

# LAW OFFICES OF ROBERT L. FIRTH

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## CLIENT EVALUATION SHEET

FILL OUT ALL QUESTIONS COMPLETELY AND TRUTHFULLY

### PRINT CLEARLY

Name: \_\_\_\_\_  
 US Citizen or  Registered Alien

Spouse: \_\_\_\_\_  
 US Citizen or  Registered Alien

\_\_\_\_\_  
Others Names Used

\_\_\_\_\_  
Others Names Used

Single  Married  Widowed

Single  Married  Widowed

Divorced (date of final decree \_\_\_\_\_)

Divorced (date of final decree \_\_\_\_\_)

Separated (date of separation \_\_\_\_\_)

Separated (date of separation \_\_\_\_\_)

Date of Birth \_\_\_\_\_

Date of Birth \_\_\_\_\_

Street Address: \_\_\_\_\_

Mailing Address (if Different) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
E-mail

\_\_\_\_\_  
Spouse E-mail

\_\_\_\_\_  
Best phone number to reach you

\_\_\_\_\_  
Best phone number to reach you

EMPLOYED  YES  NO

EMPLOYED  YES  NO

What do you do? \_\_\_\_\_

What do you do? \_\_\_\_\_

How long have you lived at your current address? \_\_\_\_\_ How long have you lived in CA? \_\_\_\_\_

How many Dependents do you have? \_\_\_\_\_

Names and Ages of Dependents:

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

In your lifetime, have you filed a bankruptcy case that was discharged or dismissed?  YES  NO

If YES, Where, When, and Case Number of all prior cases: \_\_\_\_\_

Chapter 7  Chapter 13

How did you find out about us?  Internet  Yellow Pages

Referral, who? \_\_\_\_\_  Other \_\_\_\_\_

Briefly please tell us why you have decided to see Attorney Firth? \_\_\_\_\_

\_\_\_\_\_  
Revised 3/2020

HAVE YOU FILED YOUR FEDERAL AND STATE TAXES FOR THE LAST 3 YEARS? YES NO

DO YOU OWE THE I.R.S.? YES NO Which Tax Years? \_\_\_\_\_ How Much? \_\_\_\_\_

DO YOU OWE STATE TAX? YES NO Which Tax Years? \_\_\_\_\_ How Much? \_\_\_\_\_

DO YOU TYPICALLY RECEIVE A TAX REFUND? YES NO How Much? \_\_\_\_\_

**Do you:**  RENT or  OWN your home? **Is your home a Manufactured Home?** YES NO

Space Rent \$ \_\_\_\_\_ Indian Land Lease Rent \$ \_\_\_\_\_

When was the home purchased? \_\_\_\_\_ Fair Market Value \$ \_\_\_\_\_

If you own your home:

Home: 1<sup>st</sup> MTGE Payment \$ \_\_\_\_\_ Outstanding Balance \$ \_\_\_\_\_

How far behind are you? (#) Month's \_\_\_\_\_ Payments due on \_\_\_\_\_ date of each month

When was the home purchased? \_\_\_\_\_ Fair Market Value \$ \_\_\_\_\_

2<sup>nd</sup> MTGE Payment \$ \_\_\_\_\_ Outstanding Balance \$ \_\_\_\_\_

How far behind are you? (#) Month's \_\_\_\_\_ Payments due on \_\_\_\_\_ date of each month

