CLIENT INTAKE SHEET SIPPEL LAW FIRM PLLC Date: _____

We value your privacy. The following information is for our records only, and will not be shared with, or given to anyone not part of our Offices with out your permission, or as required by law.

YOU: _____
First Middle Last Date of birth SSN

Spouse::_____
(Significant other) First Middle Last Date of birth SSN

Any other Names used in last 6 years?: _____

BUSINESS NAMES? _____

Mailing _____
Street City State Zip

Physical _____
Street City State Zip

Phones:

Work / Day		Fax	
Home / Eve		Email	
Cell / Msg.		Text	☐ YES ☐ NO

Who can we thank for referring you? ☐ Yellow page ☐ Internet ☐ Friend/ Family: _____

I understand that this is an INITIAL CONSULTATION ONLY. I understand that the Attorney shall not act as my attorney unless I hire said Attorney, sign a written fee Agreement, and make a payment. The Attorney would like to keep a photograph of client, in the form of a JPG digital file, strictly for official office use in representing you. By signing, I /we authorize taking the picture.

_____ _____
Signature Date Signature Date

Orig. Atty: _____ Resp. Atty _____ Rate: ___	**TM** Code: Contact Client /Other:_____
Retainer: _____ Paid: _____	Matter Code:_____
2d Conflicts Check: Who_____ Date _____	Matter Description _____
Date File Opened: _____ **SOL?** _____	Time Slips. _____
W:\FORMS\2012 FORMS\2012. bk packet.wpd	WP: _____

Atty to Verify: ☐ §342 ☐ Fee Quote ☐ Scan DL

GENERAL QUESTIONS:

1. **Total Charge Card and unsecured debt:** _____ **(you can estimate)**

2. ***MEDICAL BILLS** Estimate total owed (best Guess) _____

3. Total Secured Debt: House _____ Car 1 _____ Car 2 _____ etc.

4. **What is the reason you think you may need to file for Bankruptcy:** _____

_____

5. How Long Have You Lived in AZ (2 YRS OR MORE) ? _____ In Mohave County? _____

6. If not 2 years here, What other States have you lived in: _____

7. Any Previous Bankruptcy filings? ____ When, Where? _____

8. Any **lawsuits** Served: Y / N Judgments: ___ Garnishments: ___ Papers with you? _____

9. Child Support, Alimony, Divorce Property Issues _____

10. Behind on House payments? Y / N how many, how much? _____

11. Behind on Car payments ? Y / N how many, how much? _____

12. Given any property away or sold anything in last 2 years? What and to whom:

_____

13. Paid any monies repaid loans or given monies or property to **family, relatives** in last 2 years? _____

_____

14. Review and verify when client is Paid: ☐ every Week ☐ every 2 weeks ☐ 2x per month?

15. Gross Client last stub _____ Year to Date_____ Bonuses in last 6 months? _____

16. Gross Spouse last stub _____ Year to Date_____ Bonuses in last 6 months? _____

17. Calculate yearly income: (wk x 52, bi x 26, semi x 24): _____

18. Has client income changed up or down over last 6 months – describe: _____

19. Has spouse income changed over last 6 months - describe: _____

20. Tax Returns Verify Gross Income last year _____ previous year _____

21. TAXES AND TAX REFUND: This year: _____ Last Year: _____

22. **GAMBLING DEBT, BOUNCED CHECKS, Criminal Restitution, Losses??** _____

_____

23: Questions For Us, and Concerns You have we need to Answer: _____

_____

_____

_____

Fill in this information to identify your case:

Debtor 1 _____
First Name Middle Name Last Name

Debtor 2 _____
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: _____ District of _____

Case number _____
(If known)

Check if this is:

☐ An amended filing

☐ A supplement showing post-petition chapter 13 income as of the following date:

_____
MM / DD / YYYY

Official Form B 6I

Schedule I: Your Income

12/13

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Employment

1. **Fill in your employment information.**

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may Include student or homemaker, if it applies.

