

2011 CLIENT WORKSHEET

To properly represent your interests to the best of our ability please answer all questions in this worksheet. Prior to meeting with an attorney from the Firm you must complete this worksheet and bring the following documentation:

1. **ALL** paystubs or proof of income for the past 7 months.
2. Copies of your federal and state tax returns for the past 2 years.
3. The most recent statements/bills/notices/etc. for ALL outstanding debts you have (this includes mortgages, HOA, cars, student loans, etc.)
4. Any letters you have from attorneys / collection companies concerning your debts.
5. A certificate of counseling for “pre-bankruptcy counseling.”
 - a. Available online at www.cricketdebt.com (\$36) or
 - b. Available via the phone through Greenpath at #888-860-4220 (\$50)
6. The required attorney fees and filing fees paid in full up front.
7. Copies of your most recent bank statements (two months).
8. Most recent statement for any 401k, IRA, Pension or investment account.
9. Copy of the title for any vehicle you own free of any lien.
10. Copy or real estate tax assessment valuation (if you own home)
11. Copy of Driver’s License AND Social Security Card (or W2)
12. Signed credit report authorization and fee agreement (attached)

YOU MUST ANSWER ALL QUESTIONS FULLY AND HONESTLY. BANKRUPTCY FRAUD IS A SERIOUS OFFENSE AND ANYONE FOUND GUILTY IS SUBJECT TO FINE, IMPRISONMENT, OR BOTH.

