



**ROARK**  
LAW OFFICES

Because you deserve a fresh start.™

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**NOTE: By filling out this form you agree that nothing contained herein shall create an attorney-client relationship with us. Before Roark Law Offices or Holly Roark will represent you, Roark Law Offices requires a written agreement for legal representation signed by you and the attorney(s), and any required payment.**

**ROARK LAW OFFICES FREE EVALUATION FORM**

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

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

Head of Household: \_\_\_\_\_  
(Last), (First) (Middle)

Spouse/Registered Domestic Partner: \_\_\_\_\_  
(Last), (First) (Middle)

Your Street Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Have you lived in California for the last 2 ½ years?  Yes  No If not, what other states have you lived in during the past 2 ½ years? \_\_\_\_\_ Please list the dates of residence in each state. \_\_\_\_\_

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

Divorced  Married  Registered Domestic Partners  Separated  Single  Widowed

Spouse's/Registered Domestic Partner's Address (If different from above):

\_\_\_\_\_

Spouse's/Registered Domestic Partner's E-mail Address: \_\_\_\_\_

Head of Household Birth date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Filing Spouse's/Registered Domestic Partner's Birth date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Dependents: (ages only) \_\_\_\_\_

Home Phone No.: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Work: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Mobile: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Head of Household Occupation: \_\_\_\_\_

Spouse's/Registered Domestic Partner's Occupation: \_\_\_\_\_

## **PRELIMINARY INFORMATION**

### **1. MONTHLY INCOME AND EXPENSE ESTIMATE**

#### **Head of Household:**

How long have you been at your present employment? \_\_\_\_ Months \_\_\_\_ Years

Do you have other income? \_\_\_\_ Yes \_\_\_\_ No

How much tax refund were you entitled to for the last tax year \$ \_\_\_\_\_

How often are you paid? \_\_\_\_ Weekly \_\_\_\_ Every Other Week

\_\_\_\_ Twice A Month \_\_\_\_ Monthly

Your Gross take home: Per payday: \$ \_\_\_\_\_ Per Month: \$ \_\_\_\_\_

Estimate monthly overtime: \$ \_\_\_\_\_

Less payroll deductions:

Payroll taxes, and Social Security: \$ \_\_\_\_\_

Insurance: \$ \_\_\_\_\_

Union Dues: \$ \_\_\_\_\_

Other: \$ \_\_\_\_\_

401K or other voluntary retirement contribution: \$ \_\_\_\_\_

401K loan payments or other retirement loan payments: \$ \_\_\_\_\_

Income from operation of a business: \$ \_\_\_\_\_

Income from real/rental property: \$ \_\_\_\_\_

Interest and Dividends: \$ \_\_\_\_\_

Alimony, maintenance or support payments payable to the debtor for the debtor's use or that of dependants: \$ \_\_\_\_\_

Social security or government assistance (specify): \$ \_\_\_\_\_

Pension or retirement income: \$ \_\_\_\_\_

Other monthly income (specify): \$ \_\_\_\_\_

Total net take home per month: \$ \_\_\_\_\_

**Spouse/Registered Domestic Partner:**

How long have you been at your present employment? \_\_\_\_\_ Months \_\_\_\_\_ Years

Do you have other income? \_\_\_\_ Yes \_\_\_\_ No

How much tax refund were you entitled to for the last tax year \$ \_\_\_\_\_

How often are you paid? \_\_\_\_ Weekly \_\_\_\_ Every Other Week

\_\_\_\_ Twice A Month \_\_\_\_ Monthly

Your Gross take home: Per payday: \$ \_\_\_\_\_ Per Month: \$ \_\_\_\_\_

Estimate monthly overtime: \$ \_\_\_\_\_

Less payroll deductions:

