

Personal		
Name		
Street Address		
City	State	Zip
Mailing Address		
City	State	Zip
Date of Birth	Driver License # (State) *please attach photocopy	Social Security #
Phone	Cell	e-Mail
Work		
Employer		
Street Address		
City	State	Zip
Company Phone	Direct Phone	e-Mail
Spouse Personal		
Name		
Date of Birth	Driver License # (State)	Social Security #
Phone	Cell	e-Mail
Spouse Work		
Employer		
Street Address		
City	State	Zip
Company Phone	Direct Phone	e-Mail
Family/Friends/Emergency Contacts		
Name 1		Relationship
Address		
City	State	Zip
Phone	Cell	e-Mail
Name 2		Relationship
Address		
City	State	Zip
Legal Status		
Are you a U.S. citizen? Yes <input type="checkbox"/> No <input type="checkbox"/>	If no, are you a permanent U.S. resident? Yes <input type="checkbox"/> No <input type="checkbox"/>	If no, country of citizenship:
Planned Travel / Move		

The Frasher Law Firm, P.C.. Client Debt/Credit Intake (317)-634-5544

Are you planning to travel for extended periods of time (more than 2 weeks)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, explain briefly:				
Are you contemplating moving away from Indiana?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, explain briefly:				
Litigation Disposition							
Are you prepared to file a lawsuit or counter-claim against your opponents?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If no, briefly explain:				
Are you prepared to assist in the litigation of such a lawsuit or counter-claim?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If no, briefly explain:				
Are you prepared to testify at deposition in such a lawsuit or counter-claim?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If no, briefly explain:				
Are you prepared to attend trial in a such a lawsuit or counter-claim?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If no, briefly explain:				
Military Service							
Have you served in the U.S. Armed Forces? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, how long?		If yes, what was your rank?		If yes, type of discharge?		
Debt/Credit Industry Work							
Have you ever worked for a debt collection company?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, which?				
Have you ever worked for a credit bureau?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, which?				
Prior Litigation							
Have you ever sued anyone?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, explain:				
Have you ever been sued?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, explain:				
Have you ever been charged with or arrested for a crime?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, explain:				
Bankruptcy							
Have you ever filed bankruptcy?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, date:	If yes, what is the name of your lawyer:			
Are you considering filing bankruptcy?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, why?				
Credit Reports							
Do you have a <u>current</u> credit report from TransUnion ?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If not, have you ordered it?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, date: Ordered by phone <input type="checkbox"/> by mail <input type="checkbox"/>	
Do you have a <u>current</u> credit report from Experian ?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If not, have you ordered it?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, date: Ordered by phone <input type="checkbox"/> by mail <input type="checkbox"/>	
Do you have a <u>current</u> credit report from Equifax ?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If not, have you ordered it?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, date: Ordered by phone <input type="checkbox"/> by mail <input type="checkbox"/>	
Do you have <u>old</u> credit reports from:	TransUnion ?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Experian? Yes <input type="checkbox"/>	No <input type="checkbox"/>	Equifax? Yes <input type="checkbox"/>	No <input type="checkbox"/>
Credit Applications							
Have you applied for credit in the last 2 years?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, from whom?				
Collection							

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Have you received collection letters? Yes No If yes, from whom?

Have you spoken with any debt collectors? Yes No If yes, with whom?

Do you have recorded voice mail messages from collectors? Yes No If yes, from whom?

Debt Records

Do you have records (statements, checks, contracts, *etc.*) pertaining to the debts in question? Yes No If yes, what?

Complaints

Have you complained to the entity that is causing the problem for which you seek our representation? Yes No If yes, explain:

Have you complained to anyone else (for example, the Better Business Bureau, Federal regulators, *etc.*) Yes No If yes, explain:

Other Parties

Are there other persons involved in the transaction for which you seek our representation (for example, co-signers or relatives)? Yes No If yes, who?

Witnesses

Identify persons or companies that may possibly have information about your problem?

Referral

How were you referred to us?

Other Lawyers

Have you **contacted** other lawyers about this problem? Yes No If yes, who?

Have you **hired** another lawyer to represent you in this problem? Yes No If yes, who?

Expectations

Describe what you expect to accomplish from our representation:

Signature: _____ Date _____

Additional Information/Notes

(If you did not have enough space elsewhere on this form, please include any additional information below.)