

FOR ATTORNEY USE ONLY:

Source: _____

Chapter: _____

District to be filed in: _____

Credit Report.

(\$30 for Indiv. \$50.00 for Joint)

Total Fees: _____

Total amount down: _____

Today's Date: _____

Bankruptcy Initial Interview Information

Please complete this questionnaire. All information will be held in strict confidence.

GENERAL INFORMATION

Name _____ S.S.# _____

Spouse Name _____ S.S.# _____

Address _____

City _____ County _____ Zip Code _____

Dependents living with you _____

Your Telephone & Email:

Spouse's Telephone & Email:

Home# _____

Home# _____

Work# _____

Work# _____

Cell# _____

Cell# _____

Email _____

Email _____

Your Employment Information:

Spouse's Employment Information:

Employer _____

Employer _____

Position _____

How long employed _____

Position _____

How long employed _____

PROPERTY AND DEBTS

House or Apartment:

Do you own or rent your home? Own Rent

What is your monthly payment? \$ _____

If you are behind on monthly payments, how many months? _____

Does your mortgage company escrow for taxes and insurance? Yes No

Do you have a home improvement loan or second mortgage? Yes No

Motor Vehicles:

<i>Year/Make/Model</i>	<i>Lease or Own?</i>	<i>Name of Financial Lender</i>	<i>If behind on payments, how many months?</i>

Other Property:

Do you have any of the following? (check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Rental real estate or other investment real estate besides you home | <input type="checkbox"/> Cash value in whole life insurance policy (ies) |
| <input type="checkbox"/> Time Shares | <input type="checkbox"/> Checking account(s) |
| <input type="checkbox"/> Recreational Vehicle | <input type="checkbox"/> Savings account(s) |
| <input type="checkbox"/> Mobile home, camper, 5th wheel | <input type="checkbox"/> Credit Union Membership or account |
| <input type="checkbox"/> Boat | <input type="checkbox"/> Certificate(s) of deposit |
| <input type="checkbox"/> Individual Retirement Account | <input type="checkbox"/> Stocks or bonds |
| <input type="checkbox"/> 401(k) account | <input type="checkbox"/> Collections (stamps, coins, dolls, guns, etc.) |
| <input type="checkbox"/> Pension or profit sharing through employment | <input type="checkbox"/> Precious stones, precious metals |
| | <input type="checkbox"/> Jewelry |

Other Debts:

Do you owe a balance on any of the following?

- | Yes | No | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Internal Revenue Service
___ For income taxes
___ For employer withholding taxes
Have tax liens been filed? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> | <input type="checkbox"/> | Student loans |
| <input type="checkbox"/> | <input type="checkbox"/> | Property taxing authorities (county, city, school district, etc.) |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you have any credit or charge cards?
How many? <input type="checkbox"/> 1-5 <input type="checkbox"/> 5-10 <input type="checkbox"/> 10 or more |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you taken any cash advances on credit cards in the past six months? |
| <input type="checkbox"/> | <input type="checkbox"/> | Medical bills |
| <input type="checkbox"/> | <input type="checkbox"/> | Bounced checks |
| <input type="checkbox"/> | <input type="checkbox"/> | Signature loans |
| <input type="checkbox"/> | <input type="checkbox"/> | Credit Union loans |

FAMILY BUDGET

Income:

Are you self employed? Yes No

Do you have children living with you? Yes No

Your take-home (net) pay per pay period : _____

You are paid: Monthly Twice a month Every two weeks Weekly

Spouse's take-home (net) pay per pay period : _____

Spouse is paid: Monthly Twice a month Every two weeks Weekly

Do you receive monthly payments for:

- | | | |
|--------------------------|----------------------------|------------------|
| <input type="checkbox"/> | AFDC | Amount: \$ _____ |
| <input type="checkbox"/> | Social Security retirement | Amount: \$ _____ |
| <input type="checkbox"/> | Social Security disability | Amount: \$ _____ |
| <input type="checkbox"/> | Pension | Amount: \$ _____ |
| <input type="checkbox"/> | Child support or alimony | Amount: \$ _____ |

Basic Living Expenses:

- \$ _____ House payment or rent
Includes escrow for property taxes Yes No
Includes escrow for property and casualty insurance Yes No
- \$ _____ Car payment
- \$ _____ Utilities (electric, gas, water and sewer)
- \$ _____ Telephone
- \$ _____ Cellular phone or pager
- \$ _____ Food
- \$ _____ Clothes
- \$ _____ Laundry or dry cleaning
- \$ _____ Medical, prescription drug or dental expenses not covered by insurance (like co-pays)
- \$ _____ Insurance (for automobiles, or property not taken out of your house payment)
- \$ _____ Automobile fuel and maintenance
- \$ _____ Child support or alimony you must pay
- \$ _____ Other

OTHER GENERAL QUESTIONS

- | Yes | No | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Have you ever filed for bankruptcy protection?
<i>Was it within the last ten years? <input type="checkbox"/>Yes <input type="checkbox"/>No</i> |
| <input type="checkbox"/> | <input type="checkbox"/> | Are you being sued by anyone in a pending lawsuit right now? |
| <input type="checkbox"/> | <input type="checkbox"/> | Has anyone already sued you and obtained a judgment? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are you suing anyone in a pending lawsuit right now? |
| <input type="checkbox"/> | <input type="checkbox"/> | Is there anyone you are thinking of suing? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you have a lawsuit against anyone? |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you been involved in any automobile accidents in the past 2 years? |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you been divorced? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you have a divorce pending now? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are you required to pay child support or alimony? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you receive child support or alimony? |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you ever been convicted of a crime? |
| <input type="checkbox"/> | <input type="checkbox"/> | If so, are you required to pay any restitution payments to anyone? |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you had any repossessions or foreclosures during past 2 years? |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you sold any real estate in the past 5 years? |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you assumed any real estate debt? |
| <input type="checkbox"/> | <input type="checkbox"/> | Has anyone ever assumed real estate debt from you? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you expect to inherit anything within the next year? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are you the beneficiary of a life insurance policy or trust? |