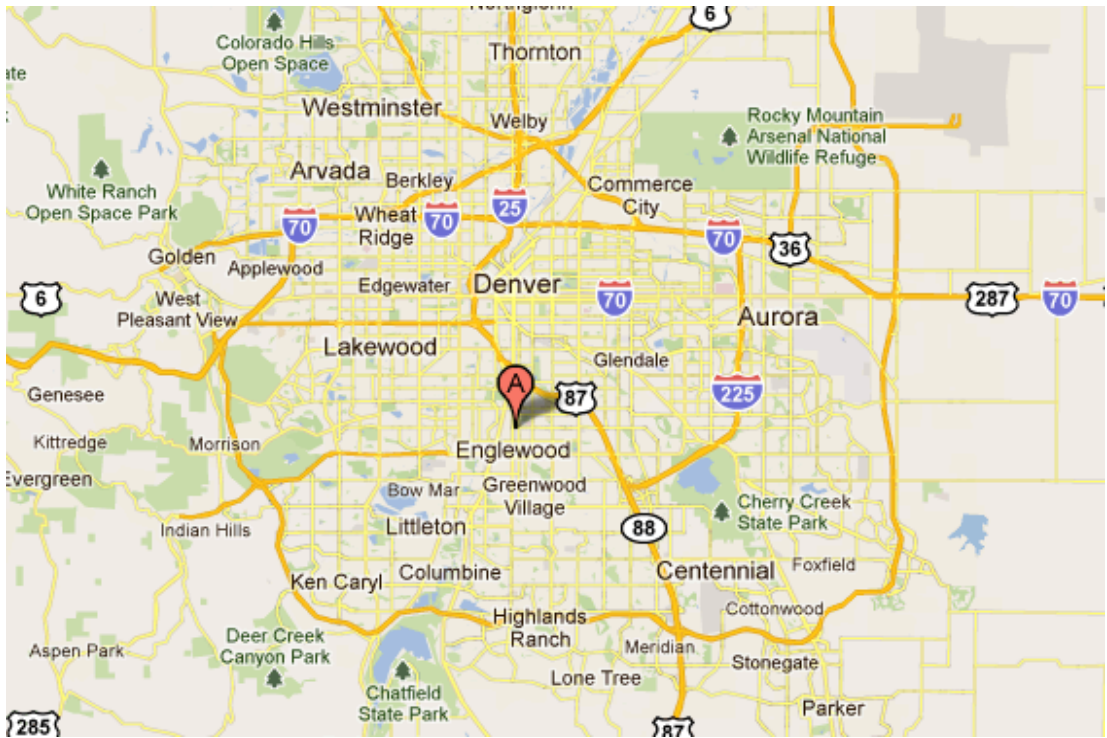
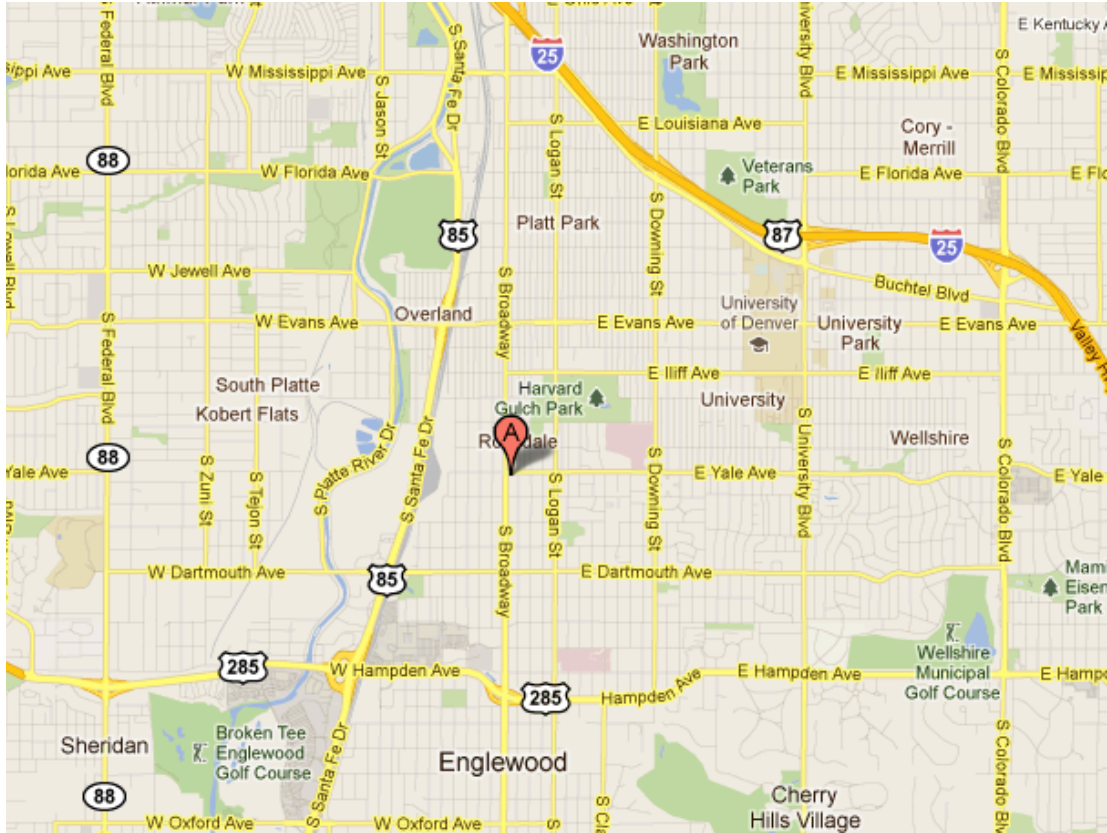
I HEREBY CERTIFY THAT I HAVE LISTED ALL MY ASSETS, DEBTS AND BEEN FULLY HONEST IN THE COMPLETION OF THIS CLIENT WORKSHEET.

