

O'BRYAN LAW OFFICES, PSC

PRE-INTERVIEW QUESTIONNAIRE

Atty/Location/Appt
for Office use only

DATE OF CONSULTATION: _____

1) NAME: _____ Preferred: _____

AGE: _____ BIRTH DATE: _____ SSN: _____

ADDRESS: _____ COUNTY: _____

CITY: _____ STATE: _____ ZIP: _____

Have you lived at this address for at least 180 days (6 months)? _____ (2 Years)? _____

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 may 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?) _____ Previous Client _____

AT&T The Real Yellow Pages _____ Television (Channel?) _____

Direct Mail _____ Mobile Device _____ Bellsouth User Friendly Book _____

Internet: Google _____ Bing _____ Yahoo _____ Website: www.obryanlawoffices.com _____

Facebook _____ Twitter _____ KY BK blog _____ Findlaw.com _____

BBB _____ Drove by office location _____ Other _____

If you decide to retain our office to file for bankruptcy relief, the non-refundable retainer fee is \$450.00. 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. However, please note that payment in full of the fees is required before your case actually gets filed with the court.

Consultation with _____

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? _____

If YES, are you repaying any loans on this account? _____

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) \$ _____