

**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? \_\_\_\_\_

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

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**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: \_\_\_/\_\_\_/\_\_\_

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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? \_\_\_\_\_

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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: \_\_\_\_\_

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

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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: \_\_\_\_\_

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Which Debt is giving you the most trouble and why? \_\_\_\_\_

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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?

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