

JOHN W. HARGRAVE & ASSOCIATES

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INITIAL CONSULTATION AGREEMENT

Thank you for coming to the Law Offices of John W. Hargrave & Associates. This letter is our initial consultation agreement.

I understand that I have come to the Law Offices of John W. Hargrave & Associates to discuss a legal situation.

I understand that by signing this initial consultation agreement, I am not retaining the Law Offices of John W. Hargrave & Associates, nor am I entitled to have any work done by the law firm until a retainer agreement is executed by all parties.

I understand that there will be no charge for this initial consultation which shall be a maximum of one (1) hour. After one hour, Mr. Hargrave may, at his discretion, extend the length of the free consultation or may advise me that any further discussions will be billed at his then applicable hourly rate after I sign a separate written engagement/retainer agreement.

For an initial free bankruptcy consultation, Mr. Hargrave shall provide the following services:

- A. To the extent possible, based on the information provided by you, advise you of the available options as to bankruptcy.
- B. If you have not provided Mr. Hargrave with sufficient information which is needed to advise you as to your options, then Mr. Hargrave shall inform you what information you need to provide to enable him to provide such advise and information.
- C. Advise you of the requirements placed upon the Client to file a Chapter 7 or 13 bankruptcy.
- D. To the extent possible, quote you an estimated fee for the Firm's services to provide bankruptcy assistance or other legal services (if applicable) to you.

I further acknowledge that the first date upon which the Law Offices of John W. Hargrave & Associates has first offered to provide me with bankruptcy assistance is this date and Mr. Hargrave has provided me with the following:

- 1) Notice mandated by Section 527(a)(2) of the Bankruptcy Code; and
- 2) Notice mandated by Section 527(b) of the Bankruptcy Code.

JOHN W. HARGRAVE & ASSOCIATES

Dated:

By:

JOHN W. HARGRAVE, ESQUIRE

Acknowledged:

X _____

X _____

Name: _____ Date: _____

Name: _____ Date: _____

Address: _____

Home Phone: _____

Cell Phone: _____

HOUSEHOLD INCOME

NAME _____		SPOUSE NAME _____	
Occupation:		Spouse's Occupation:	
Employer's Name:		Employer's Name:	
How Long Employed There ?:		How Long Employed There ?:	
Address:		Address:	
DEPENDENTS			Marital Status:
Name	Age	Relationship	
			<input type="checkbox"/> Married <input type="checkbox"/> Single
			<input type="checkbox"/> Separated <input type="checkbox"/> Divorced
			<input type="checkbox"/> Separate Expenses
INCOME		YOU	SPOUSE
		Pay Period (how often) <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Semi-monthly <input type="checkbox"/> Monthly	Pay Period (how often) <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Semi-monthly <input type="checkbox"/> Monthly
EARNINGS PER PAY PERIOD			
Gross Pay per Pay Period			
Estimated Overtime per Pay Period			
PAYROLL DEDUCTIONS PER PAY PERIOD			
Payroll Taxes and Social Security			
Insurance			
Union Dues			
Retirement			
Pension Loans			
Alimony/Child Support			
Other Deductions:			
TAKE HOME PAY PER PAY PERIOD			
Regular Income from Business			
Income from Real Property			
Pension and Retirement Income			
Alimony Received			
Soc. Sec./Govt. Assist., explain:			
Other Monthly Income:			
Other Monthly Income:			
Other Monthly Income:			
TOTAL COMBINED MONTHLY INCOME			

MONTHLY EXPENSES

HOUSING EXPENSES			
Rent or 1 st mortgage payment	\$ _____		
2 nd mortgage/home equity loan	\$ _____		
Home maintenance (repairs and upkeep)	\$ _____		
Electricity	\$ _____		
Heat	\$ _____		
Water / Sewer (monthly)	\$ _____		
Cable	\$ _____		
Telephone	\$ _____		
Cell Phones	\$ _____		
Internet Access	\$ _____		
Real Estate Taxes (not included in mtg)	\$ _____		
TOTAL HOUSING EXPENSES			\$ _____

