

Frank B. Watkins

Attorney and Counselor At Law
A Professional Corporation

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BANKRUPTCY INTAKE FORM

Date: _____

File No. _____

(Office use only)

Name(s): _____

Physical Address: _____

Mailing Address: _____

City, State, Zip: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Emergency Contact: _____

Referred by: _____

FILING BANKRUPTCY:

Will you be filing, Circle one

Married - together Married - separate Single

IMMEDIATE CONCERNS NOW:

Job loss? Y/N

Being sued/garnishment? Y/N

Behind in payments? Y/N

Repossession/Foreclosure? Y/N

Creditor:

Asset:

Current garnishment H/W

Creditor:

Amount taken already \$ _____

date of next pay check:

Are you a previous client: " Yes " No

Prior Bankruptcy Y/N

When: _____ State: _____

Number of Dependents: _____

INCOME

Single Male/Husband's source of income: circle one

Employed No income Retirement Workers' Comp

SS-Disability Unemployment Own business

Corp Sole Proprietor Veterans Benefits

Gross Annual income: \$ _____

Single female /Wife's source of income: circle one

Employed No income Retirement Workers' Comp

SS-Disability Unemployment Own business

Corp Sole Proprietor Veterans Benefits

Gross Annual income: \$ _____

DEBTS: List total amount owing.

Credit Card \$ _____ Medical \$ _____ Personal loans \$ _____ Taxes \$ _____ Child Support \$ _____
Judgements \$ _____ Payday loans \$ _____ Collection Agencies \$ _____ Student Loans \$ _____
IRS \$ _____

ASSETS:

Real Property	approximate value	total mortgages	behind in payments/Amount
Home	\$ _____	\$ _____	Y/N \$ _____
Vehicle #1	\$ _____	\$ _____	Y/N \$ _____
Vehicle #2	\$ _____	\$ _____	Y/N \$ _____
Vehicle #3	\$ _____	\$ _____	Y/N \$ _____

I understand that unless the attorney and I sign a representation agreement the law firm of Frank B. Watkins does not represent me.

(Signature)

OFFICE USE ONLY

Conflict of Interest Cross Check:

LETTER

YES

NO

	<u>YES</u>	<u>NO</u>
Client List:	_____	_____
Adverse Party:	_____	_____
Frank Watkins:	_____	_____
Other:	_____	_____
Abacus entry:	_____	_____
Abacus Trust entry	_____	_____
Excel Trust entry	_____	_____
Index Card:	_____	_____

Engagement	_____	_____
Declination	_____	_____
Disengagement	_____	_____
Client Picked up Packet - Date	_____	
Client initial payment amt.	_____	
Date of initial payment	_____	