



KAUFMAN ENGLETT & LYND

111 N. Magnolia Ave., Suite 1500 Orlando, FL 32801

www.kelattorneys.com • Office: (407)513-1900

Dear Client,

We appreciate the opportunity to represent you in your case and thank you for choosing our firm. In order to keep your case running as smoothly as possible, it will be necessary for you to provide the following items after you complete and submit this package. These items can be faxed to (407) 513-1961 or emailed to intake@kelattorneys.com.

_____ Debtors signed authorization form for each card

_____ Copy of Drivers License

_____ Most recent copy of each credit card statement

* *If you have been served with a summons and complaint from your lender/the creditor, it is imperative you provide that with the above-referenced material.*

Please understand, this information is critical to keeping your case on track. A complete package will allow our firm to handle your case more effectively. It is also important to note that many of the lenders/ creditors are taking 3-4 weeks to respond to the packages we submit on your behalf. Therefore, please understand it may be several weeks before it is necessary for us to contact you.

We are constantly working on your behalf, and we appreciate the opportunity to represent you.

The Law Office of Kaufman, Englett & Lynd, LLC



KAUFMAN ENGLETT & LYND

111 N. Magnolia Ave., Suite 1500 Orlando, FL 32801

www.kelattorneys.com • Office: (407)513-1900

CONTRACT FOR ATTORNEYS' SERVICE

Thank you for selecting the Law Offices of Kaufman, Englett and Lynd, LLC, to represent you in your case. We appreciate the opportunity to be of service to you and hope to provide you with the highest quality professional services.

This contract will govern our service relationship with regard to your case. There are a lot of very important considerations in this contract and you should read it carefully to ensure that you understand all of the following provisions:

Fees

The firm will represent you in: **1) Debtor Workout(s)** for a flat, non-refundable rate of \$_____. The fee includes all work that is required to handle your claim. Should you need to make payments your schedule will be as follows:

Down Payment(1): \$ _____.	Date: ___/___/_____	Client Initials: _____
Payment(2): \$ _____.	Date: ___/___/_____	Client Initials: _____
Payment(3): \$ _____.	Date: ___/___/_____	Client Initials: _____
Payment(4): \$ _____.	Date: ___/___/_____	Client Initials: _____

Our representation will be concluded once one of the following has occurred:

- 1.) Your creditor(s) and you have agreed on a modification of your debt(s)/ loan(s) and/ or a repayment plan(s).
- 2.) You decided not to accept any of the workout plan(s) that were offered and your loan(s) resulted in a final judgment.

The fee stated above will include representation on the following accounts:

1. Card Name and Account Number: _____
2. Card Name and Account Number: _____
3. Card Name and Account Number: _____
4. Card Name and Account Number: _____
5. Card Name and Account Number: _____
6. Card Name and Account Number: _____
7. Card Name and Account Number: _____
8. Card Name and Account Number: _____
9. Card Name and Account Number: _____

Conflict of Interest

In the event that this firm perceives any conflict of interest whatsoever or if you fail to pay fees and or costs when due, we shall have the right to immediately withdraw from representing you. In the event of any litigation arising out of this agreement, the prevailing party is entitled to reasonable attorneys' fees and costs, both at trial and on appeal. The venue for any such action will be exclusively in Orange County, Florida.

Entire Agreement

WE have made no representations to you, and you have not relied on any representations, which are not contained in this agreement.

This agreement is the entire agreement between all parties and shall not be modified or amended except in writing.

The undersigned hereby accepts the terms set forth in this agreement and hereby engages the Law Offices of Kaufman, Englett & Lynd, LLC, as set forth above.

Client Name

Date



KAUFMAN ENGLETT & LYND

111 N. Magnolia Ave., Suite 1500 Orlando, FL 32801
www.kelattorneys.com • Office: (407)513-1900

BORROWER(S) INFORMATION

Borrower: _____ **Co-Borrower:** _____

Phone: _____ **Phone:** _____

E-Mail: _____ **E-Mail:** _____

Social Security: _____ **Social Security:** _____

Date of Birth: _____ **Date of Birth:** _____

Address: _____

Reason for hardship: _____

Creditor Information

Credit Name: _____ **Acct. No.:** _____

Credit Card Limit: \$ _____ **Balance:** \$ _____

Monthly Payment: \$ _____ **Interest Rate:** _____

Is Loan Current? Yes / No **If not, when was your last payment?** _____

Creditor Information

Credit Name: _____ **Acct. No.:** _____

Credit Card Limit: \$ _____ **Balance:** \$ _____

Monthly Payment: \$ _____ **Interest Rate:** _____

Is Loan Current? Yes / No **If not, when was your last payment?** _____

Creditor Information

Credit Name: _____ Acct. No.: _____
Credit Card Limit: \$ _____ Balance: \$ _____
Monthly Payment: \$ _____ Interest Rate: _____
Is Loan Current? Yes / No If not, when was your last payment? _____

Creditor Information

Credit Name: _____ Acct. No.: _____
Credit Card Limit: \$ _____ Balance: \$ _____
Monthly Payment: \$ _____ Interest Rate: _____
Is Loan Current? Yes / No If not, when was your last payment? _____

Creditor Information

Credit Name: _____ Acct. No.: _____
Credit Card Limit: \$ _____ Balance: \$ _____
Monthly Payment: \$ _____ Interest Rate: _____
Is Loan Current? Yes / No If not, when was your last payment? _____

Creditor Information

Credit Name: _____ Acct. No.: _____
Credit Card Limit: \$ _____ Balance: \$ _____
Monthly Payment: \$ _____ Interest Rate: _____
Is Loan Current? Yes / No If not, when was your last payment? _____



