

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.

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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:

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