



## PRO BONO REFERRAL BANKRUPTCY INTAKE FORM

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

<p><b><u>Miami Dade County Chair</u></b>          Kristina Gonzalez          Kingcade, Garcia &amp; McMaken, P.A.          305-285-9100  <a href="mailto:KGP@miamibankruptcy.com">KGP@miamibankruptcy.com</a></p> <p>Peter W. Kelly, Esq.          P. W. Kelly Associates, P.A.          786-766-0012  <a href="mailto:pkelly@pwkpa.com">pkelly@pwkpa.com</a></p>	<p><b><u>Broward County Chair</u></b>          Grace Robson          Markowitz, Ringel, et al.          954-767-0030  <a href="mailto:grobson@mrthlaw.com">grobson@mrthlaw.com</a></p>	<p><b><u>Palm Beach County Chair</u></b>          Steven Newburgh          McLaughlin &amp; Stern PLLC          561-659-4020  <a href="mailto:snewburgh@mclaughlinstern.com">snewburgh@mclaughlinstern.com</a></p>
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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: \_\_\_\_\_ Are you a veteran (Circle One):     Yes / No

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 PROPERTY**

CHECK 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

CURRENT

I 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

**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? \_\_\_\_\_