

**CLIENT INTERVIEW SHEET**

To assist the attorney in answering your questions and concerns, please supply the following information. As with all communications between you and the attorney the information you supply is **ABSOLUTELY CONFIDENTIAL**.

TODAY'S DATE: \_\_\_\_\_

Please **check** where you **FIRST** heard about the law offices of Williams & Associates, P.C.?

T.V. ; Yellow Pages ; Internet ; By Previous Client ; Credit Counseling, ;

Attorney Referral ; if Attorney, his/her name: \_\_\_\_\_.

**PROVIDE THE FOLLOWING GENERAL INFORMATION ABOUT:**

A. Individual

B. Spouse (if married)

Name: \_\_\_\_\_  
First Middle Last

Name: \_\_\_\_\_  
First Middle Last

D.O.B.: \_\_\_\_\_

D.O.B.: \_\_\_\_\_

S.S.#: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

S.S.#: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Residence Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Residence Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

County: \_\_\_\_\_

County: \_\_\_\_\_

Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Cell: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Cell: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Email: \_\_\_\_\_

Email: \_\_\_\_\_

Length of time at above residence: \_\_\_\_\_

Length of time at above residence: \_\_\_\_\_

Previous Address (if less than 2yrs at current residence):

Previous Address (if less than 2yrs at current residence):

Address: \_\_\_\_\_  
\_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Mo/Yr: \_\_\_\_\_ through \_\_\_\_\_

Mo/Yr: \_\_\_\_\_ through \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Mo/Yr: \_\_\_\_\_ through \_\_\_\_\_

Mo/Yr: \_\_\_\_\_ through \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Mo/Yr: \_\_\_\_\_ through \_\_\_\_\_

Mo/Yr: \_\_\_\_\_ through \_\_\_\_\_

Tax ID #, if any: \_\_\_\_\_

Tax ID #, if any: \_\_\_\_\_

Other names used in last 6-years (include business names):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other names used in the last 6-years (include business names):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Sex: Male Female

Sex: Male Female

Marital Status:

Single \_\_\_\_\_ Divorced \_\_\_\_\_ Widowed \_\_\_\_\_ Married and living together \_\_\_\_\_ Married and living apart \_\_\_\_\_

Children living with you:

**OR**

Children you pay support for:

Name \_\_\_\_\_ Age \_\_\_\_\_  
Name \_\_\_\_\_ Age \_\_\_\_\_  
Name \_\_\_\_\_ Age \_\_\_\_\_  
Name \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_  
Name \_\_\_\_\_ Age \_\_\_\_\_  
Name \_\_\_\_\_ Age \_\_\_\_\_  
Name \_\_\_\_\_ Age \_\_\_\_\_

Monthly child Support you receive \$ \_\_\_\_\_

Monthly child support you must pay \$ \_\_\_\_\_

**CURRENT EMPLOYMENT**

A. Husband (or Individual):

B. Spouse (if married):

Employer's name: \_\_\_\_\_

Employer's name: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

Telephone: (\_\_\_\_\_) \_\_\_\_\_

Telephone: (\_\_\_\_\_) \_\_\_\_\_

Position with employer: \_\_\_\_\_

Position with employer: \_\_\_\_\_

Length of time employed: \_\_\_\_\_

Length of time employed: \_\_\_\_\_

Self-employment or in business?

Self-employment or in business?

\_\_\_\_ Yes \_\_\_\_\_ No

\_\_\_\_ Yes \_\_\_\_\_ No

If more than one employer provide the information about other employer.

