

WILLIAM C. POOLE, LLC  
Case Initiation Form

PLEASE COMPLETE THE FOLLOWING - PLEASE PRINT NEATLY

**PERSONAL INFORMATION:**

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ CELL/PAGER: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

AGE: \_\_\_\_\_ DOB: \_\_\_\_\_ SSN: \_\_\_\_\_ DL# \_\_\_\_\_

MARITAL STATUS: \_\_\_\_\_ CONTACT PERSON: \_\_\_\_\_ (Relationship)

**PRESENT EMPLOYER INFORMATION:**

PRESENT EMPLOYER: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

**REASON FOR VISIT:** (PLEASE CHECK ONE OF THE FOLLOWING OR FILL IN "OTHER")

- WORKER'S COMPENSATION     AUTO ACCIDENT     CRIMINAL CASE     BANKRUPTCY  
 DIVORCE     CUSTODY     IMMIGRATION/CITIZENSHIP/VISA     CHILD SUPPORT  
 CREDIT REPORT     PROPULSID     FEN-PHEN     VIOXX     METABOLIFE  
 BEXTRA     CELEBREX     OTHER (PLEASE DESCRIBE: \_\_\_\_\_)  
 HAVE YOU DISCUSSED THIS MATTER WITH ANOTHER ATTORNEY? (Y/N) IF YES, WHO? \_\_\_\_\_

**HOW DID YOU LEARN ABOUT OUR FIRM?**

- BY A REFERRAL: NAME: \_\_\_\_\_  
 TELEPHONE BOOK:     BELLSOUTH YELLOW PAGES    OR     YELLOW BOOK  
 INTERNET: \_\_\_\_\_  
 OTHER (PLEASE DESCRIBE): \_\_\_\_\_  
 BEEN A CLIENT BEFORE.

**THANK YOU SO MUCH FOR VISITING WILLIAM C. POOLE, LLC**

You or someone you know may have questions about a legal matter different from the one that brought you here. We want you to feel free to bring up any legal matter that may be of concern to you or someone you know as a part of your free consultation. Please look over this list and check any legal matter that may apply:

- |   |   |  |                                     |
|---|---|--|-------------------------------------|
| <input type="checkbox"/> An on the Job Injury | <input type="checkbox"/> The death of a loved one     | <input type="checkbox"/> Medical Malpractice     | <input type="checkbox"/> Adoption   |
| <input type="checkbox"/> A car accident       | <input type="checkbox"/> Social Security benefits     | <input type="checkbox"/> A DUI or traffic ticket | <input type="checkbox"/> Custody    |
| <input type="checkbox"/> A criminal case      | <input type="checkbox"/> A Will or Power of Attorney  | <input type="checkbox"/> Divorce/Child Support   | <input type="checkbox"/> Metabolife |
| <input type="checkbox"/> Propulsid            | <input type="checkbox"/> Credit Report                | <input type="checkbox"/> Vioxx                   | <input type="checkbox"/> Bextra     |
| <input type="checkbox"/> Metabolife           | <input type="checkbox"/> Immigration/Citizenship/VISA |  |                                     |

**IMPORTANT INFORMATION:**

1. We will not act as your attorney on any matter unless you have received a written fee agreement letter or a written contingency fee agreement. \_\_\_\_\_ Sign
2. All claims for damages for the violation of legal rights expire unless formal action is taken within the time period called the Statute of Limitations. The formal action that must be taken and the time period vary with the type of case and the jurisdiction. \_\_\_\_\_ Sign
3. If you have employed us to handle a case, it is your obligation to notify us of any phone number or address change. Please keep in mind that we may have to contact you on a "moments notice" to prevent irreparable has to your case. \_\_\_\_\_ Sign

**BANKRUPTCY QUESTIONNAIRE**

1. Full name and mailing address: \_\_\_\_\_  
\_\_\_\_\_
  
2. Do you own, or are you buying any real estate (land, house, lot, mobile home)? Yes or No  
Value: \_\_\_\_\_ Amount owed on property: \_\_\_\_\_  
Who do you make your payments to? \_\_\_\_\_  
Are you current on your payments? Yes or No
  
3. Are you married, single, divorced or separated? \_\_\_\_\_
  
4. Have you been ordered to pay any child support or alimony? Yes or No  
a. If so, are you current on your payments? Yes or No
  
5. Have you ever filed bankruptcy? Yes or No
  
6. Have you been dismissed from any bankruptcy proceeding in the last two (2) years? Yes or No
  
7. Have you received any credit counseling in the last six (6) months? Yes or No
  
8. Do you presently or did you formerly have any interest in any business which owes any debts for which you are or may be responsible? Yes or No
  
