to the vehicle(s). List year, make and model for each:

TYPE OF CAR (YEAR/MAKE/MODEL) : _____

BLUE BOOK VALUE: _____

PERSON(S) ON TITLE: _____

LENDER (Name/Address): _____

ACCOUNT # _____

BALANCE OWED: \$ _____

MONTHLY PAYMENT: _____

TYPE OF CAR (YEAR/MAKE/MODEL) : _____

BLUE BOOK VALUE: _____

PERSON(S) ON TITLE: _____

LENDER (Name/Address): _____

ACCOUNT # _____

BALANCE OWED: \$ _____

MONTHLY PAYMENT: _____

TYPE OF CAR (YEAR/MAKE/MODEL) : _____

BLUE BOOK VALUE: _____

PERSON(S) ON TITLE: _____

LENDER (Name/Address): _____

ACCOUNT # _____

BALANCE OWED: \$ _____

MONTHLY PAYMENT: _____

EMPLOYMENT :

EMPLOYER (NAME/ADDRESS): _____

ADDRESS: _____

PHONE: _____

LENGTH OF EMPLOYMENT: _____

PAY RATE: _____

PAY PERIOD (Weekly/Bi-Weekly/semi-mo): _____

SPOUSE EMPLOYMENT (Information needed even if spouse not filing)

EMPLOYER: _____

ADDRESS: _____

PHONE: _____

LENGTH OF EMPLOYMENT: _____

PAY RATE: _____

PAY PERIOD (Weekly/Bi-Weekly/Semi-mo.): _____

BANK OR CREDIT UNION ACCOUNTS:

List Name of Bank / Type of Account / Account Number /Balance:

PENSION / RETIREMENT ACCOUNT(S):

(Please list and state whether Account is a 401(k), IRA, defined benefit/traditional pension plan, etc.)

TAX RETURN RECEIVED FOR LAST YEAR:

\$ _____

DATE RECEIVED: _____

THE FUNDS WERE SPENT ON (LIST WHAT YOU SPENT IT ON AND HOW MUCH)

GENERAL FINANCIAL AFFAIRS QUESTIONS:

Please answer the following general questions:

1. In the last 12 months have you transferred or given away any property to any friend or family member?

ANSWER YES OR NO: _____

2. In the last 12 months have you taken out a mortgage or home equity line on any real estate that you own (including any refinance loan or home loan for any other reason)

ANSWER YES OR NO: _____

3. Have you made any balance transfers on any credit cards in the last three months?

ANSWER YES OR NO: _____

4. Have you operated a corporation, sole proprietorship, limited liability company or any other business in the past two years?

ANSWER YES OR NO: _____

5. Do you own any other property jointly with any other person, anywhere in the world?

ANSWER YES OR NO: _____

6. Have you closed any bank accounts, 401(k) accounts, IRA accounts or other pension plan, brokerage account or other investment account in the past 24 months?

ANSWER YES OR NO: _____

7. Have you taken any action(s) with respect to any of your property to avoid creditors?

ANSWER YES OR NO: _____

8. Did you pay back any personal loans to friends or family in the past 12 months?

ANSWER YES OR NO: _____

HOUSEHOLD EXPENSES: State the average amount you spend on:

Rent or home mortgage payment _____

Are real estate taxes included ? (yes or no): _____

Is homeowners insurance included? (Yes or no): _____

2nd mortgage or home equity line of credit _____

Electric _____

Gas _____

Telephone _____

Cell phone(s) _____

Cable television _____

Internet _____

water / sewer / trash _____

Home maintenance (repairs & upkeep) _____

Food / groceries _____

Clothing _____

Laundry & dry cleaning _____

Medical / dental expenses _____

Transportation (not including car loan or lease payments) _____

Recreation, clubs, entertainment, newspapers, magazines, etc. _____

Charitable contribution(s) _____

Insurance (not deducted from wages or in mortgage payment(s)):

_____ A. Homeowner's or renters insurance _____

_____ B. Life insurance _____

_____ C. Health insurance _____

D. Auto insurance _____

E. Other insurance (list): _____

Taxes (not deducted from wages or included in mortgage payment)

Specify tax(es): _____

Installment payments

A. Automobile loan or lease payments _____

B. Other: _____

Child support or spousal support paid to others _____

Payments for additional dependents living in your home _____
Other expenses : _____