If more than one employer provide the information about other employer.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**GROSS INCOME RECEIVED FROM EMPLOYMENT, TRADE, PROFESSION:**

**You/Joint-1:**

**Spouse/Joint-2:**

1. Year to Date:  
a. Source: \_\_\_\_\_  
b. Amount: \$ \_\_\_\_\_

1. Year to Date:  
a. Source: \_\_\_\_\_  
b. Amount: \$ \_\_\_\_\_

2. Last year:  
a. Source: \_\_\_\_\_  
b. Amount: \$ \_\_\_\_\_

2. Last year:  
a. Source: \_\_\_\_\_  
b. Amount: \$ \_\_\_\_\_

3. Previous year:  
a. Source: \_\_\_\_\_  
b. Amount: \$ \_\_\_\_\_

3. Previous year:  
a. Source: \_\_\_\_\_  
b. Amount: \$ \_\_\_\_\_

**INCOME RECEIVED FROM ALL OTHER SOURCES:  
(Child support, Unemployment Compensation, Disability, etc.)**

**You/Joint-1:**

**Spouse/Joint-2:**

1. Year to Date:  
a. Source: \_\_\_\_\_  
b. Amount: \$ \_\_\_\_\_

1. Year to Date:  
a. Source: \_\_\_\_\_  
b. Amount: \$ \_\_\_\_\_

2. Last year:  
a. Source: \_\_\_\_\_  
b. Amount: \$ \_\_\_\_\_

2. Last year:  
a. Source: \_\_\_\_\_  
b. Amount: \$ \_\_\_\_\_

3. Previous year:  
a. Source: \_\_\_\_\_  
b. Amount: \$ \_\_\_\_\_

3. Previous year:  
a. Source: \_\_\_\_\_  
b. Amount: \$ \_\_\_\_\_

**ATTY NOTES:**

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**GENERAL FINANCIAL INFORMATION**

- 1. To what tax refunds are you entitled: \_\_\_\_\_
- 2. Do you have a checking or savings account? If yes, fill in information below.
  - a. Name of institution \_\_\_\_\_  
 Type of account \_\_\_\_\_ Current Balance \_\_\_\_\_
  - b. Name of institution \_\_\_\_\_  
 Type of account \_\_\_\_\_ Current Balance \_\_\_\_\_
  - c. Name of institution \_\_\_\_\_  
 Type of account \_\_\_\_\_ Current Balance \_\_\_\_\_
- 3. Do you owe money for home, car, signature loans, credit cards or ready reserve account to any of the Banks or Credit Unions where you have a checking or savings accounts? Yes No

**NOTE: If you do owe money, please be advised that your Bank may freeze your bank accounts, please tell your Attorney even if he does not specifically ask you about these accounts.**

- 4. Do you have a safe deposit box? If so, where? \_\_\_\_\_
- 5. Have you filed a case under Chapter 13 in the past eight years?  Yes  No  
**If yes, please list State, Case #, and Date of filing:** \_\_\_\_\_
- 6. Have you filed a case under Bankruptcy in the past eight years?  Yes  No  
**If yes, please list State, Case #, and Date of filing:** \_\_\_\_\_
- 7. Do you now have or have your ever had a V.A., F.H.A. or other Government Guaranteed Mortgage Loan?  
 Yes No

- 1. Are you now, or have you ever been, represented by this firm?  Yes  No
- 2. In the Past 12 Months, have you repaid any money to any relatives or business partner?  Yes  No
- 3. In the past 12 months, have you given any gifts of unusual sizes (\$200.00 to a family member or \$100.00 to a Charity), cumulatively?  Yes  No
- 4. If you own a home, has anyone ever sued you?  Yes  No
- 5. Do you owe any of the following debts?  Yes  No
  - Student Loans  Yes  No
  - Taxes  Yes  No
  - Child Support  Yes  No

If yes, and even if you are current, the court requires the name and address of the mother:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

- Alimony  Yes  No
- Criminal fines  Yes  No
- Personal injury  Yes  No
- Intentional injury  Yes  No
- Debts for fraud  Yes  No

6. Have you filed all State and Federal Tax Returns for the previous four years?  Yes  No
7. Do you understand that you are required to list all of your debts and all of your assets and give true and complete answers to all questions asked by the attorney or his staff? The attorney and his staff cannot give you permission to do otherwise. If they do, then you should retain another law firm.  Yes  No
8. Do you understand that the penalty for making a false statement in your bankruptcy petition and schedules is a fine of up to \$500,000.00, or imprisonment for up to 5 years, or both?  Yes  No

Please Sign:

\_\_\_\_\_  
Debtor

\_\_\_\_\_  
Debtor