FOOD, CLOTHING, MEDICAL		
Food - Groceries	\$ _____	
Outside Meals	\$ _____	
Clothing	\$ _____	
Health Insurance (not paid out of pay check)	\$ _____	
Medical, dental and prescription costs & co-pays ..	\$ _____	
Alimony, maintenance, and support paid to others ..	\$ _____	
Day care expenses & Babysitting expenses	\$ _____	
TOTAL FOOD, CLOTHING, MEDICAL EXPENSES		\$ _____

TRANSPORTATION		
Gas	\$ _____	
Insurance	\$ _____	
Maintenance & Repairs	\$ _____	
Tolls/Parking	\$ _____	
Auto #1	\$ _____	
Auto #2	\$ _____	
TOTAL TRANSPORTATION EXPENSES		\$ _____

OTHER DEBT PAYMENTS		
Student Loans	\$ _____	
Computers/TV's & Other Appliances	\$ _____	
Furniture Loans	\$ _____	
Credit Cards (minimum monthly payment)	\$ _____	
TOTAL OTHER DEBT PAYMENTS		\$ _____

MISCELLANEOUS	
Education (including tuition & school books)	\$ _____
Other _____	\$ _____
Other _____	\$ _____
Other _____	\$ _____
Other _____	\$ _____
Other _____	\$ _____
Other _____	\$ _____
Other _____	\$ _____
Other _____	\$ _____
TOTAL MISCELLANEOUS PAYMENTS	\$ _____

TOTAL MONTHLY EXPENSES	\$ _____
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SUMMARY

Net Household Income \$ _____

Household Expenses \$ _____

CASH FLOW → → → → → → → → → → \$ _____

Quick Summary Form

HOUSE 2 nd property - check box <input type="checkbox"/>	Who owns it <small>circle answer</small> H - W - Both- Other
Address	What do you think its worth?

Mortgages/Home Equity Loans Name of company Abbreviate	How much is owed approximately	How many payments behind 0-1-2-3-more
#1		_____ foreclosure started? Y or N If Y, when _____
#2		_____ foreclosure started? Y or N If Y, when _____

Cars Year/Make/Model	Financed or Leased Approx Amount Owed	How many payments behind 0-1-2-3-more
#1		
#2		

Credit Cards	How Many	Total Amount Owed
You		
Spouse		
Jointly		

Other things you are financing		
Furniture/Appliances Electronics/Other	Balance Owed / Monthly Payment	How many payments behind 0-1-2-3-more

Student Loans			
		Balance Owed / Monthly Payment	Payment Status paying/deferred
H			
W			

Income Taxes			
Year	H/W joint	Balance Owed / Monthly Payment	Payment Status paying/deferred
2010			
2009			
2008			
Older			

Alimony / Child Support			
		Balance Owed / Monthly Payment	How many payments behind
H			
W			

OTHER		
Motor Vehicle Surcharges	H	W
Medical Bills	H	W

Personal Property (Schedule B)

Type of Property	Description & Location	YARD SALE VALUE
1. Cash on hand	Cash on Hand	how much cash is in your pocket
2. Checking/savings account, certificates of deposit, other bank accounts	Bank Name & Acct #	Balance in accts
3. Security deposits held by utility companies, landlord, or others		
4. Household goods, furniture, including audio, video, and computer equipment	Household goods itemize any item worth more than \$500.00	Yard sale value/ craigs list
5. Books, pictures, art objects, records, compact discs, collectibles	itemize any item worth more than \$500.00	Yard sale value/ craigs list
6. Clothing		Yard sale value
7. Furs and jewelry	itemize any item worth more than \$500.00	Yard sale value
8. Sports, photographic, hobby equipment, firearms	itemize any item worth more than \$500.00	Yard sale value/ craigs list
9. Interest in insurance policies-specify refund or cancellation value	Do you have any life insurance policies - Term or Whole (circle one)	For Whole Life Policies, list cash surrender value

Type of Property	Description & Location	YARD SALE VALUE
10. Annuities		
11. Interests in pension or profit sharing plans	Do you have IRA/401K or Pension	Supply statement
12. Stock and interests in incorporated/unincorporated business	Do you now own a business, including self-employment?	
13. Interests in partnerships/joint ventures		
14. Bonds		
15. Accounts receivable		
16. Alimony/family support to which you are entitled		
17. Other liquidated debts owed to you, including tax refunds		
18. Equitable or future interests or life estates		
19. Interests in estate of decedent or life insurance plan or trust		
20. Other contingent/unliquidated claims, including tax refunds, counterclaims	Car accidents/slip & fall claims	
21. Patents, copyrights, other intellectual property		
22. Licenses, franchises		
23. Automobiles, trucks, trailers, and accessories.	Year, make & model of vehicles	

