



LAW OFFICE OF LEE ANNE GRAYBEAL  
CLIENT INFORMATION PACKET PAGE 2

Motor Vehicle #1 \_\_\_\_\_ Leased Secured Free & Clear  
(year, make, & model)  
Leasing Co./Bank \_\_\_\_\_ Total Am't Owed \$ \_\_\_\_\_ RA RD S  
Address \_\_\_\_\_ Account Number \_\_\_\_\_

Do you want to keep this vehicle? No Yes  
Date of last payment \_\_\_\_\_ Amt of monthly payment \_\_\_\_\_  
No. months behind \_\_\_\_\_

Motor Vehicle #2 \_\_\_\_\_ Leased Secured Free & Clear  
(year, make, & model)  
Leasing Co./Bank \_\_\_\_\_ Total Am't Owed \$ \_\_\_\_\_ RA RD S  
Address \_\_\_\_\_ Account Number \_\_\_\_\_

Do you want to keep this vehicle? No Yes  
Date of Last payment \_\_\_\_\_ Amt of monthly payment \_\_\_\_\_  
No. months behind \_\_\_\_\_

If you sold all of your household furnishings at a yard sale, what is your best estimate of the amount you would take in? \$ \_\_\_\_\_

Would any one item be worth more than \$200? No Yes Item and Amount \$ \_\_\_\_\_

If you sold all of your clothing at a yard sale, what is your best estimate of the amount you would take in? \$ \_\_\_\_\_

Would any one item be worth more than \$200? No Yes Item and Amount \$ \_\_\_\_\_

Do you own jewelry worth more than \$750 in total? If so, describe items and values \_\_\_\_\_

Do you own stocks, bonds, cash accounts,  
for any other such asset? No Yes Type and Amount \$ \_\_\_\_\_

Do you have any other assets of any kind, including  
recreational vehicles, tools, electronics, computers  
for any other items of value? No Yes If yes, give details on reverse.

Do you have a pension, an IRA, a Keogh, or a 401K plan? No Yes Type and Amount \$ \_\_\_\_\_  
Husband or Wife? \_\_\_\_\_

Do you have a safe deposit box? No Yes Location \_\_\_\_\_  
Contents \_\_\_\_\_

Does anyone owe you money? No Yes If yes, explain on reverse.

Does anyone have a security deposit from you? No Yes If yes, explain on reverse.

Are you a party to any lease or contract? No Yes If yes, explain on reverse

Apart from your home or your car, is any of your property  
subject to a lien or a security interest? No Yes

Have you drawn cash from any credit card in the last 60 days? No Yes

Have you charged any luxury goods or services in the last 60 days? No Yes

Do you have any government guaranteed educational loans? No Yes If yes, explain on reverse.

Have you made any unusual repayments to creditors in the last year? No Yes

Have you suffered any injuries for which you have the right to sue? No Yes If yes, explain briefly on reverse.

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Did you get any tax refunds in the past year? No Yes Amount \$ \_\_\_\_\_

Are you owed a tax refund now? No Yes Amount \$ \_\_\_\_\_

Do you owe any taxes now? No Yes Amount \$ \_\_\_\_\_

Period for which tax is due \_\_\_\_\_ Type of Tax \_\_\_\_\_

Are there any judgments against you? No Yes If yes, provide info on reverse

Is anyone suing you now? No Yes If yes, provide info on reverse

Do you have any life insurance policies? No Yes

If yes, provide the name of the insurance company, policy number, name of life insured, face amount and cash value, if any:

Occupations:

Husband: Job Title: \_\_\_\_\_ How long at this job? \_\_\_\_\_

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

Wife: Job Title: \_\_\_\_\_ How long at this job? \_\_\_\_\_

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

Your dependents: Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Relationship: \_\_\_\_\_

What was husband's gross income in the last two calendar years? 2008 \$ \_\_\_\_\_ 2009 \$ \_\_\_\_\_

Husband's income this year-to-date? \$ \_\_\_\_\_

What was wife's gross income in the last two calendar years? 2008 \$ \_\_\_\_\_ 2009 \$ \_\_\_\_\_

Wife's income this year-to-date? \$ \_\_\_\_\_

Was any of the above income from a source other than your employment? No Yes

If so, explain below or on reverse, identifying sources, dates and amounts, and specify husband or wife.

