

## **DOCUMENTS NECESSARY FOR YOUR FIRST OFFICE APPOINTMENT**

**Please provide the following information at the time of your appointment:**

- **Make a list of your bills and the amounts owing:** Include **ALL BILLS** having a balance (outstanding doctor bills, hospital bills, utility bills, credit cards, personal loans, mortgages, charge accounts, student loans, etc.)
- **Make a list of your assets:** Include all bank accounts, pension plans, life insurance policies, vehicles including campers, trailers, and motorcycles; cemetery plots, time-shares, real estate, any monies from income tax returns or pending lawsuits. Please list any large items you have that would be of any value.
- **Monthly income:** Please bring in your most recent pay stubs, monthly income amounts for social security, disability, unemployment, rents received, child support, or any government assistance.
- **Make a list of your monthly expenses:** Rent or mortgage, utilities, garbage, internet, food, real estate taxes, insurances, out-of-pocket medicals, daycare, schooling, etc. Do not include monthly payments to creditors.
- **Income Tax Returns:** Please furnish the last three years income tax returns.
- **Law Suits:** Bring in the paperwork regarding any lawsuits pending.
- Please bring with you your **Social Security Card and picture identification.**

*I look forward to meeting with you to discuss your financial situation.*

*Please call my office for an appointment for a free consultation.*

*Very truly yours,*

*Raymond W. Ferrario*

**RAYMOND W. FERRARIO, P.C.  
Raymond W. Ferrario, Esquire  
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## CLIENT INFORMATION SHEET

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

Last Name: \_\_\_\_\_

Spouse's Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Spouse's First Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_

Spouse's Middle Name: \_\_\_\_\_

Other names used: \_\_\_\_\_

Other names used: \_\_\_\_\_

Social Security No. \_\_\_\_\_

Spouse's  
Social Security No. \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Spouse's  
Date of Birth: \_\_\_\_\_

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

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing address (if different from above):

### Telephone Numbers:

### Spouse:

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

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

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

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

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

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

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

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

### Additional Questions:

Have you ever filed bankruptcy? Yes \_\_\_\_\_ No \_\_\_\_\_

If your answer is yes,

What Chapter? \_\_\_\_\_

Where was it filed? \_\_\_\_\_

Were you discharged? Yes \_\_\_\_\_ No \_\_\_\_\_

**CURRENT MONTHLY INCOME:**

Marital status - married\_\_\_\_, single\_\_\_\_, divorced\_\_\_\_

Dependent Children's names:

\_\_\_\_ Age \_\_\_\_  
\_\_\_\_ Age \_\_\_\_  
\_\_\_\_ Age \_\_\_\_  
\_\_\_\_ Age \_\_\_\_  
\_\_\_\_ Age \_\_\_\_

Husband's employment:

Occupation \_\_\_\_\_

Employer's Name \_\_\_\_\_

Spouse's employment:

Occupation \_\_\_\_\_

Employer's name \_\_\_\_\_

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

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

How long employed? \_\_\_\_\_

How long employed? \_\_\_\_\_

**MONTHLY INCOME**

1. Current monthly gross wages, salary and commissions

Debtor

Spouse

\$ \_\_\_\_\_

\$ \_\_\_\_\_

2. Estimated monthly overtime

\$ \_\_\_\_\_

\$ \_\_\_\_\_

3. **SUBTOTAL**

\$ \_\_\_\_\_

\$ \_\_\_\_\_

**4. LESS PAYROLL DEDUCTIONS:**

a. Payroll taxes and Social Security .....

\$ \_\_\_\_\_

\$ \_\_\_\_\_

b. Insurance .....

\$ \_\_\_\_\_

\$ \_\_\_\_\_

c. Union dues .....

