

Interview Information Sheet

Law Offices of Judith A. Swift, P.C.
10501 North central expressway, ste. 280
Chase Bank Building
Dallas, Texas 75231
(214)696-6200
Fax (214)692-0660
Email: info@Judithswift.com

Date: _____

PLEASE BRING COPIES OF YOUR MOST RECENT PAY STUBS FROM ALL JOBS TO THE CONSULATATION

How did you hear about us? Internet Referral Internet

Full Name _____ Last 4 digits SS# _____ Email Address _____

Spouse's Name _____ Last 4 digits SS# _____ Email Address _____

(List even if not filing bankruptcy)

Street Address _____ City / State _____ Zip _____

County _____ Cell Phone Number _____ Spouse's Cell Phone Number _____

Home Phone Number _____ Work Phone Number _____ Spouse's Work Phone Number _____

Current Occupation _____ How Long? _____ Full/Part-Time? _____ Employed by _____

Spouse's Current Occupation _____ How Long? _____ Full/Part-Time? _____ Employed by _____

Drivers License _____ Spouse Drivers License _____

Briefly describe what caused you to get into your financial situation? (e.g. change/break of employment/income, illness, relationship problem, business problem)

Have you visited with a Credit Counselor? Yes No If yes, do you have your completion certificate? Yes No

Do you own or have an interest in any business? _____. If so, list all business names and locations: _____

Have you lived in Texas for the past 2 years? Yes ___ No ___ If not, what state did you live in for the 180 days prior to the past 2 years? _____

Have you ever filed bankruptcy before? _____. If so, list all prior bankruptcies, circle answers where applicable:

Date Filed: _____ Ch 7/11/13: Case completed/dismissed/ don't know Date Filed: _____ Ch 7/11/13: Case completed/dismissed/don't know

Date Filed: _____ Ch 7/11/13: Case completed/dismissed/don't know Date Filed: _____ Ch 7/11/13: Case completed/dismissed/don't know

Do you have any dependents? _____. If so, list their names, ages, and relationships. If any them are not living with you, please check here _____

Name	Age	Relationship	Name	Age	Relationship
------	-----	--------------	------	-----	--------------

Name	Age	Relationship	Name	Age	Relationship
------	-----	--------------	------	-----	--------------

If anyone else lives with you? (eq. roommate, parent), list here _____

NOTE: It is improper to run up credit card debt in contemplation of bankruptcy – especially for cash advances and luxury goods or services. We advise you NOT to use any credit cards or incur any additional debt except for necessary living expenses or an emergency after deciding to file a bankruptcy.

MAJOR ASSETS OTHER THAN HOME AND VEHICLES

	<i>Description</i>	<i>Current Value</i>	<i>Debt Owed</i>	<i>Keep/ Return</i>
Non-Homestead	_____	_____	_____	_____
Real Estate	_____	_____	_____	_____
Furniture/ Clothes	_____	_____	_____	_____
Watercraft	_____	_____	_____	_____
Jewelry	_____	_____	_____	_____
Antiques, etc.	_____	_____	_____	_____
IRAs	_____	_____	_____	_____
Retirement (401k or Other)	_____	_____	_____	_____
Insurance	_____	_____	_____	_____
Stocks/Bonds	_____	_____	_____	_____
Partnerships/ Businesses	_____	_____	_____	_____
Other Assets	_____	_____	_____	_____
Banking	Savings: \$ _____	Checking: \$ _____	Cash on Hand \$ _____	

AVERAGE MONTHLY HOUSEHOLD INCOME

Note: If paid bi-weekly, to obtain monthly amounts, multiply one paycheck by 26, then divide that total by 12; if paid weekly, multiply by 52, then divide that total by 12.

