

APPOINTMENT

This Letter will confirm your appointment of _____ (day)
_____, 200____, at _____ at our law
office.



DAVID F. FALVEY
ATTORNEY AT LAW
ACTION ADVOCACY
258 ROUTE 12, GROTON, CT 06340
TEL. 449-1510 FAX 449-8046

I welcome the opportunity and challenge of trying to assist you in solving your financial problems. My law office is uniquely prepared to develop a definite plan of action to control your debts or eliminate all debts.

At your free financial consultation, we will give you a general informational consultation on budget analysis, debt management, budget control and credit correction or erasing bad credit reports. This is what we refer to as our **debt-management** solution or option. Of course, we know that no one wants to use bankruptcy when it can be avoided.

Also, at your free financial consultation, we will give you a general consultation on bankruptcy solutions. I will explain Chapter 7 and Chapter 13 of the United States Code. I will answer your questions regarding some of the following: discharging all debts, keeping your house and car, re-establishing credit.

I cannot over-emphasize the importance of being prepared when you come to our office. You must complete the enclosed worksheets to the best of your ability. Bring all bills and documents pertaining to your debts with you. **ESPECIALLY BRING YOUR CAR PAYMENT BOOKLET IN ORDER FOR US TO ANALYZE WHETHER YOUR CAR PAYMENT CAN BE REDUCED!! CALL YOUR FINANCE COMPANY AND OBTAIN THE LOAN BALANCE** \$_____, **NUMBER OF PAYMENTS REMAINING** _____ **AND INTEREST RATE** _____%.

Your initial free consultation will take approximately an hour. The consultation will be given in 2 parts. Part one, I will give you background information on debt management solutions and Chapter 7 and Chapter 13 of the Bankruptcy Code. The second part of the consultation, my staff and I will analyze your income, expenses, debt structure and make recommendations to you either for a **debt management** or debt cancellation solution or in some cases, both.

It is imperative that you complete the enclosed form and follow closely the instructions of this letter in order to give you a complete and thorough professional recommendation for any of your financial problems.

CLIENT INFORMATION

Instructions: This form is provided in order to efficiently establish your financial picture. Please answer all parts.

Full Name			Full Name		
Address			Address		
Home Telephone			Home Telephone		
Office Telephone			Office Telephone		
Social Security Number	Date of Birth	Ages of Dependents	Social Security Number	Date of Birth	Ages of Dependents

INCOME INFORMATION

Client #1 Husband: Occupation		Client #2 Spouse: Occupation	
Employer	Gross Monthly Income \$	Employer	Gross Monthly Income \$
Deductions:	Net Take Home Pay \$	Deductions:	Net Take Home Pay \$
Federal Taxes \$	Retirement Income \$	Federal Taxes \$	Retirement Income \$
State Taxes \$	Unemployment Income \$	State Taxes \$	Unemployment Income \$
Social Security \$	Alimony/Child Support \$	Social Security \$	Alimony/Child Support \$
Credit Union \$	Rental Income \$	Credit Union \$	Rental Income \$
Other \$	Worker's Compensation \$	Other \$	Worker's Compensation \$
Total Deductions \$	Other \$	Total Deductions \$	Other \$

ASSETS

Real Estate #1: What is the Fair Market Value? \$		Address	
Name of Bank	1st mortgage balance \$		%
Name of Bank	2nd mortgage balance \$		%
Name of Bank	3rd mortgage balance \$		%
lien/attachment	balance \$		
lien/attachment	balance \$		
Real Estate #2: What is the Fair Market Value? \$		Address	
Name of Bank	1st mortgage balance \$		%
Name of Bank	2nd mortgage balance \$		%
Name of Bank	3rd mortgage balance \$		%
lien/attachment	balance \$		
lien/attachment	balance \$		
Cash: Savings \$	Retirement \$	401K \$	
Cash Value Insurance \$	Settlement \$	Inheritance \$	Other \$
Automobiles: Yr/Make/Model	NADA FMV	Monthly Payment \$	Loan Balance \$
Yr/Make/Model	NADA FMV	Monthly Payment \$	Loan Balance \$

LIVING EXPENSES: MONTHLY

HOUSING:	TRANSPORTATION:	PERSONAL:
Rent/Mortgage \$	Auto Payment \$	Hair Cuts \$
2nd Mortgage \$	Gas/Oil \$	Cosmetics \$
Property Taxes \$	Car Insurance \$	Hosiery \$
Condo fees \$	Car Repair \$	Vacations \$
	Taxis/Bus \$	Cigarettes \$
UTILITIES:		Alcohol \$
Heating Oil \$	TAXES:	Gifts
Gas \$	Real Estate Taxes \$	Books \$
Electric \$	Car Taxes \$	Papers \$
Water \$	Other \$	Magazines \$
Trash Removal \$		Entertainment \$
Telephone \$	INSURANCE:	Church \$
Cable TV \$	Life Insurance \$	Dues \$
	Disability \$	Donations \$
FOOD:	Contents \$	Other \$
Groceries \$	Disability \$	
Household \$		CHILD EXPENSES:
Supplies \$	MEDICAL:	Day Care \$
Restaurants: Lunch \$	Dental \$	Tuition \$
Restaurants: Dinner \$	Orthodontic \$	Alimony/Child Support \$
	General Medical \$	
CLOTHING:	Medicine \$	OTHER:
General \$		Pet Food \$
Shoes \$		Pet Care \$
Laundry \$		
Dry Cleaning \$		
		Total Expenses \$

List only credit card debt in this section, i.e. Master Card, Visa, Citibank, Discover, Exxon, Sears, Filene's, J.C. Penney's, Bradley's Jordan Marsh, D&L, etc.

Credit Card Name	Account #	Interest Rate %	Monthly Payment	Total Balance
1) Sears			\$	\$
2) MasterCard			\$	\$
3)			\$	\$
4)			\$	\$
5)			\$	\$
6)			\$	\$
7)			\$	\$
8)			\$	\$
9)			\$	\$
10)			\$	\$
11)			\$	\$
12)			\$	\$
13)			\$	\$
14)			\$	\$
15)			\$	\$
16)			\$	\$
17)			\$	\$
TOTAL			\$	\$

List all other debts including personal loans, student loans, car loans, medical bills, hospital bills, utility bills, cable tv, fuel bills, judgments, general debts such as for magazines subscriptions, rent, property damage, any obligation for which you owe.

Name of Creditor	Account #	Interest Rate %	Monthly Payment	Total Balance
1) car loan			\$	\$
2) car loan			\$	\$
3) personal loan			\$	\$
4) personal loan			\$	\$
5) student loan			\$	\$
6) medical			\$	\$
7) medical			\$	\$
8) medical			\$	\$
9) hospital			\$	\$
10) utility			\$	\$
11) cable tv			\$	\$
12) fuel bill			\$	\$
13) judgment			\$	\$
14) magazines			\$	\$
15)			\$	\$
16)			\$	\$
17)			\$	\$
TOTAL			\$	\$