

# THE LEGAL AID BUREAU OF BUFFALO, INC. BANKRUPTCY INTAKE FORM

APPLICANT'S NAME (please print) \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY & STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_ REFERRED BY \_\_\_\_\_

AGE \_\_\_\_\_ DATE OF BIRTH \_\_\_\_/\_\_\_\_/\_\_\_\_ SS # \_\_\_\_/\_\_\_\_/\_\_\_\_ CITIZENSHIP \_\_\_\_\_

VETERAN (CIRCLE ONE): YES NO

\*\*\*\*\*

SPOUSE'S NAME \_\_\_\_\_ AGE \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

\*\*\*\*\*

SINGLE \_\_\_\_\_ MARRIED \_\_\_\_\_ SEPARATED \_\_\_\_\_ DIVORCED \_\_\_\_\_ WIDOWED \_\_\_\_\_

NUMBER OF CHILDREN IN HOUSEHOLD \_\_\_\_\_ AGES \_\_\_\_\_

**TOTAL HOUSEHOLD MEMBERS (Include Yourself)** [\_\_\_\_\_]

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## HOUSEHOLD INCOME SOURCE(S):

### Employer/Income Source

YOUR INCOME \_\_\_\_\_ \$ \_\_\_\_\_ Per \_\_\_\_\_

SPOUSE INCOME \_\_\_\_\_ \$ \_\_\_\_\_ Per \_\_\_\_\_

OTHER INCOME \_\_\_\_\_ \$ \_\_\_\_\_ Per \_\_\_\_\_

**TOTAL YEARLY HOUSEHOLD INCOME** [\_\_\_\_\_]

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## INFORMATION REGARDING THE NATURE OF YOUR PROBLEM:

### Bankruptcy Consultation.

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## **INSTRUCTIONS**

Failure to fully complete the Questionnaire will result in a delay in processing.

Please return the completed intake to our office. This can be done by mail, fax or hand delivery to the following address:

Legal Aid Bureau of Buffalo, Inc.  
290 Main St., Ste. 400  
Buffalo, NY 14202  
Attn.: INTAKE  
Fax: (716) 853-3219



# HOW ELSE CAN WE HELP YOU?

The Legal Aid Bureau of Buffalo, Inc. provides free Civil Legal Services

### Financial Issues

- I am a victim of identity theft
- I want to request my credit reports
- I am unable to pay my bills
- I have a lot of debt
- I would like help with my benefits

### Family

- I am married and would like a divorce
- Other family matters
- I would like to change my name/child's name
- I cannot afford my child support\*
- My license has been suspended because I owe arrears (back pay)
- I think I have child support orders but am not sure

\* Child support orders must be paid. An attorney can determine whether you can petition for lower payments.

### Estate Planning

- I would like a healthcare proxy & living will
- I would like to know if I need a Will

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

### Renters/Homeowners

- I am being evicted
- My rent is behind
- I rent and I think my apartment is unsafe and/or needs repairs
- My house is facing foreclosure
- My mortgage is behind
- I am homeless

### Barriers to Employment

- I have criminal convictions that prevent me from being hired
- I would like to know if my records can be sealed
- I cannot find a job

### School Aged Children

- My child's school needs are not being met
- Home schooling and remote learning rights
- My child needs an IEP

NAME: \_\_\_\_\_ TELEPHONE NO: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

NOTES/DETAILS ABOUT YOUR LEGAL ISSUE (use back of this form for additional space): \_\_\_\_\_

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

**Return this form to us and we will call you.**

ATTORNEY/STAFF USE ONLY:

Applicant was called on: \_\_\_\_\_ Appointment scheduled for: \_\_\_\_\_