	<i>Self</i>	<i>Spouse</i>		<i>Self</i>	<i>Spouse</i>
Gross monthly wages, salary	_____	_____	Bonus/Commission (Aver.)	_____	_____
Average monthly Overtime	_____	_____	Other Income or help With living Expenses	_____	_____
S.S. Benefits	_____	_____	<i>Describe</i> _____		
Child Support	_____	_____	Total (Gross) Income	_____	_____

AVERAGE MONTHLY PAYROLL DEDUCTIONS

Payroll taxes, SS, FICA, Medicare	_____	_____	Retirement Contributions	_____	_____
Insurance	_____	_____	401(k) loan payments	_____	_____
Uniforms, Dues	_____	_____	Other (_____)	_____	_____
			Total Deductions	_____	_____

Total Monthly Net Income: *Self* *Spouse* *Other* *Total*
 _____ + _____ + _____ = _____

What has been your average Household Gross Monthly Income for the past 6 months? _____ (Take Total Income for past 6 months and divide by 6)

AVERAGE MONTHLY LIVING EXPENSES
(WITHOUT paying any credit cards or other unsecured debts)

Rent/mortgage (total all liens)	\$ _____	Car/Truck Payments	\$ _____
Taxes included? <input type="checkbox"/> YES <input type="checkbox"/> NO		Recreation	\$ _____
Insurance included? <input type="checkbox"/> YES <input type="checkbox"/> NO		Subscriptions/Reading	\$ _____
Property taxes (not included above)	\$ _____	Charitable Contributions	\$ _____
Home Insurance (not included above)	\$ _____	Child Support/Alimony	\$ _____
Life Insurance (not taken from wages)	\$ _____	School Expenses	\$ _____
Auto Insurance	\$ _____	Child Care Expenses	\$ _____
Homeowner Association Dues	\$ _____	Student Loans	\$ _____
Home Maintenance	\$ _____	Expenses from	
Electricity /Gas	\$ _____	Operating a Business	\$ _____
Water/Sewer/Trash	\$ _____	Self-Employment Taxes	\$ _____
Cable	\$ _____	Payments to IRS on old Taxes	\$ _____
Internet	\$ _____	Pet Care	\$ _____
Telephone(land line)	\$ _____	Cigarettes/Alcohol/Etc.	\$ _____
Cell phones/pager	\$ _____	Financial Aid to Relative	\$ _____
Grooming	\$ _____	Other (_____)	\$ _____
Housekeeping Supplies	\$ _____	Other (_____)	\$ _____
Food	\$ _____	Total Expenses	\$ _____
Clothing	\$ _____		
Medical/Dental out-of-pocket expense	\$ _____		
Health Ins. NOT deducted from pay	\$ _____	Total Net Income	\$ _____
Transportation (Fuel, Oil, Mtnc, Reg.)	\$ _____	Less Expenses	\$ _____
		Average Monthly Diff.	\$ _____

Are you expecting to receive a tax refund? _____
If yes, how much? \$ _____.

If you owe taxes, please complete:

Year: _____ Owed: \$ _____	Kind (income, property, etc.) _____
Date return filed: _____	Is a tax lien filed? _____
Year: _____ Owed: \$ _____	Kind (income, property, etc.) _____
Date return filed: _____	Is a tax lien filed? _____
Year: _____ Owed: \$ _____	Kind (income, property, etc.) _____
Date return filed: _____	Is a tax lien filed? _____
Year: _____ Owed: \$ _____	Kind (income, property, etc.) _____
Date return filed: _____	Is a tax lien filed? _____

Do you have an installment agreement with the IRS? _____ If yes, what is your monthly payment? \$ _____
Are you current? _____ Months in default? _____
Did you submit an offer in compromise? _____ Date submitted: _____ Date rejected/withdrawn: _____
If any tax returns were audited, please give years audited and date of any assessments:
Tax years audited: _____

List any years for which you have NOT FILED tax returns here, with approximate amounts due, if known.

