

Initial Office Evaluation Information  
for

---

(Includes Foreclosure Defense Information)

Please complete and bring to the free initial consultation!

Maurice Johnson, JD LLM (Master of Laws)  
Johnson Law Corporation  
7700 E. Arapahoe Road, #255  
Centennial, CO 80112  
(South side of Arapahoe Road, about 2/3 mile west of I-25)  
Phone: (303) 804-9898  
Fax: (303) 804-9899  
[maj@BillsPlan.com](mailto:maj@BillsPlan.com)  
[www.BillsPlan.com](http://www.BillsPlan.com)

**Information For Initial Office Evaluation  
(Includes Foreclosure Defense)**

**I. Client Information**

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

Names(s) \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Best Time to Reach: \_\_\_\_\_

Marital Status: \_\_\_\_\_

Spouse's Name if married: \_\_\_\_\_

Children at home (names and ages): \_\_\_\_\_

\_\_\_\_\_

Others in Household: \_\_\_\_\_

**II. Information About Home:**

Address if Different from Address Above: \_\_\_\_\_

Name of All Co-Owners: \_\_\_\_\_

w/Address if Different \_\_\_\_\_

Year Purchased: \_\_\_\_\_

Original Purchase Price: \_\_\_\_\_

Estimate of Current Value: \_\_\_\_\_

Owner Occupant? At Purchase? Yes \_\_\_ No \_\_\_ Presently? Yes \_\_\_ No \_\_\_

Multi-Family Home? Yes \_\_\_ No \_\_\_ Number of tenants and rent received \_\_\_\_\_

Major Repairs needed? Yes \_\_\_ No \_\_\_ Describe \_\_\_\_\_

Number of Mortgages/Loans One \_\_\_ Two \_\_\_ Three \_\_\_ Four \_\_\_

Other Liens such as Taxes, HOA, Judgments, etc. \_\_\_\_\_



**Part 2: Other Mortgages and Liens**

Yes \_\_\_\_\_ No \_\_\_\_\_

Describe:

Lender: \_\_\_\_\_ Principal Balance: \_\_\_\_\_  
 Date of Loan: \_\_\_\_\_ Payment Amount: \_\_\_\_\_  
 Date Last Payment Made: \_\_\_\_\_

Lender: \_\_\_\_\_ Principal Balance: \_\_\_\_\_  
 Date of Loan: \_\_\_\_\_ Payment Amount: \_\_\_\_\_  
 Date Last Payment Made: \_\_\_\_\_

Other Liens and/or Judgments

Amount: \_\_\_\_\_ Creditor: \_\_\_\_\_

Other (such as HOA dues): Amount: \_\_\_\_\_ Creditor: \_\_\_\_\_

**IV. Household Financial Information** (Indicate amounts for each person, if more than one income)

<b>Income Budget for Household</b>		
<b>Source of Income</b>	<b>Last Month Actual</b>	<b>This Month Expected</b>
Employment	\$	\$
Overtime	\$	\$
Child Support/Alimony	\$	\$
Pension	\$	\$
Interest	\$	\$
Dividends	\$	\$
Rent Income	\$	\$
Unemployment-Other Benefits	\$	\$
Medical/Dental Insurance	\$	\$
Other (list)	\$	\$
	\$	\$
	\$	\$
<b>TOTAL MONTHLY</b>	<b>\$</b>	<b>\$</b>
Changes during the <u>previous</u> 6 months? If yes, explain: _____		
Anticipated Changes to the above? If yes, explain: _____		

## Expense Budget for Household

Type of Expense	Last Month Actual	This Month Expected
<b>Payroll Deductions</b>		
Federal Income Tax	\$	\$
State Income Tax	\$	\$
Social Security	\$	\$
FICA: Medicare	\$	\$
Union	\$	\$
Credit Union	\$	\$
Other Wage Deduction	\$	\$
<b>Home Related Expenses</b>		
Mortgage or Rent	\$	\$
Second Mortgage	\$	\$
Third Mortgage	\$	\$
Condo/HOA Dues	\$	\$
Property Taxes	\$	\$
Property Insurance	\$	\$
Home Maintenance/Upkeep	\$	\$
<b>Utilities</b>		
Gas	\$	\$
Electric	\$	\$
Water and Sewer	\$	\$
Telephone Regular Line (Qwest)	\$	\$
Cell Phone	\$	\$
Cable/Satellite	\$	\$
Other	\$	\$
Food	\$	\$
Clothing	\$	\$
Laundry and Cleaning	\$	\$
<b>Medical Expense</b>		
Current Needs	\$	\$
Prescriptions	\$	\$
Dental	\$	\$
Other	\$	\$
	\$	\$

<b>Transportation</b>		
Auto Payments: #1	\$	\$
Auto Payments: #2	\$	\$
Auto Insurance	\$	\$
Gas and Maintenance	\$	\$
Public Transportation	\$	\$
<b>Other Payments</b>		
Child Support	\$	\$
Maintenance (Alimony)	\$	\$
Credit Card	\$	\$
Credit Card	\$	\$
Credit Card	\$	\$
Credit Card	\$	\$
Credit Card	\$	\$
Credit Card	\$	\$
Student Loan Payments	\$	\$
Medical Bills	\$	\$
Recreation	\$	\$
Co-signed Debts (list)	\$	\$
Business Debt (list)	\$	\$
Business Debt (list)	\$	\$
	\$	\$
<b>TOTAL</b>	\$	\$

<b>Income and Expense Totals</b>		
	<b>Last Month Actual</b>	<b>This Month Expected</b>
Total Projected Monthly Income	\$	\$
Total Projected Monthly Expenses	\$	\$
Monthly Excess Income or Shortfall	\$	\$

**Other Important Debt Issues:**

Wage Garnishment Pending:	Yes _____	No _____	
Court Case Pending	Yes _____	No _____	
Utility Shut-Off	Yes _____	No _____	
Car Loan Default or Repossession	Yes _____	No _____	
Tax Debts	Yes _____	No _____	Amount _____
Student Loan Debts	Yes _____	No _____	Amount _____
Other:	Yes _____	No _____	Amount _____

Anticipated Changes: \_\_\_\_\_  
 \_\_\_\_\_

**Describe Assets and Other Resources:**

Savings	Yes _____	No _____	Amount _____
Court Cases or Claims Against Others	Yes _____	No _____	Amount _____
Anticipated Tax Refunds	Yes _____	No _____	Amount _____
Assets Which Can Be Sold	Yes _____	No _____	Amount _____
Pension or Retirement Funds	Yes _____	No _____	Amount _____

Describe any of the above: \_\_\_\_\_  
 \_\_\_\_\_

**V. Other Information**

1. Has Client made an effort to arrange a workout? \_\_\_\_\_  
 What result if an attempt was made? \_\_\_\_\_  
 \_\_\_\_\_
  
2. Has client filed bankruptcy? Chapter 7 \_\_\_\_\_ Chapter 13 \_\_\_\_\_ When \_\_\_\_\_
  
3. Questions and Issues that must be resolved? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Please attach a copy of last month of pay stubs for each wager earner.**

**Please attach a copy of a recent credit report, if you have one. (AnnualCreditReport.com)**