Date

X_____
Debtor

X_____
Co-Debtor (if joint filing)

Map to our office located at 2700 S. Broadway Ste. 303, Englewood CO, 80113:



FULL NAME:

First _____ Middle _____ Last _____

Other names you have been known by in the past 8 years _____

Date of birth ____ / ____ / ____

Street Address _____

City _____ State _____ Zip Code _____

County _____ Social Security Number _____ - _____ - _____

Email address _____

Phone number (H) _____ (C) _____ (W) _____

MARITAL STATUS: _____

SPOUSE NAME (if filing a joint bankruptcy):

First _____ Middle _____ Last _____

Other names you have been known by in the past 8 years _____

Date of birth ____ / ____ / ____

Street Address _____

City _____ State _____ Zip Code _____

County _____ Social Security Number _____ - _____ - _____

Email address _____

Phone number (H) _____ (C) _____ (W) _____

MAILING ADDRESS (if different from street address):

DEPENDENTS:

NAME	AGE	RELATIONSHIP
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

HAVE YOU EVER FILED FOR BANKRUPTCY BEFORE? YES / NO

If YES: When was case filed? _____ Chapter? ___ State? _____

HOW LONG HAVE YOU LIVED IN COLORADO? _____

OCCUPATION: _____

Name of employer _____ for how long _____

Employer Street Address _____

City _____ State _____ Zip Code _____

Approximate annual GROSS income (before taxes/deductions) \$ _____ / per year

Other sources of income (give amount) _____

SPOUSE OCCUPATION (if married): _____

Name of employer _____ for how long _____

Employer Street Address _____

City _____ State _____ Zip Code _____

Approximate annual GROSS income (before taxes/deductions) \$ _____ / per year

Other sources of income (give amount) _____

ASSETS

ARE YOU BUYING A HOME? YES / NO (if yes, complete home information)

Address: _____

Date of purchase _____ Approximate CURRENT market value \$ _____

First mortgage:

LENDER _____ TOTAL OWED \$ _____

MONTHLY PAYMENT \$ _____ INTEREST RATE _____%

Is your rate FIXED or ADJUSTABLE (can change)? _____

Second mortgage (if any):

LENDER _____ TOTAL OWED \$ _____

MONTHLY PAYMENT \$ _____ INTEREST RATE _____%

Is your rate FIXED or ADJUSTABLE (can change)? _____

Third mortgage (if any):

LENDER _____ TOTAL OWED \$ _____

MONTHLY PAYMENT \$ _____ INTEREST RATE _____%

Is your rate FIXED or ADJUSTABLE (can change)? _____

- Are you behind on your home? _____ If yes, how many months? _____
- Do you want to keep your home? _____

DO YOU OWE A HOME OWNER'S ASSOCIATION FEE related to this property? YES / NO

If you do owe an HOA on your home, how much per month? \$ _____ (please include a payment coupon for HOA)

DO YOU OWN ANY OTHER REAL PROPERTY? YES / NO

(Examples of other REAL PROPERTY would include homes, condos, land, rental property, time shares) If yes, list:

HOW MANY VEHICLES DO YOU OWN? _____

(List all automobiles, trucks, trailers, mobile homes, RV's, campers, motorcycles, ATV's, snowmobiles, boats, etc.)

YEAR	MAKE	MODEL	MILES
LENDER (if financed)	TOTAL OWED	MONTHLY PAYMENT	INTEREST RATE
_____	\$ _____	\$ _____/month	_____%

Estimated Blue Book Value \$ _____ Do you want to keep this vehicle? YES / NO

YEAR	MAKE	MODEL	MILES
LENDER (if financed)	TOTAL OWED	MONTHLY PAYMENT	INTEREST RATE
_____	\$ _____	\$ _____/month	_____%

Estimated Blue Book Value \$ _____ Do you want to keep this vehicle? YES / NO

YEAR	MAKE	MODEL	MILES
LENDER (if financed)	TOTAL OWED	MONTHLY PAYMENT	INTEREST RATE
_____	\$ _____	\$ _____/month	_____%

Estimated Blue Book Value \$ _____ Do you want to keep this vehicle? YES / NO

YEAR	MAKE	MODEL	MILES
LENDER (if financed)	TOTAL OWED	MONTHLY PAYMENT	INTEREST RATE
_____	\$ _____	\$ _____/month	_____ %

Estimated Blue Book Value \$ _____ Do you want to keep this vehicle? YES / NO

DO YOU HAVE ANY OPEN FINANCIAL ACCOUNTS? YES / NO (complete below)
(Checking accounts, savings accounts, credit union accounts, brokerage accounts, etc.)