Payroll taxes, and Social Security: \$ \_\_\_\_\_

Insurance: \$ \_\_\_\_\_

Union Dues: \$ \_\_\_\_\_

Other: \$ \_\_\_\_\_

401K or other voluntary retirement contribution: \$ \_\_\_\_\_

401K loan payments or other retirement loan payments: \$ \_\_\_\_\_

Income from operation of a business: \$ \_\_\_\_\_

Income from real property: \$ \_\_\_\_\_

Interest and Dividends: \$ \_\_\_\_\_

Alimony, maintenance or support payments payable to the debtor for the debtor's use or that of dependants: \$ \_\_\_\_\_

Social security or government assistance (specify): \$ \_\_\_\_\_

Pension or retirement income: \$ \_\_\_\_\_

Other monthly income (specify): \$ \_\_\_\_\_

Total net take home per month: \$ \_\_\_\_\_

**TOTAL MONTHLY GROSS INCOME \$ \_\_\_\_\_**

**TOTAL MONTHLY NET INCOME \$ \_\_\_\_\_**

**2. MONTHLY COMBINED LIVING EXPENSES (if separate households, provide separate expenses on extra sheet):**

Rent or home mortgage payment (include lot rented for mobile home): \$ \_\_\_\_\_

Are real estate taxes included? Yes \_\_\_\_\_ No \_\_\_\_\_

Is property insurance included? Yes \_\_\_\_\_ No \_\_\_\_\_

Utilities, Electricity, and heating fuel: \$ \_\_\_\_\_

Water and sewer: \$ \_\_\_\_\_

Home Telephone: \$ \_\_\_\_\_

Cell phone: \$ \_\_\_\_\_

Cable: \$ \_\_\_\_\_

Internet: \$ \_\_\_\_\_

Other \_\_\_\_\_ \$ \_\_\_\_\_

Home maintenance (repairs and upkeep): \$ \_\_\_\_\_

Food: \$ \_\_\_\_\_

Clothing: \$ \_\_\_\_\_

Laundry and dry cleaning: \$ \_\_\_\_\_

Medical and dental expenses: \$ \_\_\_\_\_

Transportation (not including car payments), like gasoline, and public transportation: \$ \_\_\_\_\_

Recreation, clubs and entertainment, newspapers, magazines, etc.: \$ \_\_\_\_\_

Charitable contributions: \$ \_\_\_\_\_

Insurance (not deducted from wages or included in home mortgage payments)

Homeowner's or renter's: \$ \_\_\_\_\_

Life: \$ \_\_\_\_\_

Health: \$ \_\_\_\_\_

Disability: \$ \_\_\_\_\_

Auto: \$ \_\_\_\_\_

Other \_\_\_\_\_ \$ \_\_\_\_\_

Taxes (not deducted from wages or included in home mortgage payments)

(Specify) \_\_\_\_\_ \$ \_\_\_\_\_

Installment payments:

Auto \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

Other \_\_\_\_\_ \$ \_\_\_\_\_

Other \_\_\_\_\_ \$ \_\_\_\_\_

Alimony, maintenance, and support paid to others: \$ \_\_\_\_\_

Payments for support of additional dependents not living at your home: \$ \_\_\_\_\_

Regular expenses from operation of business, profession, or farm (attach detailed statement): \$ \_\_\_\_\_

Other \_\_\_\_\_ \$ \_\_\_\_\_

**TOTAL MONTHLY LIVING EXPENSES:** \$ \_\_\_\_\_

\*\* Do you have any additional expenses, such as child care, or care for an elderly person, out of pocket medical expenses, education expenses for children under age 18, or any other special circumstances? If so, list the details and amounts here:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**3. DO YOU OWN REAL ESTATE?** \_\_\_ Yes \_\_\_ No

If so, do you intend to keep it? \_\_\_ Yes \_\_\_ No

Are you behind in your property taxes? \_\_\_ Yes \_\_\_ No If so, how much? \$ \_\_\_\_\_

Has foreclosure been started? \_\_\_ Not Sure \_\_\_ Yes \_\_\_ No Sale date/when? \_\_\_\_\_