FOR SELF-EMPLOYED CLIENTS:

GROSS INCOME RECEIVED FROM BUSINESS LAST 12 MONTHS _____

AVERAGE MONTHLY INCOME (DIVIDE BY 12) _____

ITEMIZED MONTHLY EXPENSES: **Amount:**

TOTAL MONTHLY EXPENSES: _____
NET MONTHLY INCOME _____
(Subtract from monthly gross) _____

UNSECURED DEBT:
LIST ALL CREDIT CARD, MEDICAL BILLS, & UNSECURED LOANS:

CREDIT CARD / MEDICAL BILL CREDITORS:

Creditor Name / Address / Acct. # / Bal owed / date opened (ALL INFO REQUIRED)

Name: _____ BALANCE OWED: _____

Address: _____

Account Number: _____ Date Account originally opened: _____

Who is liable on account (name /address): _____

COLLECTION AGENCY / LAW FIRM(S): please provide all related collection info:

Name: _____ Account Number: _____

Address: _____

Who is liable on account (name /address): _____

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Name: _____ Account Number: _____

Address: _____

Who is liable on account (name /address): _____

PLEASE READ AND SIGN :

DEBT ASSISTANCE INITIAL CONSULTATION AGREEMENT

1. The client desires to obtain advice and assistance with debt issues and relief from debt and has scheduled an initial consultation with the Law Offices of RYAN LEGAL SERVICES, INC.. This initial consultation with an attorney is free of charge. The client understands that in order for the attorney to give meaningful advice, certain detailed financial information must be provided fully and accurately. The client agrees to give accurate, honest, full and fair disclosure of financial information concerning average income over the previous 6 months from all sources, monthly living expenses, the type and amount of all debts (including names and addresses of all creditors), and a disclosure of all assets and property owned by the client.

2. The attorney agrees to interview the client and give advice and counsel to assist the client in making decisions about debt problems, the possibility of filing bankruptcy, selecting the appropriate chapter of bankruptcy, and how a bankruptcy case may help or hurt the debt problems of the client. The initial consultation will consist of a review of the client's current monthly income, completion of a monthly budget of regular expenses, preliminary analysis of qualifications for certain chapters of bankruptcy, a preliminary analysis of the client's debt statements and a recommendation.

3. The initial consultation and interview will be performed by an attorney free of charge. In the event that the client decides to file a bankruptcy case, a new written agreement must be signed by the client and the attorney which will supersede this agreement relating to attorney fees and expenses. This new agreement will also provide a detailed explanation of the services performed or to be performed by the Law Offices of RYAN LEGAL SERVICES, INC.

4. ALL INFORMATION PROVIDED BY THE CLIENT WITH A BANKRUPTCY PETITION MUST BE COMPLETE, ACCURATE, AND TRUTHFUL. ALL ASSETS AND ALL LIABILITIES ARE REQUIRED TO BE COMPLETELY AND ACCURATELY DISCLOSED IN THE DOCUMENTS FILED TO COMMENCE THE CASE. REPLACEMENT VALUE OF EACH ASSET DEFINED IN TITLE 11 UNITED STATES CODE SECTION 506 MUST BE STATED IN THOSE DOCUMENTS WHERE REQUESTED AFTER REASONABLE INQUIRY TO ESTABLISH SUCH VALUE. INFORMATION PROVIDED DURING THE CASE MAY BE AUDITED AND THAT FAILURE TO PROVIDE SUCH INFORMATION MAY RESULT IN DISMISSAL OF THE CASE OR OTHER SANCTION, INCLUDING A CRIMINAL SANCTION.

5. In the event that Attorney begins work on my/our case, I/we agree that any retainer fee paid to attorney shall be applied to compensate Attorney for time spent in preparing my/our case at the standard hourly rate of \$225. I/we agree that these funds shall be paid to attorney even in the event that I/we later decide (after work has been started by Attorney) not to file a bankruptcy case, for whatever reason.

6. The undersigned hereby authorize the law firm of Ryan Legal Services, Inc., Kevin M. Ryan, and their agent(s) to obtain all of my/our credit report information from Experian, Equifax, or TransUnion and I/we hereby agree to pay a \$25.00 processing fee if requested by me/us, and if requested by Ryan Legal Services, and/or Kevin M. Ryan, Attorney at law.

Signed this, the _____ day of _____, 20_____.

Client signature

Client signature

Attorney signature