	Debtor 1	Debtor 2 or non-filing spouse
Employment status	☐ Employed ☐ Not employed	☐ Employed ☐ Not employed
Occupation	_____	_____
Employer's name	_____	_____
Employer's address	_____ Number Street _____ _____ _____ City State ZIP Code	_____ Number Street _____ _____ _____ City State ZIP Code
How long employed there?	_____	_____

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write $0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

		For Debtor 1	For Debtor 2 or non-filing spouse
2. **List monthly gross wages, salary, and commissions** (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.	2.	$_____	$_____
3. **Estimate and list monthly overtime pay.**	3.	+ $_____	+ $_____
4. **Calculate gross income.** Add line 2 + line 3.	4.	$_____	$_____

Debtor 1 _____ Case number (*if known*)_____
First Name Middle Name Last Name

		For Debtor 1	For Debtor 2 or non-filing spouse
Copy line 4 here ➔	4.	$_____	$_____
5. **List all payroll deductions:**			
5a. **Tax, Medicare, and Social Security deductions**	5a.	$_____	$_____
5b. **Mandatory contributions for retirement plans**	5b.	$_____	$_____
5c. **Voluntary contributions for retirement plans**	5c.	$_____	$_____
5d. **Required repayments of retirement fund loans**	5d.	$_____	$_____
5e. **Insurance**	5e.	$_____	$_____
5f. **Domestic support obligations**	5f.	$_____	$_____
5g. **Union dues**	5g.	$_____	$_____
5h. **Other deductions.** Specify: _____	5h.	+ $_____	+ $_____
6. **Add the payroll deductions**. Add lines 5a + 5b + 5c + 5d + 5e +5f + 5g +5h.	6.	$_____	$_____
7. **Calculate total monthly take-home pay.** Subtract line 6 from line 4.	7.	$_____	$_____
8. **List all other income regularly received:**			
8a. **Net income from rental property and from operating a business, profession, or farm** Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a.	$_____	$_____
8b. **Interest and dividends**	8b.	$_____	$_____
8c. **Family support payments that you, a non-filing spouse, or a dependent regularly receive** Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.	$_____	$_____
8d. **Unemployment compensation**	8d.	$_____	$_____
8e. **Social Security**	8e.	$_____	$_____
8f. **Other government assistance that you regularly receive** Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: _____	8f.	$_____	$_____
8g. **Pension or retirement income**	8g.	$_____	$_____
8h. **Other monthly income.** Specify: _____	8h.	+ $_____	+ $_____
9. **Add all other income**. Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g + 8h.	9.	$_____	$_____
10. **Calculate monthly income.** Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10.	$_____ +	$_____ = $_____

11. **State all other regular contributions to the expenses that you list in *Schedule J*.**
Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives**.**
Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in *Schedule J*.
Specify: _____ 11. + $_____

12. **Add the amount in the last column of line 10 to the amount in line 11.** The result is the combined monthly income.
Write that amount on the *Summary of Schedules* and *Statistical Summary of Certain Liabilities and Related Data,* if it applies 12. $_____
Combined monthly income

13. **Do you expect an increase or decrease within the year after you file this form?**
☐ No.
☐ Yes. Explain: _____

Fill in this information to identify your case:

Debtor 1 _____
First Name Middle Name Last Name

Debtor 2 _____
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: _____ District of _____

Case number _____
(If known)

Check if this is:

☐ An amended filing

☐ A supplement showing post-petition chapter 13 expenses as of the following date:
_____
MM / DD / YYYY

☐ A separate filing for Debtor 2 because Debtor 2 maintains a separate household

Official Form B 6J

Schedule J: Your Expenses

12/13

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Your Household

1. **Is this a joint case?**

☐ No. Go to line 2.
☐ Yes. **Does Debtor 2 live in a separate household?**

☐ No
☐ Yes. Debtor 2 must file a separate Schedule J.

2. **Do you have dependents?**

Do not list Debtor 1 and Debtor 2.

Do not state the dependents' names.

☐ No
☐ Yes. Fill out this information for each dependent.....