IMPORTANT QUESTIONSCIRCLE YES OR NO

YES	NO	1)	Is anybody threatening to take your house, car or truck?
YES	NO	2)	Do you have anything in your possession that belongs to someone else?
YES	NO	3)	Does anyone have possession of anything that belongs to you?
YES	NO	4)	Do you have any property titled in your name that really belongs to somebody else?
YES	NO	5)	Have you sold or transferred anything worth more than \$1000 in the last 12 months?
YES	NO	6)	Have you made any purchases in the last 90 days for more than \$600?
YES	NO	7)	Have you taken out any loans, cash advances or balance transfers in the last 75 days for \$875 or more?
YES	NO	8)	Have you paid back friends or relatives more than \$1000 in the last 12 months?
YES	NO	9)	Has any creditor ever taken back, repossessed or foreclosed your truck, car, or home?
YES	NO	10)	Do you receive money from a trust or annuity?
YES	NO	11)	Are you separated from your spouse or contemplating separation? Spouse's Full name:
YES	NO	12)	Are you required to pay any debts under a Separation Agreement or Divorce Decree?
YES	NO	13)	Did you transfer any of your property to your ex-spouse?
YES	NO	14)	Do you owe any overdue child support or alimony? If so, how much: \$
YES	NO	15)	Are your wages being garnished to pay current child support? What about the overdue part?
YES	NO	16)	Do you have more than 2 vehicles? How many?
YES	NO	17)	Could you sue anyone - e.g. car accident, personal injury, suit on debt owed to you?
YES	NO	18)	Are any of your debts being paid by payroll deduction or military allotment?
YES	NO	19)	Have you given any loan company a list of your household goods?
YES	NO	20)	Have you listed any motor vehicles as collateral for a personal loan?
YES	NO	21)	Have you ever been divorced? If yes give years(s) _____, _____, _____
YES	NO	22)	Has anyone co-signed a loan for you?
YES	NO	23)	Has anyone put up a CD, savings account or car so you could get a loan?
YES	NO	24)	Has anyone served you with any Court papers(lawsuits) in the last 4 years?
YES	NO	25)	Does anyone have a judgment against you?
YES	NO	26)	Are there any tax returns you did not file? Which ones?
YES	NO	27)	Do you owe any Federal or State income taxes?
YES	NO	28)	Do you owe any real estate taxes or personal property taxes?
YES	NO	29)	Are your wages being garnished to pay back taxes?
YES	NO	30)	Do you owe money where you currently bank?
YES	NO	31)	Do you expect any gifts or inheritance in the next 12 months?
YES	NO	32)	Do you have any unpaid student loans?
YES	NO	33)	Have you paid more than \$600 to any creditor during the last 3 months?
YES	NO	34)	Do you have any pending car accident, workman's comp. or other personal injury claims?
YES	NO	35)	Do you pay on a lease, rent-to-own, or other contract?
YES	NO	36)	Do you owe any Court ordered restitution or fines? DWI tickets?
YES	NO	37)	Do you have any unpaid bad checks? If so, how many? Total amount of checks?
YES	NO	38)	Have you moved within the last 3 months?
YES	NO	39)	Have you transferred or given away any asset worth \$5,800 or more in the last 4 years?

QUESTIONS FOR BUSINESS OWNERS ONLY:

YES	NO	1)	What is the liquidation (quick sale) value of your inventory?
YES	NO	2)	What is the liquidation (quick sale) value of furniture & equipment?
YES	NO	3)	What is the liquidation (quick sale) value of accounts receivable?
YES	NO	4)	What is the current balance in the Business Bank Account?
YES	NO	5)	Are you current on all payroll/sales/income/property taxes?
YES	NO	6)	Do you want to keep operating the business?

(CIRCLE ONE)

Is the business a: Sole Proprietorship Partnership Corporation LLC LP Other

What percentage of ownership do you hold? _____

**INCOME AND EXPENSE STATEMENT FOR BUSINESS
ON AN AVERAGE MONTHLY BASIS**

Business Name: _____ Tax I.D. No.: _____
 Business Address: _____ County: _____

AVERAGE MONTHLY GROSS INCOME:

Gross receipts or sales	_____
Less returns and allowances	_____
Less cost of goods sold	_____
Gross profit	_____
Other income	_____
GROSS INCOME	_____

AVERAGE MONTHLY OPERATING EXPENSES:

Advertising	_____
Car and truck operating expenses	_____
Commissions and fees	_____
Salaries other than your own	_____
Employee benefit programs	_____
Insurance	_____
Mortgage payments	_____
Secured Business Loan (e.g. SBA)	_____
Legal and professional services	_____
Office expenses	_____
Pension and profit sharing	_____
Purchase or lease payments:	
Vehicles, machinery & equipment	_____
Other business property	_____
Repairs and maintenance	_____
Supplies	_____
Taxes and licenses	_____
Travel, meals and entertainment	_____
Utilities	_____
Wages	_____
Other: _____	_____
_____	_____
_____	_____
_____	_____
_____	_____

TOTAL AVERAGE MONTHLY EXPENSES _____
TOTAL AVERAGE MONTHLY NET PROFIT (or LOSS) _____
 (what you get to spend on your personal expenses)