111 N. Magnolia Ave., Suite 1500 Orlando, FL 32801
www.kelattorneys.com • Office: (407)513-1900

LIMITED POWER OF ATTORNEY

To Whom It May Concern:

I/We, _____,

The undersigned (jointly and severally if more than one, hereinafter collectively "principal"), hereby make, constitute and appoint **Kaufman, Englett & Lynd, LLC**, its agents, assigns, and employs principal's true and lawful attorney to act for principal and in principal's name, place and stead and for principal's use and benefit to **CONTACT PRINCIPAL'S CREDITORS AND CREDITORS' AGENTS, REPRESENTATIVES AND EMPLOYERS FOR THE PURPOSE OF NEGOTIATING FINANCIAL SETTLEMENT ARRANGEMENTS ON CREDITORS' CLAIMS OF INDEBTEDNESS BY PRINCIPAL IN FAVOR OF CREDITORS; AND/OR TO CONTACT ALL CREDIT REPORTING AGENCIES IN ORDER TO OBTAIN ALL CREDIT INFORMATION PERTAINING TO PRINCIPAL; AND/OR, SHOULD SUCH ACTION BE DEEMED NECESSARY AND APPROPRIATE, TO ISSUE ORDERS TO CEASE COMMUNICATION PER THE FAIR DEBT COLLECTIONS PRACTICES ACT (FDCPA) ON BEHALF OF CLIENT, AT THE SOLE DISCRETION OF ATTORNEY-IN-FACT.**

Principal hereby grants to said attorney-in-fact full power and authority to do and perform each and every act and thing which may be necessary, or convenient, in connection with any of the foregoing, as fully, to all intents and purposes, as principal might or could do if personally present, hereby ratifying and confirming all that our said attorney in fact shall lawfully do or cause to be done by authority hereof.

Principal(s):

Signature Printed Name SSN# Date

Co-Client Signature Printed Name SSN# Date

STATE OF: _____

COUNTY OF: _____

I HEREBY CERTIFY that on this ____ day of _____, 2010, before me appeared, _____ who is personally known by me or who has produced as identification a _____ and who executed the foregoing Answers and acknowledged before me that he/she executed the same to the best of his/her knowledge and belief.

WITNESS my hand and official seal this _____ day of _____, _____.

Notary Public
State of _____ at large
My Commission No.: _____
My Commission Expires: _____



111 N. Magnolia Ave., Suite 1500 Orlando, FL 32801
www.kelattorneys.com • Office: (407)513-1900

DEBTOR SIGNATURE AUTHORIZATION

Part I – General Information

- 1. Debtor(s) Name:
- 2. Debtor(s) Address:
- 3. Credit Card Type:
- 4. Debtor(s) SS#:
- 5. Credit Card No.:
- 6. Total Balance:
- 7. Last Paid:

Part II – Debtor Authorization

I hereby authorize Kaufman, Englett & Lynd, LLC, to act as my legal counsel for purposes of credit card debtor workout. Kaufman, Englett & Lynd, LLC, is authorized to negotiate with my creditor(s), obtain all information requested, including, but not limited to, payoff requests, payment history, and any/all information that may be relevant to the credit card negotiation process.

The information Kaufman, Englett & Lynd, LLC obtains is only to be used in the process of debtor workout.

_____	_____
Signature	Date
_____	_____
Signature	Date

STATE OF: _____

COUNTY OF: _____

I **HEREBY CERTIFY** that on this ____ day of _____, 2010, before me appeared, _____ who is personally known by me or who has produced as identification a _____ and who executed the foregoing Answers and acknowledged before me that he/she executed the same to the best of his/her knowledge and belief.

WITNESS my hand and official seal this ____ day of _____, _____.

Notary Public
State of _____ at large
My Commission No.: _____
My Commission Expires: _____

Expense Information

Include total of expenses for ALL borrowers listed on mortgage. Leave blank any items that do not pertain to your expenses. Be as accurate as possible.

Category	Description	Monthly Payment	Balance Due
Monthly Loan Payments	1 st Mortgage - (subject property)	\$	\$
	2 nd Mortgage if any – (subject property)	\$	\$
	Other Home loans	\$	\$
	Real Estate Property Taxes	\$	\$
	Homeowner’s Insurance	\$	\$
	HOA dues	\$	\$
	Automobile (1)	\$	\$
	Automobile (2)	\$	\$
	Other	\$	\$
	Other	\$	\$
Credit Cards/ Revolving Debt	VISA	\$	\$
	MasterCard	\$	\$
	Other	\$	\$
	Other	\$	\$
Utilities	Electricity/ Gas/ Heating	\$	\$
	Water/ Sewer/ Garbage	\$	\$
	Telephone	\$	\$
	Cellular Phone	\$	\$
Insurance	Insurance (Health/Life)	\$	\$
	Medical Bills (not covered by ins.)	\$	\$
	Automobile Insurance	\$	\$
Automobile/ Transportation	Gasoline	\$	\$
	Parking/Tolls	\$	\$
Household	Groceries	\$	\$
	New Clothes/Dry Cleaning	\$	\$
	Cable/ Satellite TV/ Internet	\$	\$
	Home Security/Alarm System	\$	\$
	Medicine/RX	\$	\$
Miscellaneous Expenses	Day Care/Baby-Sitting	\$	\$
	Alimony/Child Support	\$	\$
	Education/Tuition/Books Expenses	\$	\$
	Liens/Judgments (IRS or other)	\$	\$
	Other	\$	\$
	Other	\$	\$
	Other	\$	\$
TOTAL		\$	\$