

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: _____

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

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: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Separate Expenses
Name	Age	Relationship	
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 → → → → → → → → → → \$ _____