



Members, Florida Bar:

Kathryn A. Hathaway, Esq.
 Board Certified in Consumer Bankruptcy
 by the American Board of Certification

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 Criminal Law – Foreclosure Defense

INITIAL CONSULTATION QUESTIONNAIRE

YOUR APPOINTMENT IS ON _____, 20__ at _____ a.m. / p.m.

Important documents to bring to consultation:

1. All pleadings from the current lawsuit (if filed).
2. All documents from bank/servicer (or their lawyers) since the problems began (statements, notices, demands etc.).
3. All documents relating to prior or ongoing workout attempts (modification, short sale etc.).
4. Anything else you feel might be important (please err on the side of bringing too much).

PERSONAL INFORMATION:

Name(s) _____

Mailing Address _____

Home Phone _____ Cell Phone _____

Email Address _____

Employer _____

How Long? _____ Work Phone _____

Spouse's Name _____

Home Phone _____ Cell Phone _____

Email Address _____

Employer _____

How Long? _____ Work Phone _____

Children at home? Y / N How many? _____ Ages _____

How many people live in your household? _____

What are you hoping this office can do for you? _____

Have you seen our website at www.hathawaylaw.net? Yes / No Was it helpful Yes / No
 How did you hear of Hathaway Sprague Law, P.A.? (Circle all that apply)

Sprint Yellow Pages?	Talking Phone Book Yellow Pages?	Bell South Yellow Pages?	Referral from a person? Name:
Internet search:	Lawyers.com	Findlaw.com	Other:

Loan / Mortgage Information:

1. Are you current on your Mortgage? Y / N If no, how many months behind?
How much are you delinquent? _____
2. Is there a Foreclosure in process (i.e. served with a complaint)? Y / N What County?
Case No.: _____ Date Served? _____
Have you responded to the court?
3. Name(s) on the Deed? _____
4. Interest Rate? _____ Balance owed? _____ Monthly payments _____
5. Name(s) on the Mortgage and Note: _____
6. Have you applied for a modification with the current lender? Y / N
If yes, were you approved? _____ If denied, what was the reason given? _____

Information regarding property in default

Address of Property (if different from mailing address)

Names of all Co-owners

Year Purchased _____ Original Purchase Price _____ Current Value _____

Owner Occupant?
At purchase? Yes _____ No _____
Now? Yes _____ No _____

Multi-Family Home? Yes _____ No _____

Name of tenants _____

Rent received _____

Condition: Excellent ____ Good ____ Fair ____ Poor ____

Major repairs needed
Describe: _____

Other Mortgages or Liens: _____

MONTHLY INCOME AND EXPENSE STATEMENT

INCOME (Monthly):	Homeowner	Spouse	Total
Income	\$ _____	\$ _____	\$ _____
Self-employment	\$ _____	\$ _____	\$ _____
Child Support/Alimony	\$ _____	\$ _____	\$ _____
Social Security Income	\$ _____	\$ _____	\$ _____
Income from Pension	\$ _____	\$ _____	\$ _____
Other	\$ _____	\$ _____	\$ _____
Totals:	\$ _____	\$ _____	\$ _____

EXPENSES:

Rent/Mortgage	\$ _____
Utilities	\$ _____
Sewer/Water	\$ _____
Phone	\$ _____
Cable	\$ _____
Home Maintenance	\$ _____
Food	\$ _____
Clothing	\$ _____
Medical/Dental expenses (uninsured)	\$ _____
Transportation (gas, repairs & oil changes)	\$ _____
Recreation, clubs, entertainment, newspapers, etc.	\$ _____
Charity	\$ _____

Insurance

House (if not included in mortgage payment):	\$ _____
Life:	\$ _____
Health (not deducted from wages):	\$ _____
Auto:	\$ _____
Other:	\$ _____

Monthly payments

Auto:	\$ _____
Furniture:	\$ _____
Day Care:	\$ _____
Student loans:	\$ _____
Credit Cards:	\$ _____
Other:	\$ _____

Alimony/Child support paid to others: \$ _____

Other Expenses: _____ \$ _____

Total Expenses: \$ _____

Other Outstanding Debts:

	\$ _____
	\$ _____
	\$ _____
	\$ _____

Total Debts (excluding mortgage): \$ _____