



LEGAL AID SOCIETY OF SAN DIEGO, INC.

BANKRUPTCY SELF-HELP CENTER

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

Are you at risk of losing your home?	<input type="checkbox"/> Y <input type="checkbox"/> N If so, please ask to see Fanny or Jacob when you finish this form.
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First Name:		Middle Name:	Last Name:		Date:	
Other Names Used:					Phone:	
Address:					Email Address:	
Zip Code:	State:	Alt Phone number:		DOB:	Language:	
Last 4 your Social Security number: <u>XX</u> <u>XX</u> - <u>XX</u> <u>XX</u> - _ _ _ _				Age:	Gender:	
Your Race: _____		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?		<input type="checkbox"/> Just you <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 or more				
How many are children?		How many are veterans?		How many are seniors?		
Name:		DOB:		Relationship:		
Name:		DOB:		Relationship:		
Name:		DOB:		Relationship:		
Name:		DOB:		Relationship:		
LIVING ARRANGEMENTS _____						
Trouble paying rent/mortgage?		<input type="checkbox"/> Y <input type="checkbox"/> N		What is your monthly rent/mortgage?		
How did you find out about the Self-Help Desk?						
Online (Google) <input type="checkbox"/> 211 Hotline <input type="checkbox"/> Legal Aid <input type="checkbox"/> Other _____ Online (LASSD) <input type="checkbox"/> Saw Sign <input type="checkbox"/>						
Friends/Family <input type="checkbox"/> Online (Court) <input type="checkbox"/> Flyer <input type="checkbox"/> Court						
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"/> Physical and/or <input type="checkbox"/> Mental <input type="checkbox"/> None
Please briefly describe why you are here: <div style="height: 80px; border: 1px solid black; margin-top: 5px;"></div>	

.....
 Assets: Please put all bank accounts, property, and any other assets even if the value is zero:

INCOME SOURCE	Hourly Rate/ Hours Per Week	Gross Weekly	Gross Monthly	Assets	Asset Value

Do you believe that your household income is likely to change significantly (up or down) in the near future? Yes / No
 If yes, how? _____

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.
- **I may need to hire an attorney** if the information I receive at the Self-Help Clinic does not resolve my matter.

Your signature

Today's date

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
Have you called Legal Aid for a Case Number?	<input type="checkbox"/> Y <input type="checkbox"/> N

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

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 <i>(including title loans)</i>	

Year	Make/Model	Est. Value	Monthly Pmt.	Months Behind	Loan Balance
_____	_____	\$ _____	_____	_____	\$ _____
.					
Vehicle #2 : <input type="checkbox"/> I own this vehicle without a loan <input type="checkbox"/> I lease <input type="checkbox"/> I have a loan <i>(including title loans)</i>					
Year	Make/Model	Est. Value	Monthly Pmt.	Months Behind	Loan Balance
_____	_____	\$ _____	_____	_____	\$ _____
.					

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 <u>you</u> ?	<input type="checkbox"/> Y <input type="checkbox"/> N	Relationship:
Have <u>you</u> 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 <u>potential</u> 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
Please list anything you own (<u>besides vehicles</u>), and <u>estimated</u> value: (if applicable)		
Item 1: _____		Estimated Value: \$ _____
Item 2: _____		Estimated Value: \$ _____

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"/> Back income taxes:	\$ _____	<input type="checkbox"/> Store credit for furniture/jewelry:	\$ _____
<input type="checkbox"/> Bank fees/overdraft charges:	\$ _____	<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?	\$ _____	<input type="checkbox"/> Unpaid back rent:	\$ _____
<input type="checkbox"/> Charges in last 90 days?	\$ _____	<input type="checkbox"/> Money you owe to anyone else:	\$ _____
<input type="checkbox"/> Credit union loans:	\$ _____		
<input type="checkbox"/> Medical bills:	\$ _____		

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 BY ONE OF THE FOLLOWING
METHODS TO LEGAL AID:**

Mail: Legal Aid Society of San Diego
110 South Euclid Ave.
San Diego, CA 92114

Email: BKclinic@lassd.org

Fax: 619-263-5697

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: _____