

INTERVIEW INFORMATION SHEET

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Date: _____

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How did you hear about us? (please check all that apply) Internet Google
 SW Bell Yellow Pages Yellowpages.com Our Website
 GTE / Verizon Yellow Pages Referred By _____ Or Other: _____

Full Name _____ Email Address _____

Spouse's Name (List even if not filing bankruptcy) _____ Email Address _____

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 _____

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

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

Do you have any dependents? _____. If so, list their names, ages, and relationships. If any of 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 (eg. 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 and 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.

YOUR HOMESTEAD: Current Tax Appraised Value _____ **Resale Value(if Different)** _____

How long have you lived here (Approximate years and months)? _____

1 ST LIEN _____	_____	_____	_____	_____
Mortgage Company	Balance	Interest Rate	Mo. Payment	Late Fee
2 ND LIEN _____	_____	_____	_____	_____
Mortgage Company	Balance	Interest Rate	Mo. Payment	Late Fee

Are you intending to – or in the process of – trying to modify any mortgage? Yes _____ No _____

Are you behind on your home (any lien)? _____. If yes, by how much? \$ _____

How many months? _____ Do you want to keep it? _____.

FIRST VEHICLE: Paid for _____ Leasing _____ Buying _____: purchased _____, term of loan _____
Mo./yr. Yrs.

_____	_____	_____	_____	_____	_____
Year, Make & Model	Creditor	Balance	Value	Interest	Mo. Payment Rate

Are you behind? _____. If yes, by how much? \$ _____ Do you want to keep it? _____.

SECOND VEHICLE: Paid for _____ Leasing _____ Buying _____: purchased _____, term of loan _____
Mo./yr. Yrs.

_____	_____	_____	_____	_____	_____
Year, Make & Model	Creditor	Balance	Value	Interest	Mo. Payment Rate

Are you behind? _____. If yes, by how much? \$ _____ Do you want to keep it? _____.

THIRD VEHICLE: Paid for _____ Leasing _____ Buying _____: purchased _____, term of loan _____
Mo./yr. Yrs.

_____	_____	_____	_____	_____	_____
Year, Make & Model	Creditor	Balance	Value	Interest	Mo. Payment Rate

Are you behind? _____. If yes, by how much? \$ _____ Do you want to keep it? _____.

OTHER CREDITORS WITH COLLATERAL (e.g., Furniture, Computers, Appliances, Jewelry, etc.)

_____	_____	_____	_____	_____
Item	Value	Creditor	Amount Owed	Mo. Payment

_____	_____	_____	_____	_____
Item	Value	Creditor	Amount Owed	Mo. Payment

UNSECURED DEBT BALANCES

Master Card/Visa (all)	\$ _____	Bank Loans/Credit Lines	\$ _____
AMEX, Stores	\$ _____	Gasoline Cards	\$ _____
Judgments	\$ _____	Medical Bills	\$ _____
Pay Day Loans	\$ _____	Personal Loans	\$ _____
Finance Companies	\$ _____	Other (_____)	\$ _____
Student Loans	\$ _____		

TOTAL UNSECURED DEBT: \$ _____

TOTAL NUMBER OF CREDITORS _____

How many months behind on payments are you, in general? _____

How many months have passed, in general, since you last used credit cards? _____

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	_____	_____	_____
Cash/Checking/ Savings Accts.	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	_____	_____	Workers Compensation	_____	_____
Average monthly Overtime	_____	_____	Other Income or help With living Expenses	_____	_____
S.S. Benefits	_____	_____	Describe _____		
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 or home mortgage payment(s) \$ _____ Taxes included? <input type="checkbox"/> YES <input type="checkbox"/> NO Insurance included? <input type="checkbox"/> YES <input type="checkbox"/> NO Property taxes (not included above) \$ _____ Home Insurance (not included above) \$ _____ Life Insurance (not taken from wages) \$ _____ Auto Insurance \$ _____ Child Care Expenses \$ _____ Homeowner Association Dues \$ _____ Student Loans \$ _____ Home Maintenance \$ _____ Electricity /Gas \$ _____ Water/Sewer/Trash \$ _____ Cable \$ _____ Internet \$ _____ Telephone (land line) \$ _____ Cell Phones/Pagers \$ _____ Grooming \$ _____ Housekeeping Supplies \$ _____ Food \$ _____ Clothing \$ _____ Health Ins. (non-payroll ded.) \$ _____ Medical/Dental out-of-pocket expense \$ _____	Car/Truck Payments \$ _____ Transportation (includes gasoline, Oil changes, routine maintenance) \$ _____ Recreation \$ _____ Subscriptions/Reading \$ _____ Charitable Contributions \$ _____ Child Support/Alimony \$ _____ School Expenses \$ _____ Expenses from Operating a Business \$ _____ Self-Employment Taxes \$ _____ Payments to IRS on old Taxes \$ _____ Pet Care \$ _____ Alcohol/Smokes/Etc. \$ _____ Financial Aid to Relative \$ _____ Other (_____) \$ _____ Other (_____) \$ _____ Total Expenses \$ _____ Total Net Income \$ _____ Less Expenses \$ _____ Average Monthly Diff. \$ _____
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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 QUESTIONS

Circle 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 \$500?
YES	NO	7)	Have you taken out any loans, cash advances or balance transfers in the last 75 days for \$750 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 one 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 that 2 vehicles? How many?
YES	NO	17)	Have you had any car accidents in the last 4 years that were not your fault?
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 \$5,000 or more in the last 4 years?

QUESTIONS FOR BUSINESS OWNERS ONLY: CIRCLE YES OR NO

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) _____