

**O'BRYAN LAW OFFICES, PSC**  
**PRE-INTERVIEW QUESTIONNAIRE**

DATE OF CONSULTATION: \_\_\_\_\_ **PLEASE PRINT CLEARLY**

1) NAME: \_\_\_\_\_ Preferred Name: \_\_\_\_\_  
AGE: \_\_\_\_\_ BIRTH DATE: \_\_\_\_\_ SSN: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ COUNTY: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_  
WORK PHONE: \_\_\_\_\_ NAME OF EMPLOYER: \_\_\_\_\_  
EMAIL ADDRESS: \_\_\_\_\_ FILED BEFORE?  
(Please provide us your email address so our staff can communicate with you via email.  
You will also receive helpful financial information and our monthly newsletter.)

2) IS SPOUSE FILING ALSO?(Check one) Yes \_\_\_\_\_ No \_\_\_\_\_ Not Sure \_\_\_\_\_

3) SPOUSE'S NAME: \_\_\_\_\_ Preferred: \_\_\_\_\_  
AGE: \_\_\_\_\_ BIRTH DATE: \_\_\_\_\_ SSN: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ COUNTY: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_  
WORK NUMBER: \_\_\_\_\_ NAME OF EMPLOYER: \_\_\_\_\_  
EMAIL ADDRESS: \_\_\_\_\_ FILED BEFORE? \_\_\_\_\_

4) HOW DID YOU HEAR ABOUT US? Please indicate how you heard about our firm.  
Be as specific as you can. Check one or more if it applies.

Attorney Referral (Who?) _____	Client Referral (Who?) _____
Newspaper (Name?) _____	Television (Channel?) _____
AT&T The Real Yellow Pages _____	BellSouth User Friendly Book _____
Direct Mail _____ Mobile Device _____	Website: www.obryanlawoffices.com _____
Internet: Google _____ Bing _____ Yahoo _____	KY Bankruptcy Blog _____
Facebook _____ Twitter _____	Lawyers.com _____ Attorneys.com _____
BBB _____ Drove by office(Location) _____	Previous Client _____ Other _____

If you decide to retain our office to file for bankruptcy relief, the **non-refundable retainer fee is \$300.00**. When you pay this fee, you can refer your creditors to our office. This will allow you to get some relief immediately. By law, creditors are prohibited from contacting you if they are informed that you have retained an attorney. Payments toward the balance of the attorney fees can be made over a period of time prior to filing your case. **Payment in full is needed in order to file your case with the bankruptcy courts.** THANK YOU FOR ALLOWING US THE OPPORTUNITY TO COUNSEL YOU!

Consultation Attorney Name \_\_\_\_\_

DATE: \_\_\_\_\_

**CLIENT WORKSHEET**

**NAME:** MR/MRS/MS \_\_\_\_\_

Married    Single  
Divorced    Separated

**SPOUSE'S NAME:** MR/MRS/MS \_\_\_\_\_

Filing also? Yes/No  
                                Unsure

Have you ever filed bankruptcy before? YES/NO What year? \_\_\_\_\_

CH7/CH13

**YOUR ASSETS**

**1. DO YOU OWN REAL ESTATE? YES/NO**

If NO:

Have you EVER owned any real estate? YES/NO

When and how was it transferred? (i.e. foreclosure, quit claim) \_\_\_\_\_

If YES:

**How much is your home/real estate worth?** \_\_\_\_\_

Is your home a manufactured home, mobile home or trailer? YES/NO

If YES, does your mortgage include the land, or do you pay a lot rental fee?

