

Interviewer
Initials

INITIAL CLIENT INTERVIEW

Next
Appointment
Date: _____
Time: _____

Date : _____

- I.** 1. Name(s): _____
2. Address: _____
3. Best Number: _____ Email: _____
4. How did you hear of this firm: () Letter () Goggle () Avvo () Referral _____
() TV () Website () Radio () Newspaper
5. Reside: () MD from _____ to _____ () DC from _____ to _____

II. Issue: _____

III. Foreclosure, repossession, lawsuits, garnishment of property scheduled? () Y () N
Foreclosure date and time _____ Amount of money garnished in past 90 days? \$ _____

IV. How would you like to see these matters resolved: _____

V. I am interested in the following services:

- | | | |
|---|--|---|
| <input type="checkbox"/> Chapter 7 Bankruptcy | <input type="checkbox"/> Chapter 13 Bankruptcy | <input type="checkbox"/> Chapter 11 Bankruptcy |
| <input type="checkbox"/> Creditor Workout | <input type="checkbox"/> Loan Modification | <input type="checkbox"/> Foreclosure Mediation |
| <input type="checkbox"/> Foreclosure Defense | <input type="checkbox"/> Exceptions to Sale | <input type="checkbox"/> Garnishment/Vehicle Recovery |
| <input type="checkbox"/> Short Sale | <input type="checkbox"/> Deed in Lieu | <input type="checkbox"/> Foreclosure Exit Planning |

VI. 1. Martial Status: () Single () Married () Separated () Divorced () Widowed

2. Household Size _____

3. **Income:**

Individual: bi-weekly \$ _____ weekly \$ _____ monthly \$ _____ yearly \$ _____
Spouse: bi-weekly \$ _____ weekly \$ _____ monthly \$ _____ yearly \$ _____

Additional Monthly Income: Rental \$ _____ Business \$ _____ Part-time \$ _____
Unemployment \$ _____ Social Security \$ _____ Disability \$ _____
Contribution \$ _____ Pension/Retirement/Annuity \$ _____ Child Support \$ _____
Alimony \$ _____ Spousal Support \$ _____

Total household Income: Monthly \$ _____ Yearly \$ _____

4. **Balances:** Checking \$ _____ Checking \$ _____ Checking \$ _____
Savings \$ _____ Savings \$ _____ Savings \$ _____
Cashier Checks \$ _____ Cash on Hand \$ _____ Stocks/Bonds \$ _____
Money Market \$ _____ CDs \$ _____ Prepaid Cards \$ _____
Whole Life Insurance \$ _____ Bitcoins/Digital currency \$ _____
Lottery \$ _____

VII. REAL ESTATE

1. Own House? () Yes () No House #1 Balance \$ _____ Current or Behind
Behind _____ months Amount \$ _____ FMV \$ _____
Monthly Payment \$ _____

Second Mortgage: () Yes () No Balance \$ _____ Monthly Payment \$ _____

More Realty: () Yes or () No Balance \$ _____ Current or Behind
Behind _____ months Amount \$ _____ FMV \$ _____
Monthly Payment \$ _____

Second Mortgage: () Yes () No Balance \$ _____ Monthly Payment \$ _____

VEHICLES

2. Own Vehicle? () Yes () No Vehicle #1 Balance \$ _____ Current or Behind
Monthly Payment \$ _____ Behind _____ months FMV \$ _____ Purchase Date _____
Year _____ Make _____ Model _____ Mileage _____

More Vehicles: () Yes or () No Balance \$ _____ Current or Behind
Monthly Payment \$ _____ Behind _____ months FMV \$ _____ Purchase Date _____
Year _____ Make _____ Model _____ Mileage _____

DEBTS

3.

Credit Cards Personal Loans Medical Payday loans Tolls/EZ Pass
\$ _____ \$ _____ \$ _____ \$ _____ \$ _____

Utilities Judgments Child support/Alimony Student Loans Tickets Timeshare
\$ _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____

Back Rent Auto Insurance Violations Repossession Balance HOA
\$ _____ \$ _____ \$ _____ \$ _____

Taxes
\$ _____ Years _____

VIII.

FINANCIAL AFFAIRS

- 1) Have you transferred any money or property to anyone including any charity in the last 2 years over \$600? _____
- 2) Has anyone died from whom you might expect to inherit money or property? _____
- 3) Does anyone owe you money or can you bring a claim or lawsuit against anyone for money? _____
i.e. auto accident, slip & fall, medical malpractice, defective product, mesh claims, worker's
compensation, sexual harassment, wrongful termination, employment discrimination.
- 4) Do you expect a tax refund which you have not received yet? _____ How much? _____
- 5) Does anyone owe you any money? _____
- 6) Within 1 year have you paid a debt to a relative, partner or officer or agent of a business you own? _____
- 7) Have you paid more than \$600.00 to any one creditor in the past 90 days? _____ Amount? _____
- 8) Have you charged or purchased anything over \$1,000.00 in the past 6 months and agreed to pay
for it over time? _____ Explain _____
- 9) Within 2 years did you sell, trade or transfer any property to anyone other than property transferred in the
ordinary course of your business or financial affairs? _____

IX.

HISTORY

Prior Bankruptcy Filings: () Y () N Chapter 7 or 13 or 11
Case No. _____ When Filed _____ Disposition _____
Case No. _____ When Filed _____ Disposition _____
Prior loan modification () Y () N Dates _____

STOP HERE - OFFICE USE

X. Recommended Service:

- | | | |
|---|--|---|
| <input type="checkbox"/> Chapter 7 Bankruptcy | <input type="checkbox"/> Chapter 13 Bankruptcy | <input type="checkbox"/> Chapter 11 Bankruptcy |
| <input type="checkbox"/> Creditor Workout | <input type="checkbox"/> Loan Modification | <input type="checkbox"/> Foreclosure Mediation |
| <input type="checkbox"/> Foreclosure Defense | <input type="checkbox"/> Exceptions to Sale | <input type="checkbox"/> Garnishment/Vehicle Recovery |
| <input type="checkbox"/> Short Sale | <input type="checkbox"/> Deed in Lieu | <input type="checkbox"/> Foreclosure Exit Planning |

XI. Notes

- | | | |
|---|--|---|
| <input type="checkbox"/> Strip Judgment/HOA Liens | <input type="checkbox"/> Strip 2nd Mortgage | <input type="checkbox"/> Strip down mortgage/rental |
| <input type="checkbox"/> Garnishment Recovery | <input type="checkbox"/> Repossession Recovery | <input type="checkbox"/> Cramdown Car |
| <input type="checkbox"/> Fraudulent transfers | <input type="checkbox"/> Trustee preference | <input type="checkbox"/> Tax Dischargeability |
| <input type="checkbox"/> Discharge Issues | <input type="checkbox"/> Tenants by Entirety | <input type="checkbox"/> Non-exempt Equity |
| <input type="checkbox"/> Self Employed | <input type="checkbox"/> Unstable Income | <input type="checkbox"/> Pro-rate tax refunds |

XII.

FEE ARRANGEMENT

_____ Court approved fee application billing hourly _____ No look flat fee

\$ _____ Initial fee \$ _____ Down payment required