

**BANKRUPTCY PROFESSIONAL CENTER
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CONFIDENTIAL INITIAL INTERVIEW SHEET

Name: _____ Date of Birth: ___/___/___ Date: ___/___/___
SSN: ___-___-___ Telephone: Home: _____ Work: _____
Marital Status: Single Married Divorced Widowed Separated
Mailing Address: _____ **EMAIL:** City, _____
City/Zip: _____ County: _____
Time at Current Address: _____ Emergency Contact Phone: _____
Employer: _____ How Long?: _____
Job Position: _____
Average Take-home Pay Per Paycheck: \$ _____ How often are you paid? _____

Spouse's Name: _____ Date of Birth: ___/___/___
SSN: ___-___-___ Telephone: Home: _____ Work: _____
Employer: _____ How Long?: _____
Job Position: _____
Average take-home pay: \$ _____ How often are you paid? _____

Dependent Children Living in Your Home:

Name: _____ D/O/B: ___/___/___ Name: _____ D/O/B: ___/___/___
Name: _____ D/O/B: ___/___/___ Name: _____ D/O/B: ___/___/___
Name: _____ D/O/B: ___/___/___ Name: _____ D/O/B: ___/___/___

Where did you hear about my office? Referred by _____
Phone Book, please list which one: _____ Other: _____
Have you consulted with another attorney about this case? _____

What is your biggest legal concern at this time? _____
Do you or your family members have serious medical problems? Yes No
If so, what is the nature of the problems? _____
Have you filed bankruptcy before? Yes No
If so, please list the type of case, when it was filed, and where it was filed: _____

Has a lawsuit been filed against you? Yes No Are you being garnished? Yes No -----

Do you own or have any interest in Real Estate (house or land)? Yes No
If so: Value of Real Estate \$ _____ Debt Owed on Real Estate: \$ _____
Have you owned a business or been a corporate officer within the last 6 years? Yes No, If yes, list name of business: _____

Which Debt is giving you the most trouble and why? _____

About how many places do you owe money? _____
Have you charged over \$1000.00 at one time or taken cash advances over the last 6 months on any of your debts OR do you have a credit card or other nonmedical debt that was run up entirely within the last year? Yes No If yes, on which debt,(s)? _____

List Secured Credit Lines (Sears, Zales, Ward's, Layman's, etc.):

WHO YOU OWE	AMOUNT YOU OWE	WHAT WAS BOUGHT
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____

Total Amount of Debt on all credit cards: \$ _____

What are your largest secured debts (house, car, etc.)?

WHO YOU OWE	AMOUNT YOU OWE	WHAT WAS BOUGHT
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____

Has any of your debts been cosigned by anyone? Yes No. If yes, then list: Name of Debt _____ Amount: \$ _____ Name/rel: _____

Total of all Medical Bills: \$ _____

Do you owe taxes? Yes No

If so:

Who you owe	Amount you owe	Tax Year
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____

Do you owe Student Loans? Yes No If so:

Who you owe	Amount you owe	Govt. Guaranteed?
_____	\$ _____	_____
_____	\$ _____	_____

When was the first payment on your student loan due? ___/___/___

Do you have any other Debt not listed above? Yes No If so:

Who you owe	Amount you owe	Collateral
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____

What Valuable Assets (houses, cars, retirement accounts, etc.) do you own outright?

_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____