**4. DO YOU HAVE A VEHICLE LOAN OR LEASE?** \_\_\_ Yes \_\_\_ No

If so, do you have your own insurance on the vehicle? \_\_\_ Yes \_\_\_ No

Is the vehicle registration current? \_\_\_ Yes \_\_\_ No

Is there a danger of repossession? \_\_\_ Not Sure \_\_\_ Yes \_\_\_ No

Has this vehicle been repossessed before? \_\_\_ Yes \_\_\_ No

How much longer do the payments run? \_\_\_\_\_ Months \_\_\_\_\_ Years

**5. ASSETS:**

Do you have assets other than ordinary clothing and furniture, such as:

Vehicles, Real Estate, or luxury items not mentioned above \_\_\_\_ Yes \_\_\_\_ No

If yes, provide details, and estimated fair market value:

\_\_\_\_\_  
\_\_\_\_\_

IRA and/or Pension Plans \_\_\_\_ Yes \_\_\_\_ No

Stocks and/or Bonds \_\_\_\_ Yes \_\_\_\_ No If yes, value: \$ \_\_\_\_\_

Business Assets \_\_\_\_ Yes \_\_\_\_ No If yes, value: \$ \_\_\_\_\_

Bank Account \_\_\_\_ Yes \_\_\_\_ No If yes, value \$ \_\_\_\_\_

Claims, Lawsuits, and/or Judgments against others \_\_\_\_ Yes \_\_\_\_ No If yes, value: \$ \_\_\_\_\_

Other: (Explain) \_\_\_\_\_

6. In the PAST 90 DAYS, have you and/or your Spouse/Registered Domestic Partner charged or drawn a cash advance in excess of \$600 on any one account? \_\_\_\_ Yes \_\_\_\_ No

What for? \_\_\_\_\_

7. In the PAST 12 MONTHS, have you and/or your Spouse/Registered Domestic Partner paid \$600 or more to a relative or friend or unsecured creditor? \_\_\_\_ Yes \_\_\_\_ No

8. In that PAST FOUR YEARS have you and/or your Spouse/Registered Domestic Partner sold or transferred anything of value (such as real estate) to someone else or put something of value in another person's name? \_\_\_\_ Yes \_\_\_\_ No If so, what \_\_\_\_\_ and when \_\_\_\_\_

9. What do you consider the principle CAUSE(S) of your financial problems?

\_\_\_\_ Unemployment \_\_\_\_ Sickness/Accident \_\_\_\_ Excess credit use

\_\_\_\_ Business reverses \_\_\_\_ Poor spending habits \_\_\_\_ Family Problems

\_\_\_\_ Other: (Explain) \_\_\_\_\_

10. HAVE YOU EVER FILED A BANKRUPTCY? \_\_\_\_ Yes \_\_\_\_ No Check all that apply: \_\_\_\_ Chapter 7

\_\_\_\_ Chapter 13 \_\_\_\_ Chapter 11 \_\_\_\_ Other

When? \_\_\_\_\_ Where? \_\_\_\_\_

Attorney's Name? \_\_\_\_\_

11. IF YOU DO NOT QUALIFY FOR A CHAPTER 7 (LIQUIDATION BANKRUPTCY) WOULD YOU CONSIDER PAYING A PORTION OF YOUR BILLS IN A PAYMENT PLAN BANKRUPTCY OVER 36 TO 60 MONTHS (CHAPTER 13) IF YOU CAN QUALIFY FOR CHAPTER 13? \_\_\_\_ Yes \_\_\_\_ No

Do you owe Federal Tax? \_\_\_\_ Yes \_\_\_\_ No Year(s) and Amount(s)

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Do you owe State Tax? \_\_\_\_ Yes \_\_\_\_ No Year(s) and Amount(s)

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Are you behind in Child/Spousal Support? \_\_\_\_ Yes \_\_\_\_ No What Amount(s)

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Do you owe Student Loan(s)? \_\_\_\_ Yes \_\_\_\_ No What Amount(s)

