



Welcome to our law office. Jump Legal Group, LLC is a highly skilled and dedicated team of lawyers, paralegals, and support staff who specialize in legal debt solutions. In order to effectively assist us in arriving *at a solution to your debt*, please complete this New Client Intake Form.

**Please fill out this questionnaire to the best of your knowledge.  
Approximate numbers are acceptable.**

### NEW CLIENT INTAKE FORM

NAME: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

NAME OF SPOUSE: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

ADDRESS: \_\_\_\_\_

COUNTY: \_\_\_\_\_

PRIOR ADDRESS (If above address is less than 2 years.): \_\_\_\_\_

\_\_\_\_\_ Dates: \_\_\_\_\_ to \_\_\_\_\_

PHONE NUMBERS:

Home: \_\_\_\_\_

Work: \_\_\_\_\_

E-mail: \_\_\_\_\_

Have you ever filed a bankruptcy? (Chapter 7 or Chapter 13)

Yes: \_\_\_\_\_ No: \_\_\_\_\_

If yes, date: \_\_\_\_\_

Do you own a business: Yes \_\_\_\_\_ No \_\_\_\_\_ Name: \_\_\_\_\_

Check One:            CORPORATION            SOLE PROPRIETOR            LLC

**INCOME:**

Occupation: \_\_\_\_\_

Name and address of current employer: \_\_\_\_\_

\_\_\_\_\_

How long have you been at your current job? \_\_\_\_\_

What is your monthly income after taxes? \_\_\_\_\_

Do you contribute to a voluntary retirement plan? \_\_\_\_\_

Do you have a loan against your retirement plan? \_\_\_\_\_

How often are you paid? (Circle one):      weekly      twice a month      bi-weekly

Spouse's Occupation: \_\_\_\_\_

Name and address of spouse's current employer: \_\_\_\_\_

\_\_\_\_\_

How long has your spouse been at their current job? \_\_\_\_\_

Amount of monthly income after taxes? \_\_\_\_\_

Does your spouse contribute to a voluntary retirement plan? \_\_\_\_\_

Does your spouse have a loan against his/her retirement plan? \_\_\_\_\_

How often are you paid? (Circle one):      weekly      twice a month      bi-weekly

Other *current* sources of income (child support, social security, disability, second job, etc.)?

Amount: \_\_\_\_\_ Source: \_\_\_\_\_

Amount: \_\_\_\_\_ Source: \_\_\_\_\_

Other sources of income *in the last year* (inheritance, liquidation of retirement)?

Amount: \_\_\_\_\_ Source: \_\_\_\_\_

Amount: \_\_\_\_\_ Source: \_\_\_\_\_

**DEPENDANTS:** (Provide the total number of your minor dependants excluding yourself and spouse).

Number of dependants residing with you? \_\_\_\_\_

Number of dependants that do not reside with you? \_\_\_\_\_

Relationship \_\_\_\_\_ Age \_\_\_\_\_ Relationship \_\_\_\_\_ Age \_\_\_\_\_

Relationship \_\_\_\_\_ Age \_\_\_\_\_ Relationship \_\_\_\_\_ Age \_\_\_\_\_

**Do you pay child/spousal support:** \_\_\_\_\_ Yes \_\_\_\_\_ No      **Amount: \$** \_\_\_\_\_

**RESIDENCE:**

Rent: \_\_\_\_\_ Monthly Amount: \_\_\_\_\_

Own: \_\_\_\_\_ How many properties: \_\_\_\_\_

If you own your home, and it is encumbered by a mortgage, home equity loan or home equity line of credit, please provide the following information:

**First Mortgage:**

Bank Name: \_\_\_\_\_

Balance on Mortgage: \_\_\_\_\_

Monthly Payment: \_\_\_\_\_

Arrearage (past due): \_\_\_\_\_

**Second Mortgage/Home Equity:**

Bank Name: \_\_\_\_\_

Balance on Mortgage: \_\_\_\_\_

Monthly Payment: \_\_\_\_\_

Arrearage (past due): \_\_\_\_\_

**Third Mortgage/Home Equity:**

Bank Name: \_\_\_\_\_

Balance on Mortgage: \_\_\_\_\_

Monthly Payment: \_\_\_\_\_

Arrearage (past due): \_\_\_\_\_

Estimated Value of Your Home: \_\_\_\_\_

Appraisal (If applicable): \$ \_\_\_\_\_ Date: \_\_\_\_\_

Do you want to keep your home: Yes: \_\_\_\_\_ No: \_\_\_\_\_

Have you owned any other houses or land in the last four years? \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Address: \_\_\_\_\_



**DEBT:**

Please provide estimates of your debt for each of the below categories. You will be asked to provide more specific information after your initial consultation; therefore, it is understood that the figures you provide today may change prior to completing your legal documents.

CREDIT CARD DEBT: \$ \_\_\_\_\_

Last date credit cards were used: \_\_\_\_\_

MEDICAL BILLS: \$ \_\_\_\_\_

REPOSSESSION DEBT: \$ \_\_\_\_\_

Date of repossession: \_\_\_\_\_

WAGE GARNISHMENTS: \$ \_\_\_\_\_

PERSONAL LOANS: \$ \_\_\_\_\_

TAX DEBT: \$ \_\_\_\_\_

Tax Years for tax debt incurred: \_\_\_\_\_

CHILD SUPPORT ARREARS: \$ \_\_\_\_\_

STUDENT LOANS: \$ \_\_\_\_\_

JUDGMENTS: \$ \_\_\_\_\_

RETURNED CHECKS: \$ \_\_\_\_\_

CASH ADVANCES: \$ \_\_\_\_\_

PAST DUE UTILITY: \$ \_\_\_\_\_

EVICTIONS: \$ \_\_\_\_\_

OTHER: \$ \_\_\_\_\_

OTHER: \$ \_\_\_\_\_

Have you filed all federal, state, and local tax returns? \_\_\_\_\_ Yes \_\_\_\_\_ No

If no, what years *have not* been filed: \_\_\_\_\_

**RETIREMENT ACCOUNTS:**

	No	Yes	Balance
401k:	_____	_____	_____
IRA:	_____	_____	_____
Annuity:	_____	_____	_____
Stocks:	_____	_____	_____
Bonds:	_____	_____	_____
Employer:	_____	_____	_____

Any other investments of any nature: \_\_\_\_\_

**CO-SIGNED DEBT:**

Do you have any co-signers? Who: \_\_\_\_\_ On What: \_\_\_\_\_

Are you a co-signer on any debts? \_\_\_\_\_

**OTHER ASSETS:**

Are you suing anyone for personal injury or any reason? Details: \_\_\_\_\_

Do you expect a tax refund this year? If so, how much? \_\_\_\_\_

Do you have any other assets not previously disclosed (boats, ATVs, motorcycles, collections, art, etc.)? \_\_\_\_\_

Do you have any potential or pending inheritances? \_\_\_\_\_

Do you own whole life insurance? \_\_\_\_\_

**Thank you for your responses. Please submit this form to the receptionist and we will be with you.**