

Attorney Request Form



Fill in the information below and include this form as the Cover Page for every request you email, fax or mail to us for processing. This form is to be used with all Document Processing Preparation and Chapter 7 and 13.

Date Submitted _____ Attorney Bar Number _____
Name of Law Firm _____
Attorney Name _____
Address _____
City _____ State _____ Zip _____
Office Telephone _____
Other _____ Fax _____
Prefer communication by Email <input type="checkbox"/> Yes <input type="checkbox"/> No

Request due by _____
****All Request will be completed as soon as possible.***
****If we cannot meet your deadline we will contact you immediately.***

Prepare the following

BK 7 BK 13 Individual Joint Abbreviated Rush

Foreclosure Garnishment Judgment Other _____

Attorney Fee (excluding filing fee) for Compensation Statement: _____

Amt Paid \$ _____ Date Paid \$ _____ Cash Debit Check

Payment Arrangements (If Any) _____

Prepare the following

Motion Letter Application Correspondence Objection Other