When was the loan taken out? \_\_\_\_\_

**DOES YOUR HOME HAVE DEFERRED MAINTENANCE / REPAIRS?** YES NO

Explain: \_\_\_\_\_

**Vehicles:**

Make \_\_\_\_\_ Model \_\_\_\_\_

Year \_\_\_\_\_ Miles \_\_\_\_\_

Debt \$ \_\_\_\_\_ FMV \$ \_\_\_\_\_

Monthly Payment \$ \_\_\_\_\_

How far behind are you? \_\_\_\_\_

Own Buying Leasing

Make \_\_\_\_\_ Model \_\_\_\_\_

Year \_\_\_\_\_ Miles \_\_\_\_\_

Debt \$ \_\_\_\_\_ FMV \$ \_\_\_\_\_

Monthly Payment \$ \_\_\_\_\_

How far behind are you? \_\_\_\_\_

Own Buying Leasing

Make \_\_\_\_\_ Model \_\_\_\_\_

Year \_\_\_\_\_ Miles \_\_\_\_\_

Debt \$ \_\_\_\_\_ FMV \$ \_\_\_\_\_

Monthly Payment \$ \_\_\_\_\_

How far behind are you? \_\_\_\_\_

Own Buying Leasing

Make \_\_\_\_\_ Model \_\_\_\_\_

Year \_\_\_\_\_ Miles \_\_\_\_\_

Debt \$ \_\_\_\_\_ FMV \$ \_\_\_\_\_

Monthly Payment \$ \_\_\_\_\_

How far behind are you? \_\_\_\_\_

Own Buying Leasing

**ARE YOU ON TITLE TO ANY OTHER PROPERTY?**

YES NO, what? \_\_\_\_\_

**ARE YOU A CO-SIGNER TO ANY LOAN?**

YES NO, what? \_\_\_\_\_

Do own a RENTAL PROPERTY, LAKE LOT, R.V., BOAT, MOBILE HOME, TIME SHARE, or UNDEVELOPED REAL ESTATE? Please List and Give Details (How much do you owe? How much is it worth?):

\_\_\_\_\_  
\_\_\_\_\_

DID YOU RECENTLY PURCHASE ANY FURNITURE, JEWELRY, OR APPLIANCES USING STORE CREDIT?  YES  NO  NOT SURE

WHEN? \_\_\_\_\_ WHAT CARD(S)? \_\_\_\_\_

**WHEN DID YOU LAST USE A CREDIT CARD?** \_\_\_\_\_

**APPROXIMATELY HOW MUCH DO YOU OWE ON THE FOLLOWING:**

CREDIT CARDS:	\$ _____	LOANS FROM FRIENDS OR FAMILY:	\$ _____
FINANCE COMPANIES:	\$ _____	MEDICAL BILLS:	\$ _____
GAS CARDS:	\$ _____	PAY DAY LOANS:	\$ _____
LINES OF CREDIT:	\$ _____	OTHER:	_____ \$ _____
FURNITURE:	\$ _____	APPLIANCES:	\$ _____

Have you made ANY CASH ADVANCES on Credit Cards, or BALANCE TRANSFERS, or CREDIT CARD CHECKS in the last 12 Months?  YES  NO (How Much?) \$ \_\_\_\_\_

HAVE YOU MADE ANY LARGE TRANSACTIONS IN THE LAST FOUR YEARS?  YES  NO  
EXPLAIN: \_\_\_\_\_

ARE YOU OR YOUR SPOUSE INVOLVED IN A LAWSUIT?  YES  NO  
EXPLAIN: \_\_\_\_\_

AUTO ACCIDENTS IN THE PAST 2 YEARS?  YES  NO \_\_\_\_\_

HAVE YOU EVER CAUSED AN ACCIDENT AS A RESULT OF DRIVING UNDER THE INFLUENCE?  YES  NO  
EXPLAIN: \_\_\_\_\_

DO YOU OWN OR HAVE YOU EVER OWNED A BUSINESS?  YES  NO  
WHAT IS THE NAME? \_\_\_\_\_ WHAT YEAR DID IT START / END? \_\_\_\_ / \_\_\_\_

ARE THERE ANY GARNISHMENT ACTIONS AGAINST YOU?  YES  NO  
WHEN DID IT START? \_\_\_\_\_

HAVE YOU EVER HAD A HOME FORECLOSURE? A CAR REPOSSESSION? OR IS ONE PENDING NOW?  YES  NO  
EXPLAIN: \_\_\_\_\_

Have you TRANSFERRED (sold/given away) ANY PERSONAL PROPERTY in the last 3 years?

YES  NO

Have you TRANSFERRED (sold/given away) ANY REAL ESTATE IN THE PAST 5 YEARS?

YES  NO

Are you in a divorce, contemplating divorce or have you been divorced?

YES  NO

Is your ex-spouse on debts with you?