Dependent's relationship to Debtor 1 or Debtor 2	Dependent's age	Does dependent live with you?
_____	_____	☐ No ☐ Yes
_____	_____	☐ No ☐ Yes
_____	_____	☐ No ☐ Yes
_____	_____	☐ No ☐ Yes
_____	_____	☐ No ☐ Yes

3. **Do your expenses include expenses of people other than yourself and your dependents?**

☐ No
☐ Yes

Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental *Schedule J*, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on *Schedule I: Your Income* (Official Form B 6I.)

		Your expenses
4. **The rental or home ownership expenses for your residence.** Include first mortgage payments and any rent for the ground or lot.	4.	$_____
If not included in line 4:		
4a. Real estate taxes	4a.	$_____
4b. Property, homeowner's, or renter's insurance	4b.	$_____
4c. Home maintenance, repair, and upkeep expenses	4c.	$_____
4d. Homeowner's association or condominium dues	4d.	$_____

		Your expenses
5. **Additional mortgage payments for your residence**, such as home equity loans	5.	$_____
6. **Utilities:**		
6a. Electricity, heat, natural gas	6a.	$_____
6b. Water, sewer, garbage collection	6b.	$_____
6c. Telephone, cell phone, Internet, satellite, and cable services	6c.	$_____
6d. Other. Specify: _____	6d.	$_____
7. **Food and housekeeping supplies**	7.	$_____
8. **Childcare and children's education costs**	8.	$_____
9. **Clothing, laundry, and dry cleaning**	9.	$_____
10. **Personal care products and services**	10.	$_____
11. **Medical and dental expenses**	11.	$_____
12. **Transportation.** Include gas, maintenance, bus or train fare. Do not include car payments.	12.	$_____
13. **Entertainment, clubs, recreation, newspapers, magazines, and books**	13.	$_____
14. **Charitable contributions and religious donations**	14.	$_____
15. **Insurance.** Do not include insurance deducted from your pay or included in lines 4 or 20.		
15a. Life insurance	15a.	$_____
15b. Health insurance	15b.	$_____
15c. Vehicle insurance	15c.	$_____
15d. Other insurance. Specify:_____	15d.	$_____
16. **Taxes.** Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: _____	16.	$_____
17. **Installment or lease payments:**		
17a. Car payments for Vehicle 1	17a.	$_____
17b. Car payments for Vehicle 2	17b.	$_____
17c. Other. Specify:_____	17c.	$_____
17d. Other. Specify:_____	17d.	$_____
18. **Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, *Schedule I, Your Income* (Official Form B 6I).**	18.	$_____
19. **Other payments you make to support others who do not live with you.** Specify:_____	19.	$_____
20. **Other real property expenses not included in lines 4 or 5 of this form or on *Schedule I*: *Your Income.***		
20a. Mortgages on other property	20a.	$_____
20b. Real estate taxes	20b.	$_____
20c. Property, homeowner's, or renter's insurance	20c.	$_____
20d. Maintenance, repair, and upkeep expenses	20d.	$_____
20e. Homeowner's association or condominium dues	20e.	$_____

21. **Other**. Specify: _____ 21. +$_____

22. **Your monthly expenses.** Add lines 4 through 21.
The result is your monthly expenses. 22. $_____

23. **Calculate your monthly net income.**

23a. Copy line 12 (*your combined monthly income*) from *Schedule I.* 23a. $_____

23b. Copy your monthly expenses from line 22 above. 23b. – $_____

23c. Subtract your monthly expenses from your monthly income.
The result is your *monthly net income*. 23c. $_____

24. **Do you expect an increase or decrease in your expenses within the year after you file this form?**

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

☐ No.
☐ Yes. Explain here:

REAL PROPERTY-LAND AND HOMES AND TIMESHARES

Address #1:_____ Date purchased?:_____
Your Estimated Market Value:_____ How much owed: $_____
First Mortgage Co:_____ Mo. Payment $ _____ #Behind_____
Second Mortgage Co: _____ Mo. Payment$ _____ #Behind_____
Third Mortgage or line of credit_____ Mo. Payment$_____ #Behind_____