**How much do you owe on the FIRST MORTGAGE?** \_\_\_\_\_

Name of Creditor \_\_\_\_\_

What is your monthly payment? \_\_\_\_\_

Are you current on this payment? YES/NO

If NO, how many months do you owe? \_\_\_\_\_

Are your property taxes and homeowner's insurance paid through escrow? YES/NO

**Do you have a SECOND MORTGAGE or HOME EQUITY LINE OF CREDIT? YES/NO**

Name of Creditor \_\_\_\_\_

Amount owed: \_\_\_\_\_

What is your monthly payment? \_\_\_\_\_

Are you current on this payment? YES/NO

If NO, how many months do you owe? \_\_\_\_\_

**Do you have any other mortgages, liens, and/or judgments? YES/NO**

If YES, please explain: \_\_\_\_\_

**Do you owe property taxes for past years? YES/NO**

If YES, how much? \_\_\_\_\_

**Do you pay Homeowners Association fees or condo fees? YES/NO**

How much are the fees? \_\_\_\_\_ per MONTH/YEAR

Are you current? YES/NO

**Do you own any other real estate (time share, rental property, burial plot, land)? YES/NO**

If YES, please describe. \_\_\_\_\_

2. **DO YOU HAVE A CAR IN YOUR NAME?** YES/NO

Is there a co-debtor (e.g. your spouse or child)? YES/NO  
Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_  
How much is it worth? \_\_\_\_\_ How much do you owe? \_\_\_\_\_  
Name of Creditor: \_\_\_\_\_ Monthly payment: \_\_\_\_\_  
Are you current on your payments? YES/NO  
When was it purchased? \_\_\_\_\_ When was it last financed? \_\_\_\_\_

3. **DO YOU HAVE A SECOND CAR IN YOUR NAME?** YES/NO

Is there a co-debtor (e.g. your spouse or child)? YES/NO  
Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_  
How much is it worth? \_\_\_\_\_ How much do you owe? \_\_\_\_\_  
Name of Creditor: \_\_\_\_\_ Monthly payment: \_\_\_\_\_  
Are you current on your payments? YES/NO  
When was it purchased? \_\_\_\_\_ When was it last financed? \_\_\_\_\_

4. **DO YOU HAVE A THIRD CAR IN YOUR NAME?** YES/NO

Is there a co-debtor (e.g. your spouse or child)? YES/NO  
Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_  
How much is it worth? \_\_\_\_\_ How much do you owe? \_\_\_\_\_  
Name of Creditor: \_\_\_\_\_ Monthly payment: \_\_\_\_\_  
Are you current on your payments? YES/NO  
When was it purchased? \_\_\_\_\_ When was it last financed? \_\_\_\_\_

5. **DO YOU HAVE ANY OTHER VEHICLES** (motorcycles, ATVs, boats, campers, trailers, etc.)?

Type/Model	Year	Value	Amount owed	Creditor & monthly payment

6. **DO YOU HAVE ANY OTHER ASSETS THAT HAVE A VALUE OF OVER \$500.00?** YES/NO

If YES, please list. \_\_\_\_\_

Do you have a **claim** against anyone or any business where you could sue them to collect money? YES/NO

Did you file last year's taxes? YES/NO

Did you receive, or do you expect to receive, a **tax refund**? YES/NO

If YES, how much did you or will you receive? \_\_\_\_\_

Has your tax refund been spent? YES/NO

Do you or your spouse have a **retirement account** (annuity, 401(k), 403(b), IRA)? YES/NO

If YES, what is the current value? \_\_\_\_\_

Are you **self-employed** or do you own your own **business**? YES/NO

If YES, please briefly describe the type of business or self-employment.  
\_\_\_\_\_  
\_\_\_\_\_

How long has the business been in operation (MM/YY - Present)? \_\_\_\_\_

Please briefly describe the assets of the business. \_\_\_\_\_  
\_\_\_\_\_

## YOUR DEBTS

What is the approximate total amount of your **CREDIT CARD** debt? \_\_\_\_\_

How many cards? \_\_\_\_\_

Do you have any **UNSECURED LINES OF CREDIT, SIGNATURE LOANS, PERSONAL LOANS or OVERDRAFTS?** YES/NO

Name of Creditor(s): \_\_\_\_\_

Amount owed: \_\_\_\_\_

Do you owe any **LOCAL FINANCE COMPANIES** such as Personal Finance, One Main Financial, Citifinancial, Springleaf, or others? YES/NO

Name of Creditor(s): \_\_\_\_\_

Amount owed: \_\_\_\_\_

Secured by: HOUSEHOLD GOODS / VEHICLE / COMPUTER / OTHER?