1. Bank Name _____ Type of account _____

Do you owe this institution any money? YES / NO

2. Bank Name _____ Type of account _____

Do you owe this institution any money? YES / NO

3. Bank Name _____ Type of account _____

Do you owe this institution any money? YES / NO

4. Bank Name _____ Type of account _____

Do you owe this institution any money? YES / NO

DO YOU HAVE ANY SECURITY DEPOSIT WITH A LANDLORD OR UTILITY? Y / N

1. Name _____ Amount being held \$ _____

2. Name _____ Amount being held \$ _____

DO YOU HAVE A LIFE INSURANCE POLICY? YES / NO (If yes, complete below)

1. Name _____ Type of policy _____
If WHOLE LIFE INSURANCE POLICY, Cash Surrender Value: \$ _____

2. Name _____ Type of policy _____
If WHOLE LIFE INSURANCE POLICY, Cash Surrender Value: \$ _____

DO YOU HAVE ANY ANNUITIES? YES / NO (If yes, complete below)

1. Name of Insurer: _____ Value: \$ _____

DO YOU HAVE A RETIREMENT ACCOUNT (401k/IRA/403b/Pension)? YES / NO

1. Account holder: _____ Value \$ _____
2. Account holder: _____ Value \$ _____
3. Account holder: _____ Value \$ _____

Are there any loans against your retirement account? YES / NO

DO YOU HAVE ANY OTHER STOCKS, BONDS or MUTUAL FUNDS? YES / NO

1. Name of stock/bond/fund: _____ Value \$ _____

DO YOU HAVE ANY OTHER INTEREST IN A BUSINESS OR CORPORATION? Y / N

1. Name of business: _____ Value \$ _____
Nature of business _____
Beginning and ending dates _____

DOES ANYONE OWE YOU ANY MONEY? YES / NO

1. Name: _____ Amount owed \$ _____
Address _____

DO YOU RECEIVE ANY CHILD SUPPORT/ALIMONY/SUPPORT? YES / NO

1. Name: _____ Amount \$ _____/month

ARE YOU EXPECTING A TAX REFUND? YES / NO

1. Date expected to receive: _____ Amount \$ _____

DO YOU HAVE ANY LEGAL CLAIMS AGAINST ANYONE? YES / NO (such as personal injury, worker's compensation, harassment, etc.)

1. Provide details on claim _____

FAILURE TO LIST ANY POTENTIAL LEGAL CLAIM AS AN ASSET ON YOUR BANKRUPTCY WILL RESULT IN YOU LOSING THE RIGHT TO ASSERT THE CLAIM.

ARE YOU EXPECTING (or have you received) AN INHERITANCE? YES / NO

1. Provide details on inheritance _____

DO YOU HAVE ANY PATENTS/COPYRIGHTS/LICENSES? YES / NO

1. Provide details _____

DO YOU HAVE ANY OF THE FOLLOWING? (If yes, CIRCLE and provide details/value)

BOATS _____

AIRCRAFT _____

OFFICE EQUIPMENT/SUPPLIES _____

TOOLS/MACHINERY USED IN BUSINESS _____

ANIMALS _____

CROPS _____

FARM EQUIPMENT/SUPPLIES _____

SEASON TICKETS _____

HOUSEHOLD GOODS: Please indicate the value of the following items in your possession by estimating the value *as if it were to be sold at a garage sale*.

