



# LAW OFFICE OF CHRIS BUSH

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## INITIAL CONSULTATION INFORMATION

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street, City, State, Zip)

Primary Phone: \_\_\_\_\_

Email: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

Single  | Married  | Divorced/Widowed  Total number living in household: \_\_\_\_\_

Do you own real estate?  No |  Yes:

Address	Sale Value		
Mortgage lender	Balance	Monthly Payment	Months Behind
2d Mortgage / Home equity line lender	Balance	Monthly Payment	Months Behind

Do you have an HOA?  No |  Yes

Any other liens?  No |  Yes

Have you received foreclosure documents (Notice of Default, Notice of Sale)?  No |  Yes

Do you have any other real estate interest?  No |  Yes:

What vehicles do you own, have any interest in, or have your name on for any reason?

Year/Make/Model	Sale Value	Lender	Loan Balance	Monthly Payment

Do you have any assets or property worth more than \$5000 (Describe)? \_\_\_\_\_

How much do you (and your spouse, if you are married) make from employment or business each month (BEFORE taxes, insurance, or other deductions)?

Me: \_\_\_\_\_ Spouse: \_\_\_\_\_

Any income from any other source? (ANYTHING that helps you pay your living expenses is income – including but not limited to Social Security, Unemployment, Disability, Insurance, WIC): \_\_\_\_\_

How much do you owe in each of the following categories (best estimate is fine):

Auto repossession:	\$ _____	Taxes:	\$ _____
Credit Cards:	\$ _____	Medical Bills:	\$ _____
Payday/cash advance loans:	\$ _____	Student Loans:	\$ _____
Child support/alimony:	\$ _____	Tickets/restitution:	\$ _____
Other _____:	\$ _____	_____:	\$ _____

Have you been sued or are you involved in any legal proceedings (explain)? \_\_\_\_\_

If you have student loans or other education-related debts, please complete the following:

Are you a US Citizen?  No |  Yes      Are you retired?  No |  Yes  
 Do you have a disability?  No |  Yes      Do you serve in the military?  No |  Yes  
 Are you employed in public service or for a non-profit?  No |  Yes

Please list the applicable schools and dates of attendance:

_____	_____	_____
Institution name	Years attended	Graduate?

_____	_____	_____
Institution name	Years attended	Graduate?

Who is collecting your education-related debts?

_____	_____	_____	_____
Collector	Balance	Monthly Payment	Last Payment Date

_____	_____	_____	_____
Collector	Balance	Monthly Payment	Last Payment Date

Were scholarships, grants, family contributions, or other assistance received by the student with regards to paying for this school?

I understand that the Law Office of Chris Bush (“Attorney”) is relying on the information provided in this form in the evaluation of my case and that if this information must be complete, truthful, and accurate to the best of my ability.

\_\_\_\_\_ (Signature) \_\_\_\_\_ (Date)

I understand that the purpose of the initial consultation is for the attorney to evaluate my circumstances to see what services he might be able to provide to assist me. I understand that the attorney is under no obligation to assist me unless and until we have executed an additional signed agreement.

\_\_\_\_\_ (Signature) \_\_\_\_\_ (Date)

THE LAW OFFICE OF CHRISTOPHER BUSH IS A "DEBT RELIEF AGENCY" AS DEFINED BY 11 USC 101(12). AMONG OTHER SERVICES, WE HELP PEOPLE FILE FOR BANKRUPTCY RELIEF UNDER THE BANKRUPTCY CODE.