

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 \_\_\_\_\_ # \_\_\_\_\_

Spouse Name \_\_\_\_\_ # \_\_\_\_\_

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<br>___ For income taxes<br>___ For employer withholding taxes<br>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?<br>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?<br><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?  |