

# INITIAL INTAKE FORM

Mari Legal Group, LLC  
(770)334-8574

Date: \_\_\_\_\_

## PERSONAL INFORMATION

Husband's Name:			
Wife's Name:			
Street Address:			
City, State, Zip:			
County:			
Phone:			
Email:			
Number of Dependents:			
Will both spouses be filing?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
What type of debts do you have?	<input type="checkbox"/> Credit Cards <input type="checkbox"/> Medical Bills <input type="checkbox"/> Judgments <input type="checkbox"/> Student Loans <input type="checkbox"/> Tax Debts <input type="checkbox"/> Government Fines <input type="checkbox"/> Personal Loans <input type="checkbox"/> Other _____		

## INCOME

Please list all average MONTHLY income BEFORE taxes.

Source:	Husband	Wife
Employment:		
Second Job:		
Self-Employment:		
Home-Based Business:		
Social Security/SSI:		
Food Stamps:		
Government Assistance:		
Public Assistance:		
VA Benefits:		
Retirement/Pension:		
Child Support:		
Alimony:		
Dividends/Interest/Annuity:		
Rental Income:		
Any Regular Contributions to your Household from an outside party (friend, relative, parent)?		
Other (specify):		

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## REAL ESTATE

Name(s) on deed:					
Name(s) on Mortgage:					
Are you behind on mortgage?	<input type="checkbox"/> Yes* <input type="checkbox"/> No	*If yes, how much?		How many months?	
Is your home in foreclosure?	<input type="checkbox"/> Yes* <input type="checkbox"/> No	*If yes, what is foreclosure date?			
Approximate Mortgage Balance:		What are your intentions for this home?	<input type="checkbox"/> Keep <input type="checkbox"/> Surrender		
Are you current on property taxes?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you current on HOA Fees?	<input type="checkbox"/> Yes <input type="checkbox"/> No		

## VEHICLES

Year	Make	Model	Type	Monthly Payment	Balance on Loan	Are you Past Due?	Number of Months Past Due	Total Amount Past Due	Intentions:
			<input type="checkbox"/> Own Free & Clear <input type="checkbox"/> Financed <input type="checkbox"/> Leased			<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Keep <input type="checkbox"/> Surrender
			<input type="checkbox"/> Own Free & Clear <input type="checkbox"/> Financed <input type="checkbox"/> Leased			<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Keep <input type="checkbox"/> Surrender
			<input type="checkbox"/> Own Free & Clear <input type="checkbox"/> Financed <input type="checkbox"/> Leased			<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Keep <input type="checkbox"/> Surrender

## GENERAL INFORMATION

Have you lived in Georgia for at least 91 days?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you filed bankruptcy in the last eight years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you filed taxes for the last two years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have any tax liens filed against you?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you owe ANY type of taxes (personal, business, withholding, etc.)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you own additional real estate property besides your primary residence, including: second home, rental home, vacation home, time share, mobile home, empty lot, etc.,?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you share the ownership of any real property with another person other than your spouse, such as a co-tenancy or joint tenancy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a future interest in any real estate, such as putting money down on a property you have not purchased yet?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have any loans secured by property other than a home or vehicle?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have any pawn loans or other pledged collateral?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you renting-to-own any furniture, appliances, or other property?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you gone to a loan company or bank and listed any or your furniture, appliances, or personal possessions as collateral at the time you obtained the loan?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you buying any jewelry on installment payments?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have student loans?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you currently attending college?	<input type="checkbox"/> Yes <input type="checkbox"/> No

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Have you used any credit cards or lines of credit in the last 90 days?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you taken out any new credit cards or loans in the last 90 days?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you own any stocks or bond?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a whole life (not term life) insurance policy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have any domestic obligations (child support, alimony, court-ordered settlements)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If you owe any domestic obligations, are you currently behind in payments?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Even if you never expect to collect any money, does an ex-spouse owe you money for alimony or child support?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Were you ordered in a divorce settlement to pay any of your current debts?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have any debts that have a cosigner that is a former spouse?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have any debts that have a cosigner other than a current spouse?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a claim or lawsuit against anyone?	<input type="checkbox"/> Yes <input type="checkbox"/> No
In the last year, have you or your children or spouse been involved in an accident where someone was hurt (for example, car accident)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you received a cash settlement, IRA distribution, retirement, or any other type of payout in the last six months?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you expect to receive a cash settlement, IRA distribution, retirement, or any other type of payout in the next six months?	<input type="checkbox"/> Yes <input type="checkbox"/> No
In the next six months, do you expect to inherit anything?	<input type="checkbox"/> Yes <input type="checkbox"/> No
In the next six months, do you expect to recover on anyone's life insurance policy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you had any losses covered by insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
In the next six months, do you expect any money from an insurance claim for any reason?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you owed back wages, commissions, or vacation pay from your current or previous employer?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you the beneficiary of a trust fund?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you own a patent, copyright, or trademark?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you had any unusual losses, such as fire, theft, gambling, or otherwise?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does anyone owe you money for any reason?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you owe any money for bounced checks?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you owe a bank money on a closed checking or savings account deficiency?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you currently paying or do you owe any type of court fees or fines?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have any judgments, garnishments, or pending lawsuits against you?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you owe money to a bank that you currently have a checking or savings account with?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have any property that was foreclosed on or repossessed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you consulted with any other attorney about your financial affairs or paid money to a debt counseling or credit counseling service?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you had an interest in a business in the last two years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is anyone holding any property for you?	<input type="checkbox"/> Yes <input type="checkbox"/> No