Address #2:_____ Date purchased?:_____
Your Estimated Market Value:_____ How much owed: $_____
First Mortgage Co:_____ Mo. Payment $ _____ #Behind_____
Second Mortgage Co: _____ Mo. Payment$ _____ #Behind_____
Third Mortgage or line of credit_____ Mo. Payment$_____ #Behind_____

Address #3:_____ Date purchased?:_____
Your Estimated Market Value:_____ How much owed: $_____
First Mortgage Co:_____ Mo. Payment $ _____ #Behind_____
Second Mortgage Co: _____ Mo. Payment$ _____ #Behind_____
Third Mortgage or line of credit_____ Mo. Payment$_____ #Behind_____

IF YOU RENT Address:_____ Landlord:_____
How long at this address? Years:_____ Months:_____ Monthly rent:_____
Lease or Month-to-Month:_____ Behind?:_____

<u>OTHER SECURED DEBT BESIDES VEHICLES</u> (IF YOU DON'T PAY, THEY TAKE AWAY)
Describe property:_____ Secured Creditor :_____
How much owed:_____ Mo. Payment $ _____ #Behind_____ Keep or ?_____

REPOSSESSION/FORECLOSURES? Who (creditor), What taken, When, Amount Due (best guess):

_____
_____
_____
_____

VEHICLE QUESTIONNAIRE

Please complete ALL INFORMATION outlined below on EACH VEHICLE OWNED. If more than 3 vehicles are owned, list on separate sheet and attach.

Vehicle #1

Year: _____
Make: _____
Model: _____
Trim: _____
Miles: _____
2/4 Door: _____
Transmission -
Auto: ____ Manual: _____
Gas: ___ Diesel: _____
4X4: _____
Long Bed: ____
Short Bed: ____

Extras (please circle)
Air Conditioning
Power Windows/Doors
Tilt Wheel
Cruise Control
Power Seats
Sun Roof
Convertible
Leather Seats
ABS Brakes
Airbags
Premium Sound System
Navigation System
Premium Tires/Wheels
Tow Package

Lien holder: _____
Lien amount: _____
Monthly payment: _____
Your Estim Value: _____

Vehicle #2

Year: _____
Make: _____
Model: _____
Trim: _____
Miles: _____
2/4 Door: _____
Transmission -
Auto: ____ Manual: _____
Gas: ___ Diesel: _____
4X4: _____
Long Bed: ____
Short Bed: ____

Extras (please circle)
Air Conditioning
Power Windows/Doors
Tilt Wheel
Cruise Control
Power Seats
Sun Roof
Convertible
Leather Seats
ABS Brakes
Airbags
Premium Sound System
Navigation System
Premium Tires/Wheels
Tow Package

Lien holder: _____
Lien amount: _____
Monthly payment: _____
Your Estim Value: _____

Vehicle #3

Year: _____
Make: _____
Model: _____
Trim: _____
Miles: _____
2/4 Door: _____
Transmission -
Auto: ____ Manual: _____
Gas: ___ Diesel: _____
4X4: _____
Long Bed: ____
Short Bed: ____

Extras (please circle)
Air Conditioning
Power Windows/Doors
Tilt Wheel
Cruise Control
Power Seats
Sun Roof
Convertible
Leather Seats
ABS Brakes
Airbags
Premium Sound System
Navigation System
Premium Tires/Wheels
Tow Package

Lien holder: _____
Lien amount: _____
Monthly payment: _____
Your Estim Value: _____

VEHICLE QUESTIONNAIRE CONTINUED

ATV/MC

Make:_____
Model:_____
Year:_____
Mileage:_____
4x4 -
Yes:_____
No:_____
Winch:_____
C.C. (Engine size): _____
Extras:_____
_____
_____

Lien holder: _____
Lien amount: _____
Monthly payment: _____
Your Estim Value: _____

R.V.