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Are you behind in Rent? \_\_\_\_ Yes \_\_\_\_ No Which Months and Amount(s)

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Has an unlawful detainer action been filed against you? \_\_\_\_ Yes \_\_\_\_ No

When? \_\_\_\_\_

Where? \_\_\_\_\_

**12. LIST SECURED DEBTS HERE** (Mortgages, Cars, Television/Stereo, etc.)

**REAL ESTATE:**

Do you own any real estate? \_\_\_\_ Yes \_\_\_\_ No

What is the address? \_\_\_\_\_

How much is it worth? \_\_\_\_\_

List separately all mortgages and liens against the property by dollar amount \_\_\_\_\_

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1<sup>st</sup> Mortgage: Monthly Pmt. \$ \_\_\_\_\_ Bal. \$ \_\_\_\_\_ # Mo. Behind \_\_\_\_\_

2<sup>nd</sup> Mortgage: Monthly Pmt. \$ \_\_\_\_\_ Bal. \$ \_\_\_\_\_ # Mo. Behind \_\_\_\_\_

3<sup>rd</sup> Mortgage: Monthly Pmt. \$ \_\_\_\_\_ Bal. \$ \_\_\_\_\_ # Mo. Behind \_\_\_\_\_

Other: Monthly Pmt. \$ \_\_\_\_\_ Bal. \$ \_\_\_\_\_ # Mo. Behind \_\_\_\_\_

Any additional real estate:  Yes  No

Details: \_\_\_\_\_

**VEHICLE INFORMATION** (For Blue Book Value and/or NADA Guide)

1st Vehicle: YEAR \_\_\_\_\_ MAKE \_\_\_\_\_ MODEL \_\_\_\_\_

CURRENT MILEAGE \_\_\_\_\_

FINANCED  LEASED  OWNED

Pmt. \$ \_\_\_\_\_ Bal. \$ \_\_\_\_\_ # Mo. Behind \_\_\_\_\_

2nd Vehicle: YEAR \_\_\_\_\_ MAKE \_\_\_\_\_ MODEL \_\_\_\_\_

CURRENT MILEAGE \_\_\_\_\_

FINANCED  LEASED  OWNED

Pmt. \$ \_\_\_\_\_ Bal. \$ \_\_\_\_\_ # Mo. Behind \_\_\_\_\_

Are there any co-signers or Guarantors on any of your debts?  Yes  No

Which Debts? \_\_\_\_\_

**13. UNSECURED DEBTS:** ALL DEBTS that you haven't already listed MUST be listed here, even if they are uncertain, disputed or written off. Include ALL CREDIT CARDS WITH A BALANCE OWING, charge accounts, medical/dental, hospital bill(s), loans, bad checks, auto accidents, lawsuits.

Creditor Name:	Type of Debt (Misc. purchases, etc.)	Date incurred	\$Bal.	#Mos. Behind
1. _____	_____	_____	\$ _____	_____
2. _____	_____	_____	\$ _____	_____
3. _____	_____	_____	\$ _____	_____
4. _____	_____	_____	\$ _____	_____
5. _____	_____	_____	\$ _____	_____
6. _____	_____	_____	\$ _____	_____
7. _____	_____	_____	\$ _____	_____
8. _____	_____	_____	\$ _____	_____
9. _____	_____	_____	\$ _____	_____

14. Do you have more unsecured debt that is not listed here?  Yes  No What amount? \$ \_\_\_\_\_

Are your wages now being garnished?  Yes  No About to be garnished?  Yes  No



Have any lawsuits been filed against you? \_\_\_\_ Yes \_\_\_\_ No

When? \_\_\_\_\_

For What Amount? \_\_\_\_\_

Details: \_\_\_\_\_

Do you have any judgments against you? \_\_\_\_ Yes \_\_\_\_ No

When Entered? \_\_\_\_\_

What Amount? \_\_\_\_\_