9. Do you have any furniture, jewelry, computers or appliances that you are making payments on? Yes or No
  - a. Are you current on your payments? Yes or No
  - b. Have you sold or pawned any of these types of items? Yes or No
  - c. Did you make any of these purchases in the last year? Yes or No

Creditor	Collateral	Pmt. Amt.	Value
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

10. Do you have any retirement (401k's, IRA, profit sharing, etc)? Yes or No
  - a. Have you closed any of these types of accounts or borrowed against any of these types of accounts? Yes or No

11. Do you have any cars, trucks, RV's, motorcycles, 4 wheelers, or jet skis? Yes or No
- Are you current on your payments? Yes or No
  - Have you pawned your car title? Yes or No
  - Did you make any of these purchases in the last 3 years? Yes or No

Creditor	Collateral	Pmt. Amt.	Mileage
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

12. Do you have any savings, checking, investments? Yes or No
- If so, how much do you have in each? \_\_\_\_\_
  - Have you closed any of these types of accounts or borrowed against any of these types of accounts? Yes or No

13. Are you entitled to a tax refund? Yes or No
- If you have already received a refund this year, how much did you receive? \_\_\_\_\_
  - Have you filed your tax returns for the last four (4) years? Yes or No

14. Do you owe any kind of taxes? Yes or No To whom: \_\_\_\_\_  
 Date(s) return(s) filed: \_\_\_\_\_ For what years? \_\_\_\_\_ Amount(s) owed: \_\_\_\_\_

15. Are you entitled to any inheritance? Yes or No

16. Have you seen a lawyer about anything other than bankruptcy (Divorce, lawsuits, criminal matters, etc)? Yes or No
- If so, what have you seen a lawyer about and who was it? \_\_\_\_\_

17. Have you received any class action notices in the mail? Yes or No

18. Do you have any outstanding student loans? Yes or No

19. Do you owe anyone for credit cards or department store debt? Yes or No
- Have you made any charges in the last 90 days? Yes or No
  - Have you made any payments, other than normal monthly payments, to any one creditor of more than \$600 in the past 90 days? Yes or No

Creditor	Balance Owed
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

20. Do you owe anyone for medical bills?      Yes or No
21. Have there been any lawsuits filed against you?      Yes or No
22. Are there any garnishments filed against you?      Yes or No
23. Have you had any property repossessed or foreclosed?      Yes or No
24. Have you made any gifts of more than \$200 ?      Yes or No
25. Have you given any of your family members more than \$100 in the last year?      Yes or No
26. Have you transferred, sold or given away any property during the past year?      Yes or No
27. Have you pawned anything that you own?      Yes or No
28. Have you received a paycheck advance?      Yes or No
29. Do you have any bad checks outstanding?      Yes or No
30. Are you responsible for paying any restitution?      Yes or No
31. Monthly salary after taxes (you)      \_\_\_\_\_  
 Monthly salary after taxes (spouse)      \_\_\_\_\_  
 Odd jobs:      \_\_\_\_\_  
 Child support you receive monthly:      \_\_\_\_\_  
 Family or significant other help      \_\_\_\_\_  
 Food stamps:      \_\_\_\_\_  
 Social security (you)      \_\_\_\_\_  
 Social security (your family)      \_\_\_\_\_  
 Any other income: (describe)      \_\_\_\_\_

32. Normal monthly expenses:

1. Rent or mortgage: \_\_\_\_\_
2. Telephone (regular and cell) \_\_\_\_\_
3. Power \_\_\_\_\_
4. Gas \_\_\_\_\_
5. Water/Garbage \_\_\_\_\_
6. Cable \_\_\_\_\_
7. Home Maintenance: \_\_\_\_\_
8. Food: \_\_\_\_\_
9. Clothing: \_\_\_\_\_
10. Medical/dental( not covered by insurance): \_\_\_\_\_
11. Gasoline: \_\_\_\_\_
12. Charitable contributions: \_\_\_\_\_
13. Insurance (homeowner): \_\_\_\_\_
14. Insurance (life): \_\_\_\_\_
15. Insurance (auto): \_\_\_\_\_
16. Insurance (other, cancer, burial, etc): \_\_\_\_\_
17. Taxes: \_\_\_\_\_
18. Installment payments: \_\_\_\_\_
19. Alimony/child support paid: \_\_\_\_\_
20. Any other expenses:(restitution, etc) \_\_\_\_\_

**TOTAL** \_\_\_\_\_