

LAW OFFICE OF MICHAEL SCHWARTZ – BANKRUPTCY INTERVIEW SHEET

ALL INFORMATION IS KEPT CONFIDENTIAL.

The following information will help the attorney deal with your situation more effectively.

TODAY’S DATE: _____

HOW DID YOU HEAR ABOUT US? _____

LAST NAME		FIRST NAME	MIDDLE NAME
STREET ADDRESS		CITY	STATE
			ZIP CODE
SOCIAL SECURITY NUMBER		DATE OF BIRTH	
HOME NUMBER: () _____ - _____		CELL NUMBER: () _____ - _____	
EMAIL ADDRESS: _____			
Please do not: call my home () send mail to my home ()			
MARITAL STATUS: Single () Married () Divorced () Separated () Widowed ()			
NUMBER OF CHILDREN LIVING IN HOUSEHOLD: _____			
OCCUPATION/JOB TITLE		EMPLOYER’S NAME	
EMPLOYER’S ADDRESS			

What caused you to decide to visit an attorney? _____

Market value of your home: _____ Monthly mortgage payment : _____

Total mortgage debt: _____ Total amount of unsecured debt: _____

Total monthly income: _____ Other income: _____

ASSETS:

- 1. Bank Account: _____ Value \$: _____
- 2. Bank Account: _____ Value \$: _____
- 3. Household Goods and Furnishings: _____ Value \$: _____
- 4. Antiques and Collectibles: _____ Value \$: _____
- 5. Jewelry _____ Value \$: _____
- 6. Retirement Plans: _____ Value \$: _____
- 7. Investments: _____ Value \$: _____
- 8. Cash Value of life insurance policies _____ Value \$: _____
- 9. Vehicle 1: Year ___ Make _____ Model _____ Mileage _____
- 10. Vehicle 2: Year ___ Make _____ Model _____ Mileage _____
- 11. Income Tax Refund from last tax return filed _____ Value \$: _____

Questions

1. Have you used credit cards or incurred any debt within the last 6 months? Yes () No ()

If yes, please provide details _____

2. Have you repaid a debt in excess of \$600 within the past 6 months? Yes () No ()

If yes, please provide details _____

3. Are you expecting to receive any kind of settlement, insurance proceeds, or inheritance? Yes () No ()

If yes, please provide details _____

4. Have you sold or transferred any kind of property to anyone within the past four years? Yes () No ()

If yes, please provide details _____

5. Have you closed any bank accounts, retirement accounts, or received any lump sums of money within the past year? Yes () No ()

If yes, please provide details _____

MONTHLY LIVING EXPENSES

Mortgage/Rent _____

Electric/Gas/Oil _____

Water _____

Cable/Phone/Internet _____

Cell Phone _____

Food/Grocery _____

Medical Expenses _____

Transportation _____

Charity/Church _____

Car Insurance _____

Other Insurance _____ (please specify)

Car Payments _____

Childcare _____

Other _____ (please specify)