



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 with the requested documents to determine whether you qualify for Pro Bono or Low Bono help. Should you qualify for Pro Bono or Low Bono help please understand that it may take some time before we can match you with a volunteer lawyer. Please fill out everything; if something doesn't apply put N/A. If you don't fill out the form completely or you put false answers, we will reject your file. You filling out this form doesn't mean you WILL qualify for Pro Bono or Low Bono help. While you are waiting to hear from us you are responsible for your own case - filing the case, and, if your case has already been filed, meeting all deadlines, going to all hearings, and submitting all documents.

Date: _____ / _____ / _____

Name(s): _____

Address: _____

Phone Number: (_____) _____ - _____ Email: _____

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

Marital Status: _____

Primary Language Spoken: _____

If not English, do you speak English? (Circle One): Yes / No

ARE YOU IN A BANKRUPTCY OR FILED BANKRUPTCY BEFORE?

No

Yes, Case No. _____ - _____ - ____ Any other cases before this one? _____

Case status: Pending Dismissed Discharged

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

REASON FOR FILING BANKRUPTCY: _____

INCOME:

What is your job? Debtor _____ Joint _____

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 a company? (Circle One) Yes / No

Name: _____

Type of Business: _____

Monthly Revenue \$ _____ Monthly Expenses \$ _____

HOME/ REAL PROPERTY

CHECK APPROPRIATE BOX: I own my home/ apt I rent for \$_____

1. Address: _____

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

2. Address: _____

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

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

CARS

I LEASE _____ vehicles. (Indicate number of leased)

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

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

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

Mileage: _____

Monthly Payment: \$_____

I am CURRENT NOT CURRENT

I want to KEEP SURRENDER the Vehicle.

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

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

Mileage: _____

Monthly Payment: \$_____

I am CURRENT NOT CURRENT

I want to KEEP SURRENDER the Vehicle.