



LEGAL AID SOCIETY OF SAN DIEGO

BANKRUPTCY SELF-HELP CENTER

Via Zoom on my own device In-Person at Bankruptcy Court

Please fill out **ALL** the information **COMPLETELY**. Thank you!

Are you at risk of losing a home you own? Is it a reverse mortgage?	<input type="checkbox"/> Y <input type="checkbox"/> N If Yes, how? _____	Have you been affected by COVID-19?	<input type="checkbox"/> Y <input type="checkbox"/> N If Yes, how? _____
Trouble paying rent/mortgage? <input type="checkbox"/> Y <input type="checkbox"/> N		What is your monthly rent/mortgage? _____	
Please briefly describe why you are here: 			

Legal First Name:		Middle Name:		Last Name:	
Name, if different than Legal Name:				Date:	
Other Names Used:				Phone: Safe to Text? Y or N For voicemail? Y or N	
Address:				Email Address: Safe to email? Y or N	
City:	State:	Zip Code:	DOB:	Language:	
Last 4 your Social Security number: - _ _ _ _			Pronouns:	Gender:	
Your Race: _____		Ethnicity: Hispanic/Latino _____		Non-Hispanic/Latino _____	
Your marital status:	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Other				
Including you , how many people live in your household? _____					
How many are minors? _____		How many are veterans? _____		How many are seniors (65+)? _____	
LIVING ARRANGEMENTS: (Circle one): Apartment, rented house, rented room, rented mobile home/RV, homeless, friends, shelter or not listed – please explain: _____					
Are you a Section 8 Voucher Holder? <input type="checkbox"/> Y <input type="checkbox"/> N			Are you living in subsidized housing? <input type="checkbox"/> Y <input type="checkbox"/> N Explain: _____		
How did you find out about the Self-Help Desk? <input type="checkbox"/> Online (Google) <input type="checkbox"/> 211 Hotline Legal Aid <input type="checkbox"/> Court <input type="checkbox"/> Online (LASSD) <input type="checkbox"/> Saw Sign <input type="checkbox"/> Friends/Family <input type="checkbox"/> Online (Court) <input type="checkbox"/> Flyer <input type="checkbox"/> Other _____					
Are there any adverse parties in your matter?		<input type="checkbox"/> Y <input type="checkbox"/> N		If Yes, List: _____	
Are you a U.S. Citizen? <input type="checkbox"/> Y <input type="checkbox"/> N		Permanent Resident _____		Other Eligible Alien _____	
Have you or anyone in household served in the U.S. Armed Forces, including Reserves and National Guard?		<input type="checkbox"/> Y <input type="checkbox"/> N		Do you have a lawyer? <input type="checkbox"/> Y <input type="checkbox"/> N	
Do you have a disability? <input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Physical and/or <input type="checkbox"/> Mental <input type="checkbox"/> None			

Check any boxes that apply to you:	<input type="checkbox"/> I have already been to this Self-Help Clinic at least once before
	<input type="checkbox"/> I already filed for bankruptcy in the Past If yes, List all dates of prior Bankruptcies _____
	<input type="checkbox"/> I am not considering filing for bankruptcy
Do you have a case open with LASSD?	<input type="checkbox"/> Y <input type="checkbox"/> N

Income & Assets: Please put all bank accounts, property, and any other assets for everyone in the household, even if the value is zero:

Income Source & Owner	Gross Weekly	Gross Monthly

Assets & Owner	Easily Converted to Cash?	Asset Value
	<input type="checkbox"/> Y <input type="checkbox"/> N	
	<input type="checkbox"/> Y <input type="checkbox"/> N	
	<input type="checkbox"/> Y <input type="checkbox"/> N	

Income Ex: wages, pension, social security, disability, child/spousal support, gig economy, self-employed, EDD, etc.

Assets Ex: Retirement accts, Trust, real property, bank accts, etc.

How many vehicles do you have?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3 or more		
Vehicle #1 : <input type="checkbox"/> I own this vehicle without a loan <input type="checkbox"/> I lease <input type="checkbox"/> I have a loan (including title loans)						
Year	Make/Model	Est. Value	Monthly Pmt.	Months Behind	Loan Balance	Driven By
_____	_____	_____	_____	_____	_____	_____
Vehicle #2 : <input type="checkbox"/> I own this vehicle without a loan <input type="checkbox"/> I lease <input type="checkbox"/> I have a loan (including title loans)						
Year	Make/Model	Est. Value	Monthly Pmt.	Months Behind	Loan Balance	Driven By
_____	_____	_____	_____	_____	_____	_____
Do you have access to public transportation: <input type="checkbox"/> Yes <input type="checkbox"/> Limited <input type="checkbox"/> No						

How much money do you have in your checking account? (Estimate)	\$
How much money do you have in your savings account? (Estimate)	\$
How much do you have in your 401(k) or other retirement accounts (Estimate)	\$

Have you lived in California for the last two full years?	<input type="checkbox"/> Y <input type="checkbox"/> N	If not, what state previously?
Have you ever filed for bankruptcy?	<input type="checkbox"/> Y <input type="checkbox"/> N	Year: _____ Chapter : <input type="checkbox"/> 7 <input type="checkbox"/> 11 <input type="checkbox"/> 13
Has anyone co-signed a loan for you?	<input type="checkbox"/> Y <input type="checkbox"/> N	Relationship:
Have you co-signed a loan for anyone?	<input type="checkbox"/> Y <input type="checkbox"/> N	Relationship:
Are you currently suing anyone?	<input type="checkbox"/> Y <input type="checkbox"/> N	For what?
Do you have any potential claims against anyone?	<input type="checkbox"/> Y <input type="checkbox"/> N	For what?
Is anyone suing you?	<input type="checkbox"/> Y <input type="checkbox"/> N	For what?
Have you owned a business in the past six years?	<input type="checkbox"/> Y <input type="checkbox"/> N	
Does anyone have a claim against you for personal injury or death for driving while intoxicated?	<input type="checkbox"/> Y <input type="checkbox"/> N	

Who do you owe money to?