Type of Property	Description & Location	YARD SALE VALUE
24. Boats, motors, and accessories	Year, make & model	
25. Aircraft and accessories		
26. Office equipment, supplies		
27. Machinery, fixtures etc. for business		
28. Inventory		
29. Animals	Do you have any pedigree animals?	
30. Crops-growing or harvested		
31. Farming equipment and implements		
32. Farm supplies, chemicals,		
33. Other personal property of any kind not listed that is worth more than \$500.00.	itemize any item worth more than \$500.00	

Statement of Financial Affairs

1. Income from employment (wages/tips) or operation of business (commissions)
(Including Severance Pay & Tax Refunds)

Period	\$ Amount
2012 Year to date Income (h) <i>Provide pay stubs for last 60 days</i>	
2012 Year to date Income (w) <i>Provide pay stubs for last 60 days</i>	
2011 Income <i>Provide copy tax return</i>	
2010 Income <i>Provide copy tax return</i>	

2. Income other than from employment -- (ie unemployment/pension/social security/worker's compensation & temporary disability)

Period	\$ Amount
2012 Year to date Income (h)	
2012 Year to date Income (w)	
2011 Income <i>Provide copy tax return</i>	
2010 Income <i>Provide copy tax return</i>	

3. List all payments on loans, installment purchases of goods or services, and other debts, totaling more than \$600 to any creditor made within the last **90 days** .

Name and Address of Creditor and Relationship to You	Dates of Payment	Amount Paid	Amount Still Owed

4. Have you repaid any loans you made to a **family member** in the last **year** .

Name and Address of Family Member and Relationship to You	Dates of Payment	Amount Paid	Amount Still Owed

5. Law suits, executions, garnishments and attachments

a) Provide copy of all lawsuits filed against you, **or you have against others**.

b) Describe all property that has been garnished, seized, or attached under any legal or equitable process within the **last year**.

NONE *(Give us copies of pleadings or sheriff notices)*

Name and Address of Person/Company for Whom the Property Was Seized (Creditor)	Date of Seizure	Description and Value of Property

6. Repossessions, foreclosures, and returns

List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure, or returned to the seller, within **the last year** .

NONE *(Provide Documents)*

Name and Address of Creditor	Date of Repossession, Foreclosure, Transfer or Return	Description and Value of Property

7. Gifts

List all gifts to family or friends or charitable contributions made within **one year** more than \$200.00 to any person.

NONE

Name and Address of Recipient	Relationship to You, if Any	Date of Gift	Description and Value of Gift

8. Losses

List all losses from fire, theft, gambling or other casualty within **the last year**.

NONE

Description and Value of Property	Description of Circumstances and Amount Covered by Insurance, if Any	Date of Loss

Gambling losses - get records of winnings and losses from casino.

9. Other transfers (including a gift or sale of something you owned that was worth more than \$500.00)

List all other property, other than property transferred in your ordinary course of business or financial affairs, transferred either absolutely or as a security within the last **two years**.

NONE

Name and Address of Transferee and Relationship to You	Date of Transfer	Description of Property Transferred and Value Received

10. Closed financial accounts

List all financial accounts (bank accounts) and instruments held in your name or for your benefit which were closed, sold, or otherwise transferred within **the last year**.

NONE

Name and Address of Institution	Type and Number of Account & Final Balance	Amount and Date of Sale or Closing

11. Property held for another person - are you storing or holding anything that belongs to someone else.

List all property that you hold or control that is owned by another person.

NONE

Name and Address of Owner	Description and Value of Property	Location of Property

12. Prior address

If you have moved within the last **two years**, list all residences during the last two years, excluding your present address.

NONE

Address	Your Name at the Time	Dates of Occupancy

13. List any business that you have had an ownership interest in in the last six (6) years.

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NONE

Business Name	Nature of Business	Beginning & Ending Dates