



PRO BONO REFERRAL BANKRUPTCY INTAKE FORM

To: (Circle One County Chair and then mail or email this form to that person)

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READ BEFORE COMPLETING: This Intake Form must be filled out completely and submitted with all requested documents to assist us in determining whether you qualify for Pro Bono or Low Bono assistance. (Low Bono is a reduced fee arrangement). Should you qualify for Pro Bono or Low Bono assistance, please understand that it may take up to thirty (30) days before we can match you with a volunteer lawyer. Please answer all questions; if something doesn't apply to you, please let us know by responding "N/A". If you fail to provide all information we have requested or should you be found to have provided false information, we will reject your application. Completing this form does not necessarily mean that you will qualify for Pro Bono or Low Bono assistance. While you are waiting to hear from us you are responsible for your own case if you have already filed on your own (known as a "pro se" filing). This means you must meet all deadlines in your case, attend all hearings including the "Meeting of Creditors" with the Trustee and submit all documents requested by the Clerk of the Bankruptcy Court, the Trustee or the Bankruptcy Court Judge as might be contained in an Order issued in your case.

Date: _____ / _____ / _____

Name(s): _____

Address: _____, _____, FL _____

Phone Number: (____) _____ - _____ E-mail: _____

Legal Status (Circle One): Citizen / Permanent Resident / Neither

Marital Status (Check One): Single Married Divorced Widow

Number in Household: _____

Primary Language Spoken: _____ Do you speak English? (Circle One): Yes / No

ARE YOU IN A BANKRUPTCY NOW OR FILED BANKRUPTCY BEFORE: No Yes

If yes, include Case No. _____ Any other cases before this one? _____

Current status of case: Pending Dismissed Discharged

REASON FOR FILING BANKRUPTCY: _____

INCOME:

What is your job? Debtor _____ Spouse/Partner _____

Your Gross Monthly Pay \$ _____ (Provide Paycheck or Bank Statement)

Spouse's Gross Monthly Pay \$ _____ (Provide Paycheck or Bank Statement)

Part-time employment/ Under the Table Work \$ _____ Average Monthly

Amount of monthly contribution from friend or family member: \$ _____ Average Monthly

Child Support/ Alimony \$ _____ / mo. Rental of Room \$ _____ / mo.

Social Security / Disability \$ _____ / mo. Pension \$ _____ / mo.

Unemployment/Workers Compensation \$ _____ / mo.

DEBTS (please listed estimated total amount owed for the below)

Credit Cards \$ _____ Repossessions \$ _____ Deficiencies \$ _____

Hospital Bills \$ _____ Student Loans \$ _____ IRS \$ _____

Other (description) _____ \$ _____

BANK ACCOUNTS

1. Checking Account: _____ Balance: _____

2. Checking Account: _____ Balance: _____

3. Savings Account: _____ Balance: _____

4. Savings Account: _____ Balance: _____

5. No Account, but I have \$ _____ in my possession or at home.

CORPORATION/BUSINESS

Do you own or have an ownership interest in a company? (Circle One) Yes / No

Name of business: _____

Type of Business: _____

Monthly Revenue \$ _____ Monthly Expenses \$ _____

HOME/ REAL PROPERTYCHECK APPROPRIATE BOX: I own my home/condo I rent for \$_____ per month.

1. Address: _____

- i. (Circle One) This is a house/ vacant lot / time share
- ii. I want to _____ keep or _____ surrender/give it to the bank
- iii. I am _____ months behind on my mortgage
- iv. My regular monthly mortgage payment is: \$_____

2. Address: _____

- i. (Circle One) This is a house/ vacant lot / time share
- ii. I want to _____ keep or _____ surrender/give it to the bank
- iii. I am _____ months behind on my mortgage
- iv. My regular monthly mortgage payment is: \$_____

3. Are there any additional properties other than the above? (Circle One) Yes / No

CARS I LEASE _____ vehicles. (Indicate number of vehicles leased) I OWN _____ vehicles. (Indicate number of vehicles owned WHETHER PAID IN FULL OR NOT)

Vehicle #1: Year / Make / Model: _____ / _____ / _____

This vehicle is (Circle One): Leased / Financed / Paid Off

Mileage: _____

Monthly Payments: _____ I am CURRENT NOT CURRENTI want to KEEP SURRENDER the Vehicle.

Vehicle #2: Year / Make / Model: _____ / _____ / _____

This vehicle is (Circle One): Leased / Financed / Paid Off

Mileage: _____

Monthly Payments: _____ I am CURRENT NOT CURRENTI want to KEEP SURRENDER the Vehicle.**PENDING STATE COURT OR OTHER PENDING PROCEEDINGS**

Please list all pending law suits, whether filed by you or against you, located anywhere in the U.S or in a foreign country. (attached additional pages if necessary as you must report all pending law suits.

Case Style (the names of the Plaintiff(s) and the names of the Defendant(s):

Case Number:

Name of the Court where the suit is currently pending:

Is this a foreclosure case? Yes No.

Date of any upcoming hearings or deadlines for your case? _____