Check **all** that apply. Please list **approximate** amounts.

<input type="checkbox"/> Back child support/alimony:	\$ _____	<input type="checkbox"/> Money loaned by family/friends:	\$ _____
<input type="checkbox"/> Bank fees/overdraft charges:	\$ _____	<input type="checkbox"/> Store credit for furniture/jewelry:	\$ _____
<input type="checkbox"/> Back income taxes:	\$ _____	<input type="checkbox"/> Past-due utility bills:	\$ _____
<input type="checkbox"/> Bank loans/lines of credit:	\$ _____	<input type="checkbox"/> Payday/check cashing loans:	\$ _____
<input type="checkbox"/> Credit cards:	\$ _____	<input type="checkbox"/> Student loans	\$ _____
<input type="checkbox"/> Cash advances in last 70 days?	\$ _____	Name of School: _____	Federal or Private?
<input type="checkbox"/> Charges in last 90 days?	\$ _____	<input type="checkbox"/> Unpaid back rent:	\$ _____
<input type="checkbox"/> Credit union loans:	\$ _____	<input type="checkbox"/> Money you owe to anyone else:	\$ _____
<input type="checkbox"/> Medical bills:	\$ _____	<input type="checkbox"/> Medical Debts	\$ _____

IMPORTANT: Please read and sign

I understand and agree that:

- Legal Aid Society and the attorneys at the Self-Help Clinic are **not my attorneys** unless a separate retainer agreement is executed.
- **I am representing myself** with any matters discussed at the Self-Help Clinic.
- The Bankruptcy Self Help Clinic provides information and education. The Self-Help Clinic **does not give legal advice**, it only provides information education.
- All communication is confidential.

Your signature _____ **Today's date** _____

LASSD Case Num: _____

Legal Aid Society of San Diego, Inc. does not discriminate by reason of race, age, sex, sexual orientation, creed, color, national origin, ancestry, religion, political affiliation, pregnancy, disability, marital status, medical condition, genetic information, gender, gender identity, gender expression, victim of crime, military or veteran status.

CLIENT GRIEVANCE NOTICE: If you are dissatisfied with our services or because you were denied services, you may contact the Administrative Offices of the Legal Aid Society of San Diego, Inc. at 1-877-534-2524, Ext. 1780. If you do not reach a person at the time of your call, leave a message. Legal Aid Society of San Diego, Inc. will send you the proper grievance forms for you to submit.

I am a citizen of the United States: _____ **Date** _____

APPLICANT DISCLOSURE: I agree that the Legal Aid Society of San Diego, Inc. may disclose any information on this application to federal, state, local or private auditors of the Legal Aid Society of San Diego, Inc., or its subgrantees for any purpose required by law who are also bound by the attorney-client privilege. We keep all documents for no more than 6 years. After that we may destroy the documents.

I certify that the above information is true, correct, and complete to the best of my knowledge and belief.

APPLICANT'S SIGNATURE _____ **Date** _____

YOU ARE DONE! 😊 PLEASE RETURN THIS FORM TO THE FRONT DESK.

STOP



OUR VOLUNTEERS WILL COMPLETE THIS SECTION

Reasons for visit: (check all that apply)

- | | | |
|--|--|--|
| <input type="checkbox"/> Adversary proceeding | <input type="checkbox"/> Chapter 13 bankruptcy | <input type="checkbox"/> Loan modification |
| <input type="checkbox"/> Amending bankruptcy forms | <input type="checkbox"/> Relief from stay | <input type="checkbox"/> Petition preparer fraud |
| <input type="checkbox"/> Attorney misconduct | <input type="checkbox"/> Debt collection/creditor harassment | <input type="checkbox"/> Proof of claim |
| <input type="checkbox"/> Case dismissed | <input type="checkbox"/> Eviction | <input type="checkbox"/> Reaffirmation agreement |
| <input type="checkbox"/> Case closed without discharge | <input type="checkbox"/> Foreclosure | <input type="checkbox"/> Petition review before filing |
| <input type="checkbox"/> Chapter 7 bankruptcy | <input type="checkbox"/> Identity theft | <input type="checkbox"/> Other: _____ |

Volunteer notes:

Assistance/services provided:

Was their home in jeopardy in any way? Were you able to suggest anything to help them keep it?

What?

- Yes No House not in jeopardy.

Explain: _____

Referral to:

- Legal Aid Society of San Diego, Inc.
- SDCBA Lawyer Referral and Information Service
- Attorney Referral List provided to him/her
- Pro Bono Counsel
- Plans to hire an attorney (other than one we referred them to)
- No referral – will proceed pro se with case in Bankruptcy Court
- No referral – will not proceed with case in Bankruptcy Court
- Not sure what to do
- Will do nothing
- Other _____

Volunteer Name: _____