BANKRUPTCY SERVICES of ARKANSAS & OKLAHOMA

REQUEST FOR NO-COST INITIAL CONSULTATION Date: _____

Name:_____
First Last

Spouse's name, if married:_____
First Last

Address:_____
Street City State Zip

If you have lived at your address less than three years, what was your prior address?

_____

Cell#:_____ Home#:_____ Work#:_____

Email:_____ Place of Employment:_____

Preferred Method of Contact: ☐ Email ☐ Text ☐ Cell ☐ Home ☐Work

Preferred Method of Payment: ☐ Cash ☐ Check ☐ Card* ☐ PayPal*

*Requires email and/or cellphone number. Subject to a transaction fee.

Are you a U.S. Citizen? ☐ Yes ☐ No If no, please explain: _____

_____

Have you filed for Bankruptcy before? ☐ Yes ☐ No Type ☐ Ch. 7 ☐ Ch. 13

If yes, was your prior filing more than 8 years ago? ☐ Yes ☐ No

Number of dependents that reside with you in your home: ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ Other: _____

Do you rent or own a home? ☐ Rent ☐ Own

If you own a home, what is its estimated value? _____

Approximate mortgage balance? _____

Do you own any other real estate apart from your home? ☐ Yes ☐ No

Do you own and operate a farm? ☐ Yes ☐ No

Do you own any type of business in whole or in part? ☐ Yes ☐ No

If yes, what is the entity type: ☐ Sole Proprietorship ☐ Partnership ☐ LLC/Corporation

What has been your average <u>monthly</u> household total income over the last 6 months?

☐ $0-$2,000.00 ☐ $2,000.00-$4,000.00 ☐ $4,000.00-$6,000.00