Any prior addresses in the last 2 years? If so, give address and dates of occupancy (continue on reverse if necessary).

Has either of you ever filed a bankruptcy proceeding? No Yes. If yes, was it for one of you or both? (Specify which one) \_\_\_\_\_

If yes, State of Filing: \_\_\_\_\_ Date of Filing: \_\_\_\_\_ Chapter: \_\_\_\_\_

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CLIENT INFORMATION PACKET PAGE 4**

Please list below **ALL** of your creditors showing name, address with Zip Code, the account number and the balance due (approximate where necessary) for each. Indicate which debts are owed by you, which are owed by your spouse, and which are owed jointly by both of you. Use H for husband, W for wife, and Jt for joint. Indicate any debt which is disputed by you and also indicate any debt that is secured with a lien against your property (such as a mortgage or a lien against your car). Use the back of this sheet or attach additional sheets if necessary.

Name Address Account Number Amount Due H,W,JT	
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CLIENT INFORMATION PACKET PAGE 5

MONTHLY BUDGET

INCOME

	<u>Husband</u>	<u>Wife</u>
1. Gross base pay per pay period (wages, salary or commissions)	_____	_____
Average overtime per pay period	_____	_____
Specify pay period (weekly, every other week, or twice a month)	_____	_____
Total gross per pay period	_____	_____
2. Deductions from paycheck:		
Payroll taxes and social security	_____	_____
Insurance	_____	_____
Union Dues	_____	_____
Other (specify)	_____	_____
Other (specify)	_____	_____
3. Take home pay (gross pay less all deductions) per pay period	_____	_____
Total take home per month (4.33 x weekly)	_____	_____
4. Regular monthly income available from the operation of a business or profession	_____	_____
5. Other income per month:		
Interest and dividends	_____	_____
From real estate or personal property	_____	_____
Social security	_____	_____
Pension or other retirement income	_____	_____
Other (specify)_____	_____	_____
6. Alimony, maintenance, or support payments per month:		
Payable to you for your use	_____	_____
Payable to you for the support of another (specify whom)	_____	_____
_____	_____	_____
<b>TOTAL AVERAGE CURRENT MONTHLY INCOME</b>	<b>\$</b> _____	_____

**PLEASE ATTACH A COPY OF YOUR PAYCHECK SHOWING DEDUCTIONS FOR A TYPICAL PAY PERIOD**

If you expect any changes to your income or expenditures in the next few months, specify:\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**EXPENDITURES**

Give estimated **AVERAGE** (over a year, to include seasonal changes) current monthly **LIVING EXPENSES** of you and your spouse and dependents. **DO NOT INCLUDE YOUR MONTHLY PAYMENTS ON CREDIT CARDS OR OTHER OUTSTANDING DEBTS.**

Rent or home mortgage payment (include lot rented for mobile home)		\$ _____
Are real estate taxes included?	Yes ___ No ___	
Is property insurance included?	Yes ___ No ___	
Utilities: Electricity and heating fuel		\$ _____
Water and sewer		\$ _____
Telephone		\$ _____
Other _____		\$ _____
Home Maintenance (Repairs and upkeep)		\$ _____
Food		\$ _____
Clothing		\$ _____
Laundry and dry cleaning		\$ _____
Medical and dental expenses		\$ _____
Transportation (not including car payments)		\$ _____
Recreation, clubs and entertainment, newspapers, magazines, etc.		\$ _____
Charitable contributions		\$ _____
Insurance (not deducted from wages or included in home mortgage payments)		
Homeowner's or renter's		\$ _____
Life		\$ _____
Health		\$ _____
Auto		\$ _____
Other (specify) _____		\$ _____
Taxes (not deducted from wages or included in home mortgage payments) (Specify) _____		\$ _____
Installment payments		
Auto		\$ _____
Other (specify) _____		\$ _____
Other (specify) _____		\$ _____
Alimony, maintenance, and support paid to others		\$ _____
Payments for support of additional dependents not living at your home		\$ _____
Regular expenses from operation of business, profession, or farm (attach detailed statement)		\$ _____
Other (specify) _____		\$ _____
Other (specify) _____		\$ _____
<b>TOTAL AVERAGE MONTHLY EXPENSES</b>		<b>\$ _____</b>