

SOUTH ORANGE COUNTY

BANKRUPTCY

Because Everyone Deserves a Second Chance™

INITIAL INTERVIEW FORM

Date: _____ How did you hear about us? Referred by _____
 Internet (what search terms or key words were used) _____
 Other _____ Any prior bankruptcy filings? _____ If so, when?: _____

I. Personal Information

Name: _____ Social Security No. _____ Date of Birth _____

Spouse's Name: _____ Social Security No. _____ Date of Birth _____

Marital Status: _____ Are you filing bankruptcy individually or jointly? _____

Home Address: _____

Home No. _____ Work No. _____ Cell No. _____ Email _____

Years lived in this county? _____ Have you lived in California at least 2 years? _____ State lived in prior to that? _____

How many total family members, children, dependants, relatives, friends or roommates live with you? _____

II. Business Debts (if applicable)

Do you own your own business? _____ If yes, is it a sole proprietorship corporation LLC other

For your debts, list what % of total is business debt _____% and what % is personal debt? _____%

How much have you (and your spouse) received as NET BUSINESS INCOME in the last six months? (i.e., gross earnings, less reasonable business expenses) \$ _____

III. Income

Apart from business income (see above), please list the total amount of all Pre-tax Income YOU AND YOUR SPOUSE received DURING THE PREVIOUS 6 MONTHS FROM ANY AND ALL OF THE FOLLOWING AREAS:

(a) W-2 or 1099 Income from your job, (b) unemployment, (c) child support/alimony, (d) workers comp, (e) trust income, (f) private disability income, (g) pension/retirement, (h) rental income, (i) roommate income, (j) interest/royalties

TOTAL INCOME: \$ _____ **NOTE - Don't include social security income, retirement or disability payments.**

IV. Vehicles, Motorcycles, Watercraft, Jet Skis, Trailers, Motorhomes

Please complete the following as accurately as possible for each of your vehicles, etc. (use other pages if necessary)

Year	Make	Model	Mileage (important)	Fair Market value (Blue Book)	Approx. Date Purchased	Loan/Lease (specify)	Monthly Payment	# Months Late	Balance Owed
				\$			\$		\$
				\$			\$		\$

V. Real Estate (Residential/ Rental Properties/Lots/Timeshares)

Do you and/or your spouse own any real estate? _____ If so, complete the following for each property you own:

Type of Property (home, income property, timeshare, lots, etc.)	List mortgages and other liens on the Property	Present Market Value of Property (How was value determined, Zillow, realtor.)	Purchase Price	Balance Owed	Monthly Payment	Current Status (i.e., months behind, Notice of Default filed, short sale, foreclosure scheduled)
	1st Mortgage					
	2nd Mortgage					

(Please attach extra pages for each additional property you may own)

Do you rent? _____ Do you have renter's insurance? _____ Are there any co-signers for any of these loans? _____

VI. Other Debts Please complete the following as accurately as possible.

Type of Debt	No. of Items	Approx. Total Combined Balance	Approx. Charges in Last 3 Mos.	Approx. Total Payments in Last 3 Mos.	Months Late
Credit Cards		\$	\$		
Student Loans		\$	\$		
Taxes (list years owed for)		\$	\$		
Judgments/Lawsuits		\$	\$		
Medical Bills		\$	\$		
Repossessions/Surrendered Cars		\$	\$		
Support Obligations (spousal or child)		\$	\$		
Personal Loans (friends, family, credit union)		\$	\$		

Are there any co-signers for any of these loans? ____ If so, list: _____

VII. Common Household Expenses [Please complete the following as accurately as possible.]

Home insurance _____ Property taxes _____ Home maintenance _____
 Electric/Gas utility _____ Propane/Fuel Oil _____
 Telephone - land line _____ Cell phone _____
 Cable/Satellite _____ Internet _____
 Trash/Garbage _____ Water/Sewer _____
 Food _____ Restaurant/Food away _____
 Clothing _____ Laundry _____
 Medicine/Doctor/Dentist _____ Prescriptions _____

***** DO NOT include amounts deducted from paychecks for employer provided benefits.**

Health Insurance *** _____ *****
 Dental Insurance *** _____ *****
 Life Insurance *** _____ *****
 Auto gas _____ Auto payment _____

Auto insurance _____ Other Insurance _____
 Recreational expenses _____ Gym membership _____ Charity _____
 Past due Tax payment _____ Alimony/Support Owed _____
 Educational/Tuition _____ Student loans _____
 Child school expenses _____ Child after school expenses _____
 Childcare/Babysitting _____
 Support for others _____ Pet expenses _____
 Other expenses _____ Storage Unit _____ Cigarettes/smoking _____

VIII. List the value of your assets (if married but filing singly – list any interest in your spouse’s assets)

List how much equity you have in your primary residence \$ _____

Use an approximate value of what it would cost to replace items of equal age/condition (buying it at thrift stores) or if you sold the following items at a garage sale:

Pets: type and number of _____ (don't put a \$ value UNLESS pure bred/show)
 General Furs and Jewelry \$ _____ (includes watches)
 General Wearing Apparel \$ _____
 Clothing \$ _____
 General Firearms \$ _____
 Sports, Exercise, Photographic and Hobby Equipment \$ _____
 General digital music and video collections \$ _____
 General books, Pictures and Art in frames, and Collectibles \$ _____ (nic naks)
 Electronics: TVs, radios, stereo, phones \$ _____
 General Household Goods and Furnishings \$ _____ (everything else!)
 List all IRA, 401-K or ERISA qualified plans you maintain for retirement and amounts of each: \$ _____

Cash on hand, checking balances, savings balances, CD, money market accounts: List any of these accounts that you maintain and the dollar amount thereof: _____

List any other assets (including businesses (corps/LLCs) you own):

IF YOU HAVE A STORAGE UNIT: type of goods _____ Value \$ _____
 Name and address of facility _____

IX. Miscellaneous.

During the past four (4) years have you transferred, sold or gifted away vehicles or other assets valued at more than \$1,500 to anyone? _____

Have you filed tax returns for the past four years? ____

Have you been divorced? ____ If yes, how long ago? _____ Did you assume any debts in the divorce? _____

Can you please provide a copy of the most recent paycheck stub for each person who is working? ____

KEY ELIGIBILITY INDICATORS:

FOR CHAPTER 7 BANKRUPTCIES: Median Income for the size of household must be less than: 1-\$54,787; 2-\$73,162; 3-\$79,061; 4-\$91,349; add \$8,400 for each person over 4.

FOR CHAPTER 13 BANKRUPTCIES: Maximum Debt Load: Secured Debt must be under \$1,010,650.00, and Unsecured Debt must be under \$336,900.00.