ITEM	VALUE
Bedroom Set	\$
Sewing Machine	\$
Dining Set	\$
Washer	\$
Dryer	\$
Living Room Furniture	\$
Stereo	\$
Freezer	\$
Vacuum	\$
TV(S)	\$
VCR/DVD	\$
Refrigerator	\$
Dishwasher	\$
Stove	\$
Bicycles	\$
Table service; pots & pans; dishes	\$
Microwave	\$
Art Objects	\$
Books/Stamps/Coin Collections	\$
Compact Discs/Records/Audio Tapes	\$
Clothing	\$
Furs	\$
Jewelry	\$
Guns	\$
Sporting Equipment	\$
Ski Equipment	\$
Cameras	\$
Camping Gear	\$
Computer and Electronic Equipment	\$

DO YOU OWN ANY OTHER PROPERTY/ASSET THAT WAS NOT LISTED? YES/NO
If yes, provide details _____

DEBTS

ARE YOU FINANCING ANY OF THE ABOVE HOUSEHOLD ITEMS? YES / NO (This is typically Furniture Row/American Furniture Warehouse/Dell)

1. Creditor _____ Personal Item _____

HOW MUCH IN TOTAL CREDIT CARD DEBT DO YOU OWE? _____
Date last used: _____ Total charged in last 90 days: _____

HOW MUCH IN TOTAL MEDICAL/DENTAL/HOSPITAL BILLS? _____

HOW MUCH IN TOTAL PAYDAY LOANS? _____

HOW MUCH IN PERSONAL/SIGNATURE/OVERDRAFT LOANS? _____

HOW MUCH IN STUDENT LOANS? _____

DO YOU OWE ANY TAXES? YES / NO

Years _____ Amount _____ IRS or Colorado
Years _____ Amount _____ IRS or Colorado

DO YOU OWE ANYONE WAGES OR SALARY? YES / NO

If yes, provide details _____

DO YOU OWE ANY DOMESTIC SUPPORT OBLIGATION (ALIMONY, MAINTENANCE OR CHILD SUPPORT)? YES / NO

If yes, provide the last known name and address of the holder of the support obligation:

Name _____

Address _____

Telephone No. _____

Is there an agency governing collection of the domestic support obligation? Yes / No

If yes, give name and address: _____

ARE THERE ANY CO-SIGNERS OR CO-DEBTORS ON ANY OF YOUR DEBTS? Y / N

If yes, which debt is this person listed on? _____

Name of person _____

Address _____ City _____ State _____ Zip _____

What is your relationship to this person? _____

ARE AT LEAST ½ OF YOUR DEBTS RELATED TO THE OPERATION OF A BUSINESS? YES / NO

ARE THERE ANY OTHER DEBTS NOT LISTED ABOVE? YES / NO

If yes, provide details: _____

FINANCIAL AFFAIRS

IN THE PAST 90 DAYS HAVE YOU PAID ANY ONE CREDITOR MORE THAN \$600 TOTAL? YES / NO

Creditor _____	Monthly payment \$ _____	Total paid in 90 days \$ _____
Creditor _____	Monthly payment \$ _____	Total paid in 90 days \$ _____
Creditor _____	Monthly payment \$ _____	Total paid in 90 days \$ _____
Creditor _____	Monthly payment \$ _____	Total paid in 90 days \$ _____

IN THE PAST YEAR HAVE YOU PAID ANY MONEY TO FAMILY, FRIENDS, RELATIVES OR BUSINESS ASSOCIATES? YES / NO

Name _____ Address _____
 Relation _____ Amount paid \$ _____ Date of last payment _____

IN THE PAST YEAR HAVE YOU BEEN SUED OR INVOLVED IN A LAWSUIT OR ARE YOU BEING SUED NOW? YES / NO

If yes, be sure to provide the attorney with copies of the legal paperwork (“summons” or complaint”)

IN THE PAST YEAR HAVE YOU BEEN GARNISHED OR ARE YOU BEING GARNISHED NOW? YES / NO

Creditor _____ Dates and amounts of garnishment _____
 *** Provide a copy of the “Writ of Garnishment” and contact information for your Human Resources Department (phone/fax #) _____