\$ \_\_\_\_\_

\$ \_\_\_\_\_

d. Other, specify \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

5. **SUBTOTAL OF PAYROLL DEDUCTIONS**

\$ \_\_\_\_\_

\$ \_\_\_\_\_

6. **NET TAKE HOME PAY**

\$ \_\_\_\_\_

\$ \_\_\_\_\_

7. Regular income from operation of business or profession or farm (attach detailed statement)

\$ \_\_\_\_\_

\$ \_\_\_\_\_

8. Income from real property .....

\$ \_\_\_\_\_

\$ \_\_\_\_\_

9. Interest and dividends .....

\$ \_\_\_\_\_

\$ \_\_\_\_\_

10. Alimony, maintenance or support payments payable to the debtor for the debtor's use or that of dependents lists above

\$ \_\_\_\_\_

\$ \_\_\_\_\_

11. Social Security or government assistance .....

\$ \_\_\_\_\_

\$ \_\_\_\_\_

12. Pension or retirement income .....

\$ \_\_\_\_\_

\$ \_\_\_\_\_

13. Other monthly income, Explain \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

14. **SUBTOTAL OF INCOME REPORTED ON LINES 7 - 13**

\$ \_\_\_\_\_

\$ \_\_\_\_\_

15. **TOTAL MONTHLY INCOME** (add amounts shown on Lines 6-14)

\$ \_\_\_\_\_

\$ \_\_\_\_\_

16. **TOTAL COMBINED MONTHLY INCOME** \$ \_\_\_\_\_

17. Describe any increase or decrease in income reasonably anticipated to occur within the year following today's date. \_\_\_\_\_

**CURRENT MONTHLY EXPENDITURES:**

|   |                                       |    |
|---|---------------------------------------|----|
| 1. Rent or home mortgage payment (include lot rented for mobile home)                                       | \$                                    |    |
| a. Are real estate taxes included?     Yes ___ No ___   | \$                                    |    |
| b. Is property insurance included?    Yes ___ No ___  | \$                                    |    |
| *Second Mortgage (Home Equity) payment  | \$                                    |    |
| 2. Utilities:   |                                       |    |
| a. Electricity and heating fuel .....   | \$                                    |    |
| b. Water and sewer .....  | \$                                    |    |
| c. Telephone .....  | \$                                    |    |
| d. Garbage .....  | \$                                    |    |
| e. Cable .....  | \$                                    |    |
| f. Internet .....   | \$                                    |    |
| g. Association Dues .....   | \$                                    |    |
| 3. Home maintenance (repairs and upkeep) .....  | \$                                    |    |
| 4. Food .....   | \$                                    |    |
| 5. Clothing.....  | \$                                    |    |
| 6. Laundry and dry cleaning .....   | \$                                    |    |
| 7. Medical and dental out of pocket expenses .....  | \$                                    |    |
| 8. Transportation (not including car payments) include oil changes, tires, gas and repairs) .....           | \$                                    |    |
| 9. Recreation, clubs, entertainment, newspapers, magazines .....  | \$                                    |    |
| 10. Charitable contributions .....  | \$                                    |    |
| 11. Insurance (not deducted from wages or included in home mortgage payments)                               |                                       |    |
| a. Homeowner's or renters .....   | \$                                    |    |
| b. Life .....   | \$                                    |    |
| c. Health .....   | \$                                    |    |
| d. Auto .....   | \$                                    |    |
| e. Other .....  | \$                                    |    |
| 12. Taxes (not deducted from wages or included in home mortgage payments) (Specify) .....                   | \$                                    |    |
| 13. Installment payments .....  | \$                                    |    |
| a. Auto .....   | \$                                    |    |
| b. Student loans.....   | \$                                    |    |
| c. Other .....  | \$                                    |    |
| 14. Alimony, maintenance and support paid to others .....   | \$                                    |    |
| 15. Payments for support of additional dependents not living at your home .....                             | \$                                    |    |
| 16. Regular expenses from operation of business, profession, or farm (attach detailed statement) .....      | \$                                    |    |
| 17. Other .....   | \$                                    |    |
| <b>TOTAL</b>  | \$                                    |    |
| Describe any increase or decrease in expenditures anticipated to occur within one year from this date _____ |                                       |    |
| <b>MONTHLY NET INCOME:</b>  | (a) Total monthly income              | \$ |
|   | (b) Total monthly expenses from above | \$ |
|   | (c) Monthly net income (a. minus b.)  | \$ |