Make:_____
Model:_____
Length:_____
Axels:_____
Type -
Motor Home:_____
5th Wheel:_____
Bumper pull:_____
Generator:_____
Slide:_____
Awning -
Yes:_____
No:_____
A/C -
Yes:_____
No:_____
Diesel:_____
Extras:_____
_____
_____

Lien holder: _____
Lien amount: _____
Monthly payment: _____
Your Estim Value: _____

BOAT/PWC

Make:_____
Model:_____
Hours:_____
Length:_____
Inboard/Outboard:_____
Outboard:_____
Trolling Motor -
Yes:_____
No:_____
Horse Power:_____
Bimini Top -
Yes:_____
No:_____
Cover -
Yes:_____
No:_____
Trailer -
Yes:_____
No:_____
# of Axels:_____
Extras:_____
_____

Lien holder: _____
Lien amount: _____
Monthly payment: _____
Your Estim Value: _____

OTHER BIG ITEMS: Boats, Wave Runners, Trailers, Motor Homes, ATV's ETC

Item #1 Year/Make/Model:_____
Lien holder:_____
Est Market Value$_____Monthly Payments $_____
How much owed$ _____Payments behind_____
When did you purchase?_____ Mileage_____

Item #2 Year/Make/Model:_____
Lien holder:_____
Est Market Value$_____Monthly Payments $_____
How much owed$ _____Payments behind_____
When did you purchase?_____ Mileage_____

Item #3 Year/Make/Model:_____
Lien holder:_____
Est Market Value$_____Monthly Payments $_____
How much owed$ _____Payments behind_____
When did you purchase?_____ Mileage_____

GUNS, ANIMALS, COIN COLLECTIONS, FAMILY ANTIQUES HEIRLOOMS:
Describe, make, model, number owned, descriptions:_____
_____
_____
_____

SPOUSES: LIST SPOUSES AND EX SPOUSES IN THE **LAST 8 YEARS**, along with Dates of Marriage and/or Divorce-you will need to provide our office with a copy of the final decree: _____
_____
_____
_____
_____

BANKING/FINANCIAL ACCOUNTS: includes any accounts for dependents, Grandchildren, Etc.

Bank Name:_____ Checking or Savings:_____
Bank Name:_____ Checking or Savings:_____
Bank Name:_____ Checking or Savings:_____
Bank Name:_____ Checking or Savings:_____

Have you closed any accounts in the last year?_____Date closed:_____$ at close:$_____
Safe Deposit Boxes?:_____

INSURANCE POLICIES: LIST ALL LIFE, HEALTH, DISABILITY, VEHICLE ETC

Home Owner/Renter Y/N who:_____Vehicle-who:_____

Other than Employer provided, do you have Whole Life: Y/N Cash Value $_____

_____

_____

Lottery Awards, Annuities, Other Monthly receipts:_____

_____

Any other property items not asked or listed, or questions you have? _____

_____

_____

PROPERTY TRANSFERS: WHAT HAVE YOU SOLD OR GIVEN AWAY
****THIS INCLUDED Paying debts or giving monies to relative****
Any transfer to anyone in the last 90 days?_____ To/From Whom_____

If so, what property:_____

Why, what purpose:_____How much :$_____

LAWSUITS JUDGMENTS/LIENS/GARNISH: Have you been served with any papers? Y/N
Bring with you, or answer: Creditors name, Courts & Case #_____

When were you served?_____Next court date_____Claim_____

How much out of every paycheck?_____When did Garnishment start?_____

Criminal Charges/Restitution? _____

_____

_____

SIPPEL LAW FIRM PLLC

Attorneys and Counselors At Law

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707 East Beale St.
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928-753-2889
Fax 928-718-5877
sippelstaff@frontier.com

