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## Initial Bankruptcy Consult Information Sheet

HOW DID YOU HEAR ABOUT MY PRACTICE?

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

\_\_\_\_\_ Internet

\_\_\_\_\_ Referral by \_\_\_\_\_

\_\_\_\_\_ Other \_\_\_\_\_

TELL US WHAT BRINGS YOU HERE:

\_\_\_\_\_ My house payments are past due

\_\_\_\_\_ Foreclosure

\_\_\_\_\_ My car payments are past due

\_\_\_\_\_ Medical debt that I cannot pay

\_\_\_\_\_ I cannot make my credit card payments

\_\_\_\_\_ I owe the IRS

\_\_\_\_\_ I lost income and cannot pay my bills

\_\_\_\_\_ My creditors are harassing me

\_\_\_\_\_ Lawsuit(s)

\_\_\_\_\_ Other \_\_\_\_\_

FULL NAME: \_\_\_\_\_ [ ] \_\_\_\_\_  
First MI Last

DATE OF BIRTH: \_\_\_\_\_ EMAIL: \_\_\_\_\_

PHONE: \_\_\_\_\_ SOCIAL SECURITY NO: \_\_\_\_\_

MARITAL STATUS \_\_\_\_\_

SPOUSES NAME: \_\_\_\_\_ [ ] \_\_\_\_\_  
First MI Last

SPOUSES DATE OF BIRTH: \_\_\_\_\_

NUMBER IN HOUSEHOLD: \_\_\_\_\_

ADDRESS \_\_\_\_\_

Real Estate (house, vacant land, etc): Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, are you making payments? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you own any other real estate? Yes \_\_\_\_\_ No \_\_\_\_\_

Vehicle(s): Make, Model, Year, Mileage: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you suing anyone? Yes \_\_\_\_\_ No \_\_\_\_\_

Could you sue anyone? Yes \_\_\_\_\_ No \_\_\_\_\_

Veteran Yes \_\_\_ No \_\_\_ % Disability \_\_\_\_\_

401(k): Yes \_\_\_\_\_ No \_\_\_\_\_

(Thank you for your service)

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

Stocks and/or bonds: Yes \_\_\_\_\_ No \_\_\_\_\_

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

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

Are you the beneficiary or executor of a trust? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you currently employed? Yes \_\_\_\_\_ No \_\_\_\_\_

Monthly Income coming into household from all sources \_\_\_\_\_