Month/Year you received the loan/last refinanced: \_\_\_\_\_

Do you have any outstanding **CASH ADVANCES, PAYDAY LOANS, INTERNET LOANS,** or similar loans? YES/NO

Name of Creditor(s): \_\_\_\_\_

Amount owed: \_\_\_\_\_

Month/Year you received the loan: \_\_\_\_\_

Do you owe any **FAMILY MEMBERS?** YES/NO

Amount owed: \_\_\_\_\_

Have you made repayment arrangements? YES/NO

If YES, how much have you repaid in the last year? \_\_\_\_\_

Do you have any outstanding **MEDICAL DEBT** (i.e. hospital bills)? YES/NO

Amount owed: \_\_\_\_\_

Do the medical bills relate to a personal injury, such as a car accident? YES/NO

Have you ever had a vehicle repossessed or home foreclosed upon? YES/NO

If there is a **DEFICIENCY BALANCE**, what is the amount owed? \_\_\_\_\_

Month/Year of Repossession/Foreclosure: \_\_\_\_\_

Year/Make/Model of vehicle: \_\_\_\_\_

Do you owe any **BACK TAXES** such as state or federal income taxes, property taxes, or local, state or federal sales or business taxes? YES/NO

What government agency is owed? \_\_\_\_\_

Amount owed: \_\_\_\_\_

Do you have any **STUDENT LOANS**? YES/NO

Name of Creditor(s): \_\_\_\_\_

Amount owed: \_\_\_\_\_

If you own your own business, do you have any **BUSINESS LOANS**? YES/NO

Name of Creditor(s): \_\_\_\_\_

Amount owed: \_\_\_\_\_

Do you have any unpaid **UTILITY BILLS** (i.e. broken cell phone contract fees, unpaid water or electric bills, etc.), **RENT**, or **OTHER DEBT** not listed? YES/NO

Name of Creditor(s): \_\_\_\_\_

Amount owed: \_\_\_\_\_

## **YOUR INCOME**

**WHERE DO YOU WORK?** \_\_\_\_\_

What is your Occupation/Job Title? \_\_\_\_\_

How long have you been there? \_\_\_\_\_

What is your salary or hourly rate? \_\_\_\_\_

How much do you bring home on payday? \_\_\_\_\_

How often do you get paid? \_\_\_\_\_

**WHERE DOES YOUR SPOUSE WORK?** \_\_\_\_\_

What is your spouse's Occupation/Job Title? \_\_\_\_\_

How long has he/she been there? \_\_\_\_\_

What is your spouse's salary or hourly rate? \_\_\_\_\_

How much does he/she bring home on payday? \_\_\_\_\_

How often does he/she get paid? \_\_\_\_\_

Do you have any **other income**, such as Child Support, Pension/Social Security, part-time job?

What is it? \_\_\_\_\_

How much do you get a month? \_\_\_\_\_

Has anything changed about your income recently, such as loss of overtime or unemployment? \_\_\_\_\_

How many minor children do you have? \_\_\_\_\_ Ages? \_\_\_\_\_

Anyone else living in your home? \_\_\_\_\_

Total household size: \_\_\_\_\_

**TOTAL NET INCOME FROM ALL SOURCES:**     \$ \_\_\_\_\_ per month

## YOUR MONTHLY EXPENSES

### LIVING EXPENSES

FOOD	\$	_____
CLOTHING	\$	_____
HOUSEKEEPING SUPPLIES	\$	_____
PERSONAL CARE AND LAUNDRY	\$	_____
MISC. PERSONAL EXPENSES (PLEASE EXPLAIN)	\$	_____

### HOUSING EXPENSES

RENT OR MORTGAGE PYMTS (Are taxes & insurance in escrow? YES/NO)	\$	_____
SECOND MORTGAGE/HOME EQUITY LINE PYMTS	\$	_____
GAS AND ELECTRIC	\$	_____
WATER	\$	_____
PHONE, CABLE AND INTERNET	\$	_____
CELL PHONE	\$	_____

### MISC. OTHER EXPENSES

MEDICAL AND DENTAL (NOT DEDUCTED FROM PAYCHECK)	\$	_____
Prescriptions	\$	_____
Copays	\$	_____
GAS/OIL CHANGES	\$	_____
ENTERTAINMENT	\$	_____
CHARITABLE CONTRIBUTIONS/TITHING	\$	_____
INSURANCES (NOT DEDUCTED FROM PAYCHECK)		
car	\$	_____
life	\$	_____
health	\$	_____
property	\$	_____
ALIMONY OR CHILD SUPPORT PAID TO OTHERS	\$	_____
DAYCARE/SCHOOL EXPENSES, CHILD COSTS	\$	_____
CAR PAYMENTS		
#1	\$	_____
#2	\$	_____
STUDENT LOAN PAYMENTS	\$	_____
TAX PAYMENTS	\$	_____

**TOTAL MONTHLY EXPENSES** \$ \_\_\_\_\_

**TOTAL DISPOSABLE INCOME (INCOME LESS EXPENSES)** \$ \_\_\_\_\_