



Kaplan Law Firm Student Loan Consultation Form

Please do not delete any questions on this form, if they do not apply to you, simply write N/A, thank you!

Consultation Date: How did you hear about our firm?

Name Address

City State Zip Code

Phone Number Email (preferred method of contact)

SSN (Optional) DOB (Optional) Driver's License or State Identification Number

Number in Household Number of Children

Your Current Gross Yearly Income Your Spouse's Current Gross Yearly Income

Name of Current Employer(s) Name of Spouse's Current Employer

Is your employer a non profit entity or a state, government or charitable organization 501 (c)(3)? Yes No

FEIN of current employer (can be found on w2) How long have you been employed here?

Gross Earnings per pay-period Are you paid: Are you working full-time?

Weekly Biweekly Bimonthly Monthly Yes No

Previous Employment History

Name of Your Previous Employer(s) if a non-profit 501(c) (3) employer

Dates Employed

to

FEIN (Federal Employer Identification Number)

Was this a non profit entity

Yes

No

From October 1st 2007 to present, have you ever worked for a non-profit entity (a 501 c 3), full time? (30 hours per week or more) ?

Yes

No

Name of Your Previous Employer(s) if a non-profit 501(c) (3) employer

How long were you employed by this non-profit 501(c) (3) employer? FEIN (Federal Employer Identification Number)

Name of Your Previous Employer(s) if a non-profit 501(c) (3) employer

How long were employed by this non-profit 501(c) (3) employer? FEIN (Federal Employer Identification Number)

If you have any employment that may have been a non-profit employer, please list below and provide corresponding FEIN for each.

1)

2)

3)

Do you receive Public Assistance? Yes No

Do you receive other income?

Are you a veteran? Yes No

Student Loan Information

Do you have federal student loans? Yes No

If yes, were you able to obtain your loan information from STUDENTAID.GOV? Yes No

If yes, get copy of STUDENTAID.GOV information and fill in federal loan information here, including balance, servicer and if in default please indicate.

Do you know of any upcoming court hearings or other deadlines? Yes No

If yes, fill in: Do you have private loans? Yes No Please complete private student loan information in Section IV

What schools did you attend? (List all)

School 1:

Check each that applies:

Federal student loans	Yes	No	Private student loans	Yes	No	Dates attended	
Did you complete?	Yes	No	If yes, what credential did you obtain?				to

School 2:

Check each that applies:

Federal student loans	Yes	No	Private student loans	Yes	No	Dates attended	
Did you complete?	Yes	No	If yes, what credential did you obtain?				to

School 3:

Check each that applies:

Federal student loans	Yes	No	Private student loans	Yes	No	Dates attended	
Did you complete?	Yes	No	If yes, what credential did you obtain?				to

When was the month and year of your last undergraduate degree/or graduate degree you received?

What are your goals with respect to your student loan(s)?

Federal Student Loan Section Including Federal Parent Plus Borrowers

Please note- this section applies to Federal Student Loan Borrowers and Federal Parent Plus Borrowers:

Do you know approximately how much you owe in Federal Loans? Yes No Unsure

If yes, how much?

Do you know who services your Federal Student Loans? Yes No Unsure

If yes, who is the servicer(s)?

What is your current monthly payment amount?

Can you afford these payments? Yes No

If federal loans are in default, are you currently facing garnishment? Yes No

Tax offset? Yes No Social Security offset? Yes No Other federal benefit offset? Yes No

Other collection? Yes No If yes, describe:

Have you been sued for student loan collection? Yes No

If yes, is there a judgment? (check for all court deadlines) Yes No Don't Know

Are you having problems with collection agencies? Yes No

If yes, describe:

Can you afford to make any payments to get out of default? Yes No

If yes, how much?

Administrative Discharge Evaluation for Federal Student Loans

Are you disabled? Yes No If yes, describe, including whether you are able to work: Yes No

Have you been diagnosed with a medical condition, illness or ailment that would make it difficult or impossible to work?

Yes No

If yes, please describe:

Did you experience problems with the school(s) you attended? Yes No

If yes, did the school close while you were attending or within 180 days of your attendance? Yes No

Did you have a high school diploma or GED when you enrolled? Yes No

If no, were you given an admission test? Yes No

If yes, please describe:

Do you have a reason to believe any of these loans are not your loans or that you did not sign for them? Yes No

If yes, please describe:

Did you withdraw from school prior to completion? Yes No

If yes, did you receive a refund? Yes No Don't Know

Private Student Loan Section

Do you have private student loans? Yes No

If yes, gather information about private student loans i.e. statements. Please have information separately for each private student loan, including any collection letters, statements or lawsuits associated with these loans.

Who is your loan holder?

Are you making payments? Yes No If no, have you requested any relief? Yes No

If yes, describe:

Is there a co-signer? Yes No

If yes, describe:

Are you a co-signer? Yes No

If yes, who is the primary obligor:

Do you have copies of your student loan agreements? Yes No

If no, have you requested copies? Yes No

Do you have online accounts to view your account information? Yes No

Were you at least 18 years old when you signed the student loan documents? Yes No Don't Know

Do you know of any upcoming court hearings or other deadlines? Yes No

If yes, fill in:



General Questions

All information on this form is kept confidential.

Have you previously filed for bankruptcy? Yes No

If answered yes, please indicate case number and whether it was a Chapter 7 or Chapter 13:

Were student loans listed on the bankruptcy petition? Yes No Don't Know

Are you currently considering filing for bankruptcy? Yes No

Reference Information

List two (2) persons with different U.S. Addresses **who do not live with you** and have known you for the last three (3) years:

Name	Address		
City	State	Zip Code	
Phone Number	Email (preferred method of contact)		

Name	Address		
City	State	Zip Code	
Phone Number	Email (preferred method of contact)		

How to submit your form:

If you're filling out online, save your answers and email to us at forms@financialrelief.com

If you prefer to mail your physical form, please fax it to us at **312-294-8995**

If you are faxing, please follow up with our office to ensure the form has been received.