

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 Hildebrand Law Office?

Internet - what site: _____; By Previous Client ; _____

Other _____

Attorney Referral ; if Attorney, his/her name: _____.

PROVIDE THE FOLLOWING GENERAL INFORMATION ABOUT:

A. Individual

B. Spouse (if Applicable)

Name: _____
First Middle Last

Maiden Name: _____

D.O.B.: _____

S.S.#: _____ - _____ - _____

D.L. # _____

Mailing Address: _____

Residence Address: _____

County: _____

Phone: _____ - _____ - _____

Cell: _____ - _____ - _____

Email: _____

Length of time at above residence: _____

Previous Address(es) (if less than 3yrs at current residence):

Address: _____

Mo/Yr: _____ through _____

Address: _____

Mo/Yr: _____ through _____

Address: _____

Mo/Yr: _____ through _____

Name: _____
First Middle Last

Maiden Name: _____

D.O.B.: _____

S.S.#: _____ - _____ - _____

D.L. # _____

Mailing Address: _____

Residence Address: _____

County: _____

Phone: _____ - _____ - _____

Cell: _____ - _____ - _____

Email: _____

Length of time at above residence: _____

Previous Address (if less than 3yrs at current residence):

Address: _____

Mo/Yr: _____ through _____

Address: _____

Mo/Yr: _____ through _____

Address: _____

Mo/Yr: _____ through _____ Tax

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:

AND/ 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. 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, AND 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: \$ _____

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 you ever had a V.A., F.H.A. or other Government Guaranteed Mortgage Loan?
Yes No

8. Budget information. What do you pay on average each month for the following expenses:

- a. Rent/ Mortgage
- b. Insurance –
 - 1 home,
 - 2 life,
 - 3 health,
 - 4 vehicle
- c. Electric/ gas
- d. Water/sewer/garbage
- e. Phone/internet/cable
- f. Other
- g. Food
- h. Childcare, education
- i. Clothing
- j. Personal care products/services
- k. Medical/ Dental expenses
- l. Transportation/ gas /repairs
- m. Entertainment
- n. Charitable contributions
- o. Car payments
- p. Child support
- q. Student loans
- r. Other – please specify

9. Summary of personal property – please describe briefly and estimate value (what you could sell it for or it would cost to replace with a like item if applicable)

- a. Household furnishings
- b. Electronics
- c. Clothing
- d. Collections
- e. Motor vehicles – year, make, and model of all vehicles
- f. Cash on hand
- g. Jewelry
- h. Retirement accounts
- i. Alimony, support, other maintenance debtor may be entitled to
- j. Other liquidated debts owed to debtor (such as income tax refund)

k. Personal property of any kind not listed

***Please list any home/car loans below. Including initial amount of loan and the current balance owed on the loan below:**

Finance Company: _____ Initial Loan Amount _____ Current Balance _____

Description of the Property _____ Current Value _____

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Description of the Property _____ Current Value _____

Finance Company: _____ Initial Loan Amount _____ Current Balance _____

Description of the Property _____ Current Value _____

If there are additional loans, please provide that info on the back of this page.

Are you now, or have you ever been, represented by this firm? Yes No

1. In the Past 12 Months, have you repaid any money to any relatives or business partner? Yes No
 No

2. 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

3. If you own a home, has anyone ever sued you? Yes No
 No

4. Do you owe any of the following debts? Yes No
 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 custodial parent:

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

9. Do you understand that you are signing this document under the pains and penalties for perjury? Yes No

Please Sign:

X _____

Debtor 1

X _____

Debtor 2

Documents to provide our office:

1. Signed Retainer Agreement
2. Signed Initial Consultation Agreement
3. Tax returns for the past two years
4. Pay stubs for the past seven (7) months including year-to-date income
5. Documentation of any other income
6. Bank statements for the past three (3) months
7. Any and all credit reports
8. Any and all statements regarding your debt (i.e. bills received in mail)
9. Name and address of any and all co-debtors
10. Information regarding any pending lawsuits
11. Information regarding any retirement accounts, such as pensions, 401k, etc.
12. Information regarding any prior bankruptcies
13. Information regarding all payments to creditors in the past 90 days
14. If you filed taxes as Married Filing Jointly, please provide copies of you W2's for the last two (2) years
15. Copies of your state issued ID (i.e Driver's License) and social security card. If you do not have a copy of your social security card, you may use a W2 with your full social security number listed.