**REAL ESTATE:** List each property, time share and/or cemetery plot

1. Description of property: \_\_\_\_\_

Address of property: \_\_\_\_\_

Owned by: (husband \_\_\_\_\_, wife \_\_\_\_\_, jointly owned \_\_\_\_\_)

Names on deed: \_\_\_\_\_

Market Value (if known): \$ \_\_\_\_\_

First Mortgage Loan:

Lender: \_\_\_\_\_

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

Account Number: \_\_\_\_\_

Balance of Loan \$ \_\_\_\_\_

Second Mortgage Loan (Home Equity):

Lender: \_\_\_\_\_

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

Account Number: \_\_\_\_\_

Balance of Loan \$ \_\_\_\_\_

2. Description of second property owned: \_\_\_\_\_

Address of property: \_\_\_\_\_

Owned by: (husband \_\_\_\_\_, wife \_\_\_\_\_, jointly owned \_\_\_\_\_)

Names on Deed \_\_\_\_\_

Market Value (if known): \$ \_\_\_\_\_

First Mortgage Loan:

Lender: \_\_\_\_\_

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

Account Number: \_\_\_\_\_

Balance of Loan \$ \_\_\_\_\_

Second Mortgage Loan (Home Equity)

Lender: \_\_\_\_\_

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

Account Number: \_\_\_\_\_

Balance of Loan \$ \_\_\_\_\_

**\*\*PLEASE PROVIDE AN APPRAISAL DONE WITHIN THE PAST TWO YEARS.**

## **Attorney Raymond W. Ferrario**

### **Office Directions**

Our office is conveniently located in downtown Scranton, across from the Lackawanna County Courthouse. We are in the Scranton Life Building which is the large white office building at the intersection of Adams Avenue and Biden Street. The building has shops occupying the ground level, including the Northern Light Coffee Shop, among others.

#### **From Scranton-Carbondale Highway**

1. Take Scranton Expressway (US-11 South)
  2. Expressway turns into Mulberry Street
  3. Continue on Mulberry Street, take a right onto Franklin and continue to Lackawanna Avenue
  4. Turn Left onto Lackawanna Avenue (Go past the Steamtown Mall)
  5. Make a left onto Adams Avenue
  6. Turn right into the Medallion Parking Garage (GPS - 140 Adams Avenue, Scranton, PA) about half way down the block
  7. On foot walk right to the corner of Adams and Biden and cross Adams
  8. Our building is on the left across from the Lackawanna County Courthouse (Scranton Life Building, 538 Biden Street, Suite 528)
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#### **From Interstate 81 (North & South)**

1. Take Exit 185/President Joseph R. Biden Expressway
  2. Continue on President Joseph R. Biden Expressway
  3. Make a left at the first light (Jefferson Avenue), follow road around (Lackawanna Avenue)
  4. Take a right at the next light onto Adams Avenue
  5. Turn right into the Medallion Parking Garage (GPS - 140 Adams Avenue, Scranton, PA) about half way down the block
  6. On foot walk right to the corner of Adams and Biden and cross Adams
  7. Our building is on the left across from the Lackawanna County Courthouse (Scranton Life Building, 538 Biden Street, Suite 528)
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#### **From the Poconos**

1. Take Interstate 80 to Interstate 380 North towards Scranton (Exit 293)
2. Continue on Interstate 380 North to Interstate 81 South (left exit towards Wilkes-Barre)
3. Take Exit 185/President Joseph R. Biden Expressway
4. Continue on President Joseph R. Biden Expressway
5. Make a left at the first light (Jefferson Avenue), follow road around (Lackawanna Avenue)
6. Take a right at the next light at Adams Avenue
7. Turn right into the Medallion Parking Garage (GPS - 140 Adams Avenue, Scranton, PA) about half way down the block
8. On foot walk right to the corner of Adams and Biden and cross Adams
9. Our building is on the left across from the Lackawanna County Courthouse (Scranton Life Building, 538 Biden Street, Suite 528)