IN THE PAST YEAR HAVE YOU HAD ANY PROPERTY REPOSSESSED BY A CREDITOR, SOLD AT A FORECLOSURE SALE, TRANSFERRED THROUGH A DEED IN LIEU OF FORECLOSURE OR RETURNED TO A CREDITOR? YES / NO

If yes, provide details (date/copies of paperwork) _____

IN THE PAST YEAR HAVE YOU HAD OR DO YOU CURRENTLY HAVE ANY PROPERTY UNDER CONTROL OF A CUSTODIAN, RECEIVER OR COURT-APPOINTED OFFICIAL? YES / NO

If yes, provide details _____

LIST ALL GIFTS OR CHARITABLE CONTRIBUTIONS YOU HAVE MADE IN THE PAST ONE YEAR: (provide name/address) _____

HAVE YOU HAD ANY LOSSES FROM FIRE, THEFT, GAMBLING OR OTHER CASUALTY IN THE PAST YEAR? YES / NO

If yes, provide details (date / value of asset) _____

HAVE YOU CONSULTED WITH ANY DEBT COUNSELING AGENCY OR OTHER LEGAL OFFICE CONCERNING YOUR DEBT IN THE PAST YEAR? YES / NO

Name _____ Amount paid \$ _____

LIST ALL PROPERTY THAT YOU HAVE TRANSFERRED EITHER ABSOLUTELY OR AS SECURITY IN THE PAST TWO YEARS (Ex: cars, household items, etc.):

(provide dates and value received) _____

LIST ALL FINANCIAL ACCOUNTS THAT HAVE BEEN CLOSED, SOLD OR TRANSFERRED IN THE PAST YEAR: (list date closed and amount account at closing)

HAVE YOU HAD A SAFE DEPOSIT BOX IN THE PAST YEAR? YES / NO

If yes, provide details _____

HAVE ANY CREDITORS TAKEN ANY MONEY OUT OF YOUR BANK ACCOUNT IN THE PAST 90 DAYS? YES / NO

If yes, provide details (dates/amount/paperwork) _____

LIST ALL PROPERTY OWNED BY SOMEONE ELSE THAT YOU HOLD OR CONTROL:

LIST ALL ADDRESSES YOU HAVE LIVED AT FOR THE PAST THREE YEARS:

Address _____ Dates occupied _____

Address _____ Dates occupied _____

Address _____ Dates occupied _____

DO YOU HAVE OR CONTROL ANY HAZARDOUS MATERIALS, TOXIC SUBSTANCES OR OTHER SUCH POLLUTANTS? YES / NO

HAVE YOU RECEIVED A RENTAL OR LEASE DEPOSIT FROM SOMEONE WHO IS RENTING FROM YOU WHICH YOU HAVE NOT RETURNED? YES / NO

If yes, provide details _____

ARE YOU PARTY TO ANY UNEXPIRED LEASE ON REAL OR PERSONAL PROPERTY? YES / NO

If yes, provide details _____

HAVE YOU BEEN INVOLVED IN ANY CAR ACCIDENTS RECENTLY? YES / NO

If yes, provide details (dates/details) _____

LIST ALL AVERAGE MONTHLY EXPENSES BELOW:

DEBTOR/SPOUSE (Total household expenses)	\$
1. Housing	\$
Rent/First Mortgage	\$
Second Mortgage	\$
Third Mortgage	\$
Homeowner's Dues	\$
Lot Rent	\$
2. Electricity and Heating Fuel	\$
3. Water and Sewer	\$
4. Telephone	\$
5. Other Utilities – Trash	\$
6. Home Maintenance	\$
Household Expenses	\$
Other	\$
Other	\$
7. Food	\$
8. Clothing	\$
9. Laundry and Dry Cleaning	\$
10. Medical and Dental expenses	\$
11. Transportation – not incl. car payment (include expenses for fuel, maintenance, and parking/bus)	\$
12. Recreation, Clubs & Entertainment, Newspapers, Magazines	\$
13. Homeowner or Renter's insurance- Do not include if part of mortgage payment	\$
14. Life Insurance	\$
15. Health Insurance (do not included if deducted from pay)	\$
16. Auto Insurance	\$
17. Other Insurance	\$
Other	\$
Other	\$
18. Taxes not deducted from wages	\$
19. Auto installment Payments	\$
20. Other installment Payments-Exclude payments for unsecured debts	\$
21. Alimony, Maintenance or Child Support	\$
Other payments for support of Dependents	\$
not living in the home	\$
Babysitter/Daycare	\$
Education/Children	\$
Necessary but unexpected Household Expenses	\$
Other	\$
Other (Church/Charity)	\$
22. Regular Expenses from Business, Profession or Farm – please itemize on a separate sheet	\$
23. Other Expenses	\$

COMPLETE THIS SHEET FOR ANY CREDITOR THAT YOU DO NOT HAVE A RECENT BILL FOR (make copies if needed). IF YOU HAVE A RECENT BILL YOU DO NOT NEED TO COMPLETE A CREDITOR SHEET FOR THAT CREDTOR.

CREDITOR SHEET

NAME ON ACCOUNT _____

CREDITOR NAME _____

CREDITOR ADDRESS _____

CITY/STATE _____

ZIP CODE _____

WHAT IS THE NATURE OF THIS DEBT? (CHECK ONLY ONE)

<input type="checkbox"/> CREDIT CARD	<input type="checkbox"/> AUTO LOAN	<input type="checkbox"/> AUTO LEASE	<input type="checkbox"/> HOUSE
<input type="checkbox"/> ELECTRONICS	<input type="checkbox"/> FURNITURE	<input type="checkbox"/> APPLIANCES	<input type="checkbox"/> MEDICAL BILL
<input type="checkbox"/> NSF CHECK	<input type="checkbox"/> UTILITY	<input type="checkbox"/> STUDENT LOAN	<input type="checkbox"/> OTHER

BANK OVERDRAFT PROTECTION
 PERSONAL LOAN (LOAN W/NO COLLATERAL)
 SIGNATURE LOAN (NO COLLATERAL)

HOW MUCH DO YOU OWE? _____ ACCOUNT NO. _____

IF CREDIT CARD, DATE LAST USED (MONTH/YEAR) _____

IF NOT A CREDIT CARD, WHEN DID THIS DEBT BEGIN? _____

IF A SECURED DEBT, DESCRIBE COLLATERAL (IF A CAR – YEAR/MAKE/MODEL; IF A HOUSE – ADDRESS; IF A CREDIT CARD – DESCRIBE PURCHASES (FOR EXAMPLE –STEREO, TV, VCR, LAWNMOWER, POWER TOOLS REFRIGERATOR, WASHER/DRYER, ETC.):

CLIENT(S) TO SIGN BELOW AS AUTHORIZATION TO PULL CREDIT REPORT:

**SSN:
A1873**

CREDITINFONET

4540 Honeywell Court Dayton, OH 45424
www.creditinfonet.com 866.218.1003 □ Facsimile 866.307.1003

Consumer Request & Agreement for Consumer Liability Report (CLR)

Name _____ SS# _____ - _____ - _____
Spouse's Name (if joint) _____ SS# _____ - _____ - _____
Address _____ City _____ State _____ Zip _____

This writing constitutes my written instructions to Credit Infonet to obtain my credit files and compile a list of all accounts with a balance owing. The completed results in the form of a creditor liability report is to be delivered on-line or via Fax to the CIN Referral Agent. Data elements from this request may also be utilized for downloading into the Agents automated bankruptcy filing system.