YES  NO

Do you currently have student loans or are you a guarantor on someone else's student loan?  YES  NO

If yes, for whom?  Son  Daughter  Other: \_\_\_\_\_

Are you receiving phone calls from creditors?  YES  NO

Do you have RETIREMENT PLANS (IRA's, 401K, Profit Sharing, Retirement, etc.)?  YES  NO

If YES, what is the CURRENT VALUE: \$ \_\_\_\_\_

STOCKS, BONDS, MUTUAL FUNDS or CD'S?  YES  NO \$ \_\_\_\_\_

Do you have a LIFE INSURANCE POLICY(IES)?  YES  NO

If YES, what is the current CASH VALUE? \$ \_\_\_\_\_

**LIST CASH IN ALL ACCOUNTS:**

SAVINGS \$ \_\_\_\_\_ CHECKING \$ \_\_\_\_\_ JOINT \$ \_\_\_\_\_ CASH APPS \$ \_\_\_\_\_

BITCOIN/CRYPTO CURRENCY \$ \_\_\_\_\_ OTHER \$ \_\_\_\_\_

DOES ANYONE OWE YOU ANY MONEY?  YES  NO If YES, how much? \$ \_\_\_\_\_

ARE THE FUNDS COLLECTABLE?  YES  NO

DO YOU OWN OTHER VALUABLE PROPERTY?  YES  NO

In the United States or abroad? \_\_\_\_\_ Where? \_\_\_\_\_ FMV? \_\_\_\_\_

WHAT IS THE *FAIR MARKET VALUE* OF YOUR HOUSEHOLD FURNISHINGS? \$ \_\_\_\_\_

Have you created a trust for you or your spouse?  YES  NO

Do you EXPECT TO INHERIT IN THE NEXT 6 MONTHS, or are you the BENEFICIARY OF A LIFE INSURANCE POLICY or are you a BENEFICIARY OF A TRUST?  YES  NO

Explain:

\_\_\_\_\_

## MONTHLY FAMILY BUDGET

GROSS INCOME:      YOU \$ \_\_\_\_\_                      SPOUSE \$ \_\_\_\_\_  
TAKE HOME:        YOU \$ \_\_\_\_\_                      SPOUSE \$ \_\_\_\_\_  
OTHER INCOME (social security, pension, rental income, trust, etc.)  
                                 YOU \$ \_\_\_\_\_                      SPOUSE \$ \_\_\_\_\_

Are you collecting SSI/SSDI for a dependent who lives with you?    YES    NO   AMOUNT \$ \_\_\_\_\_

### BASIC LIVING EXPENSES:

- |  |     |           |       |
|--|-----|-----------|-------|
| 1. House Mortgage / Rent Payment:                            | 1.  | \$        | _____ |
| 2. Real Estate Taxes: ( <b>NOT</b> included in mortgage)     | 2.  | \$        | _____ |
| 3. H.O.A. Dues:  | 3.  | \$        | _____ |
| 4. Home Maintenance and Repairs:                             | 4.  | \$        | _____ |
| 5. Utilities: (electric, gas, water, trash)                  | 5.  | \$        | _____ |
| 6. Cable, Satellite, Internet and/or Home Phone:             | 6.  | \$        | _____ |
| 7. Cell Phone(s):  | 7.  | \$        | _____ |
| 8. Food & Housekeeping Supplies:                             | 8.  | \$        | _____ |
| 9. Clothing & Laundry / Dry Cleaning:                        | 9.  | \$        | _____ |
| 10. Personal Care Products & Services:                       | 10. | \$        | _____ |
| 11. Medical / Dental / Co-Pays:                              | 11. | \$        | _____ |
| 12. Education: (student loans, children's school)            | 12. | \$        | _____ |
| 13. Insurance: (for home <b>NOT</b> included in mortgage)    | 13. | \$        | _____ |
| 14. Insurance: (for vehicle(s))                              | 14. | \$        | _____ |
| 15. Health Insurance:  | 15. | \$        | _____ |
| 16. Gas, Repairs & Maintenance for vehicle(s):               | 16. | \$        | _____ |
| 17. Charitable Contributions:                                | 17. | \$        | _____ |
| 18. Recreation / Entertainment:                              | 18. | \$        | _____ |
| 19. Vehicle Payment(s):                                      | 19. | \$        | _____ |
| 20. Day Care:  | 20. | \$        | _____ |
| 21. Support Payments: ( <b>NOT</b> Deducted from your Check) | 21. | \$        | _____ |
| 22. Other: _____   | 22. | \$        | _____ |
| <b>TOTAL:</b>  |     | <b>\$</b> | _____ |

I HAVE COMPLETED THE INFORMATION ABOVE AND IT IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date