

LAW OFFICES OF SHERRI B. SIMPSON, P.A.
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NEW CLIENT INFORMATION

Date: _____ Referral Source: person Internet
 Referred by: _____

Feel free to use additional sheets if necessary

GOAL: _____

Name: _____

Phone #: _____

Property Address: _____ Own (if yes fill in info below) or
Rent? _____

Are you currently employed? Y N Own a business? Yes No

Have you ever filed bankruptcy? Y N Ch. 7? Ch. 13?
When/Status: _____

Total Unsecured Debts: \$ _____ Lawsuits Pending: _____
List Assets: _____ Is someone else also liable for your debts? Yes
 No If so, who? _____

If you own more than one property, provide the information below for each property:

Date Purchased _____ Have you refinanced? Yes No If yes, when?: _____

1st Mtg. Holder and monthly pmt: _____

2nd Mtg. Holder and monthly pmt: _____

Third Mortgage or other lien? Yes No

Type of 1st Mortgage: FHA VA FannieMae FreddieMac Conventional

FMV: \$ _____ Total Amt. Owed: \$ _____

Real Estate Taxes Current? Yes No If no, how much is owed? \$ _____

Property Insurances Current? Yes No

Is there a HOA/Condo Assoc? Y N More than one? Yes No

Date Summons Served: _____ Have you responded? Yes No

Auto? _____ Own then type of vehicle, condition and mileage and payoff of loan, if any. If
leased, payment amount and term.

Appointment Set: Date & Time: _____

- or -

Reason appt not scheduled: _____