PAPERWORK NEEDED FOR INITIAL INTERVIEW

1. **Drivers License and Social Security Card**(s)-copies of Both for Each Person Filing for Bankruptcy.
2. **Proof of Income PAY Stubs** or Business Profit Loss for **the Last Six Months.**- These Can Include Copies/stubs of Any/all Pay Check Stubs, Pension, SSI Military Pay, Child Support, Alimony, monies cashed out of life insurance, 401k, retirement, Etc. BOTH SPOUSES EVEN IF ONLY ONE IS FILING.
3. **Law suits,** Judgments/liens/garnishments-need **All Paperwork from Courts** or Opposing Counsel Including: Summons, Writ of Garnishment, Judgment, Answer and Any/all Other Related Paperwork.
4. **Creditor Bills**-copies of All Bills and Collection Bills Owing. This Includes: Medical and Credit Card Bills, monies owed to anyone. **We do not need utility bills unless they are old and you don't plan on paying.**
5. **Taxes**- Need Copies of Last Two Years of Taxes. **This Includes W-2's.**
6. **Last 6 Months Bank Statements**-need Copies of All Bank Statements and Check Register for the . This Includes Any Pay pal Accounts.
7. **Divorce decrees-**must have all decrees from the last ten years.

To File the Bankruptcy, and satisfy the Trustee, we will also need copies of the following:

8. House Papers/land Property- *If You Own a House this Will Include; Any/all Deeds, Mortgage Papers, Property Tax Info, Title Company Papers.
*If You Rent/lease this Will Include; Rent/lease Agreement,. Most Recent Rent Receipt.
9. Vehicles- If You Own/lease a Vehicle or Any Recreational Vehicles We Need Copies of Any/all Agreements, Titles, Registration, Insurance Cards or Policy and All Lien Holder Info, including pay book.
10. Any business interests, stock, LLC Membership, side businesses
11. Life Insurance-need Copies of Life Insurance Policies and Statements on How Much Is Paid Every Month or Every Three Months., whole life, cash value, term etc.
12. Transfers of Property- What you sold or gave away, to whom, when, $$ any/all Promissary Notes and Proof of Transfer, Info on Individual Who Received the Property.
13. Wins/losses-any/all Proof of Winnings/losses in Gambling in the Last Year
14. Monies you have paid back to your Relatives Proof of Monies Paid to Relative Includes: Receipts and Promissary Notes, property transfers.
15. **There may be other materials we will need for your case. We will let you know.**

*****All These Documents Are Needed to Successfully Complete Preparation of Your Bankruptcy. If You Fail to Provide Any of These Documents Your Bankruptcy Could Be Delayed or Dismissed.**

W:\FORMS\2014 FORMS\PINK SHEET.wpd

SIPPEL LAW FIRM PLLC

Attorneys and Counselors At Law

Mark A. Sippel
www.sippellawfirm.com
We are a "Debt Relief Agency"

In the Heart of Old Towne
707 East Beale St.
Kingman, AZ 86401

928-753-2889
Fax 928-718-5877
notice@sippellaw.com

Engagement Agreement & Contract for Legal Services: _____

1. SERVICES and FEES. Firm agrees to represent Client, take this case and accept responsibility for legal work and provide the following services: Advisory on issues before filing, preparation of Bankruptcy Schedules and Statements, Case Filing, limited creditor negotiations and contact, up to 341 hearing, attendance by phone at Reaffirmation Hearing, follow up to discharge and case closing.

Pre Filing Credit Course, Address Verification Credit Report, Filing Fee to the Court, Pre Discharge Course, Office costs, copies, mailings, downloads from Court	$500.00	
Initial Advisory However if we are hired and retained as your lawyers, this amount is Applied to Fee and is earned on receipt;		
Property, Income, Means Testing Analysis / Financial Audit;		
Prepare Schedules and Statements, Client must supply all information requested to satisfy Trustee's demands. Failure to provide documents may delay the case filing;		
Mailing and Court Contacts as required and Attend 341 hearing with you;		
Receipt, Review and advice about Reaffirmation Agreements for secured claims on houses, vehicles, attend hearing by phone if required. This does not include signature or approval by Counsel;		
Review of Lift Stay for surrendered secured property **but not** defense or objection, Review of exam requests above 341 but not representation at any examinations;		
Discharge, Follow up advisory to case closure.		
TOTAL ALL FEES + COSTS		
Excluded services include but are not limited to Redemption value issues, Audits by US Trustee, Challenges to Chapter 7 by Motion to Convert to 13, Dismiss, or lawsuits asserting that a claim cannot be Discharge. Firm reserves the right to charge additional fees at their stated hourly rates below.		