TERMS OF SALE

The undersigned (hereinafter referred to as Consumer(s) contracts with Credit Infonet for the use of its services under the terms, conditions, and agreements outlined below. The Fair Credit Reporting Act "FCRA" (Public Law 91-508) provides in section (Sec. 604) Permissible purposes of reports: that any consumer reporting agency may provide a report (Sec. 604) (2) In accordance with the written instructions of the consumer to whom it relates The FCRA also provides (Sec. 619) that anyone who knowingly and willfully obtains information under false pretenses shall be fined under Title 18, or imprisoned not more than one year, or both. Having been made aware of these provisions of the law, the Consumer(s) agree to the following. They are the person(s) on whom they are requesting the report be prepared, and they have presented positive identifying information to prove so. They are requesting this report under the right granted them in (Sec. 604) (2) of the FCRA as disclosed above.

The Consumer(s) agree that the sole purpose and obligation of Credit Infonet in this transaction is to provide a means by which they may obtain a report consisting of the data from national credit files at their written instructions. The FCRA places no restrictions on how Consumer(s) may utilize or share a report that is ordered at their written instructions. Consumer(s) acknowledges and agree that after a report is delivered to their possession Credit Infonet and its sources of information can in no way be held responsible or liable for its use.

Credit Infonet agrees that it will provide the Consumer with a report in a Creditor liability summary or schedule format showing all Creditors listed with balances owing. Credit Infonet shall provide, when available the names, address, and direct phone numbers of information furnishers (Credit Grantors or Public Records sources) within the file. No additional information from the files shall be included in this report. Consumer(s) agree to pay in advance the fee for this report to the participating referral agent.

Signature X _____ Spouse's (if Joint)X _____

Date _____ Product Requested: CLR (2) Source _____ Individual _____ Joint _____

Referral Agent Code: A1873 Name: The McCune Law Firm, LLC
Phone (303)759-0728 Fax (303)759-0973 E-mail: matt@themccunelawfirm.com

Prior to accessing the CLR Report this Consumer request and a photocopy of proper picture identification must be faxed to: 800-803-3307. Alternatively it may be scanned and up-loaded to the CIN On-Line transaction.

FEE AGREEMENT FOR LEGAL SERVICES (SIGN BELOW)

THIS AGREEMENT is made between McCune and Sullivan and client(s):

TOTAL UPFRONT FEE \$ _____

Fee quoted to the client includes attorney’s fees, court filing fees, credit report charge and real property title search if applicable.

All fees are the pre-filing cost for both a chapter 7 or 13 Bankruptcy. More fees will be owed for a chapter 13 bankruptcy, but typically can be paid through the chapter 13 Plan and will be billed at an attorney rate of \$250, paralegal rate of \$75, and secretary rate of \$45.

THIS FIRM DOES NOT REPRESENT YOU UNTIL THIS SIGNED FEE AGREEMENT ALONG WITH THE TOTAL FEE AND ALL REQUIRED DOCUMENTATION IS TURNED IN.

IF ALL PAPERWORK AND/OR FEES ARE NOT RETURNED AND PAID IN FULL WITHIN 6 MONTHS THE FLAT RATE IS NO LONGER VALID AND A NEW AGREEMENT WILL NEED TO BE MADE BETWEEN ATTORNEY AND CLIENT.

Attorney Flat Fee is based on the complexity of your case, which is determined from your signed questionnaire.

Any newly revealed information whether new or previously undisclosed would require a new analysis to determine the fee and could raise the price. Please ensure you have informed your attorney of all facts related to your financial situation.

Should your financial situation cause you to engage in pre-bankruptcy planning requiring attorney advice, your case will no longer be charged the flat rate but will be charged at the hourly rates above.

Other details relating to this fee agreement are listed in the “Fee Agreement Addendum.” By signing, you acknowledge you have read and agree to the terms (available online at www.mccunesullivan.com).

X _____ Date
Debtor

X _____ Date
Co-Debtor