2. WHAT WE AGREE TO DO FOR YOU:
   a. THIS IS A DEFINED AND LIMITED SCOPE OF SERVICES. THE CASE WILL NOT BE FILED UNTIL A FULL RETAINER AND FEES ARE PAID.
   b. Client agrees to pay a FLAT FEE for legal services; Costs are deemed separate charges and will be reflected separately in reports to the Court. However, Firm reserves the right to charge additional fees for excessive delay in paying or failure to provide documents.
   c. Client may elect to convert to a Chapter 13 for additional fees payable through the plan.
   d. Services and costs can be bundled, as in everything total together, or unbundled as the client may choose. This DOES NOT INCLUDE ANY OTHER LEGAL WORK, OR RESPONSE TO CIVIL LAWSUITS unless specifically agreed to by the Firm.

e. Firm will accept Cash, Checks, Debit cards, and check cards for bankruptcy fees. All such payments are earned on receipt.

f. Client acknowledges that the firm is **NOT ALLOWED** to accept a **CREDIT** card payment for attorney's fees from a client who intends to list such payment of fees on a credit card as a debt in a bankruptcy proceeding. We can accept credit card payments from third parties (such as parents or family members) who make payments on your behalf.

3. CASE PROCESS We are retained when a payment of at least $450.00 is made and will advise creditors who contact us that we are retained and plan to file within 30 - 60 days.

a. We will not file the case until both fully paid, and have **ALL** the requested documents.

b. To protect you, we review those documents before filing because after we file, we cannot plan or give you protection and advice. **Failure to provide documents to the Trustee may jeopardize your case, with the Court denying your discharge. Excessive delays may**

c. To move the case forward, Client agrees to email or leave voice mail messages and talk to our staff about issues or concerns.

d. After we file there is a mandatory first meeting of creditors (341) with the Trustee that you must attend unless medically excused. You will be examined under oath to confirm that the papers filed are true and correct.

4. REFUNDS We will invest a substantial amount of time and effort at the beginning of the case, including but not limited to Consultations, Letters confirming Advice, Goals, Directives, setting up the file, computer database, conflict of interest checking. Any fees paid may be refundable, but only to the extent that they are not earned.

5. THIS QUOTE IS GOOD until for **90 days** from today's date. If payment or providing documents takes more time, the Firm reserves the right to ask for additional fees. This request will may be adjusted based on the factors enumerated in the Rules of Ethics

6. NO GUARANTEES OF OUTCOME: No promises, representations or warranties of any type or nature have been made other than that we will 1) file the Bankruptcy Petition; 2) we will attend all of the appropriate hearings; and 3) we will seek a discharge of your debts as allowed. We agree to work diligently on your matter and take actions that we believe in our professional judgment will advance your cause and move the case to a successful conclusion. Discussions are not guarantees, but rather are based on our experience, the state of the law, and our knowledge of the facts you have provided to us.

7. OTHER WORK, COSTS AND EXPENSES: Client may request additional work outside the Defined Scope of this agreement. If we agree to additional work above the FLAT FEE as quoted, we charge for costs and expenses incurred at the Firm's regular hourly rates, now set at $325.00 per hour for Mr. Sippel,$200.00 per hour for Other Attorneys, and at $110.00 and lesser rates for Paralegal Staff. This rate may be adjusted based on the factors stated in the Rules of Ethics.

8. BINDING; FILE RETENTION; This is a legally binding contract. Client has read and understands the terms before signing. Copies of all documents and letters are provided to the Client during the case. Client agrees that Firm will scan the file for electronic storage PDF or similar format, such that the client file will be kept for at least 5 years. At their election, Firm may destroy his copy of the physical file 1 years after closing. Client will keep his own copy for his own records.

Client	Date	Client	Date	Mark A. Sippel