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INITIAL INTERVIEW QUESTIONNAIRE (BANKRUPTCY)

Please print all of your answers completely and legibly

**Please answer each question fully. If it does not apply to you or the answer is none, please write N/A in the space provided. If you are married, you must complete the information for both debtors, even if only one is going to file bankruptcy.**

**DEBTOR 1 INFORMATION:**

FULL NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_

STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

COUNTY: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_

WORK PHONE: \_\_\_\_\_

CELL: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

LENGTH AT RESIDENCE: \_\_\_\_\_

SS #: \_\_\_\_\_

DL #: \_\_\_\_\_ STATE: \_\_\_\_\_

DOB: \_\_\_\_\_

Other Names Used in Last 6 Years  
\_\_\_\_\_

Nearest Relative\*: \_\_\_\_\_

**DEBTOR 2 (SPOUSE) INFORMATION:**

FULL NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_

STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

COUNTY: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_

WORK PHONE: \_\_\_\_\_

CELL: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

LENGTH AT RESIDENCE: \_\_\_\_\_

SS #: \_\_\_\_\_

DL #: \_\_\_\_\_ STATE: \_\_\_\_\_

DOB: \_\_\_\_\_

Other Names Used in Last 6 Years  
\_\_\_\_\_

Phone\*: \_\_\_\_\_

This is only for us to contact in case of emergency.

**How did you get my name?** Telephone Directory of Texas \_\_\_\_\_ Radio Ad \_\_\_\_\_

Letter \_\_\_\_\_ Internet Website \_\_\_\_\_ NACBA \_\_\_\_\_

Referral: \_\_\_\_\_ Referred by: \_\_\_\_\_

**HAVE EITHER OF YOU FILED BANKRUPTCY BEFORE? YES/NO**

If yes, state when and where \_\_\_\_\_

**MARITAL STATUS:** \_\_\_ Single \_\_\_ Married \_\_\_ Separated \_\_\_ Divorced \_\_\_ Widowed

**DEPENDENT and/or CHILDREN INFORMATION (list only those residing at home):**

NAME	BIRTHDATE	AGE	SCHOOL GRADE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

State all other members of your household:

**PRIORITY CREDITORS**

IRS

Have you filed all your income tax returns? YES \_\_\_\_\_ NO \_\_\_\_\_  
If not, state the tax years where no return has been filed:

\_\_\_\_\_

If returns have been filed and there are amounts owed,  
State the amount owed and the tax year due

\_\_\_\_\_

**PROPERTY TAXES**

State the amount owed and the periods due:

\_\_\_\_\_

**CHILD SUPPORT/DOMESTIC SUPPORT OBLIGATIONS:**

Current monthly support obligation: \_\_\_\_\_  
Amount in arrears: \_\_\_\_\_  
Additional child/spousal support obligations: \_\_\_\_\_  
Name of person (obligee) support paid to: \_\_\_\_\_  
Address of person paid to: \_\_\_\_\_

## CREDITOR INFORMATION

**SECURED CREDITORS** (ie. Mortgage, car lenders, or any other lender to whom collateral is pledged as security on the loan)

Name (MORTGAGE): \_\_\_\_\_

Address: \_\_\_\_\_

Account No.: \_\_\_\_\_ Date debt incurred: \_\_\_\_\_

Balance owed: \_\_\_\_\_ Amount past due: \_\_\_\_\_

Next due date: \_\_\_\_\_ Interest Rate: \_\_\_\_\_ Monthly Payment Amount: \_\_\_\_\_

Name (AUTO LENDER): \_\_\_\_\_

Address: \_\_\_\_\_

Account No.: \_\_\_\_\_ Date debt incurred: \_\_\_\_\_

Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ Mileage \_\_\_\_\_

Balance owed: \_\_\_\_\_ Amount past due: \_\_\_\_\_

Next due date: \_\_\_\_\_ Interest Rate: \_\_\_\_\_ Monthly Payment Amount: \_\_\_\_\_

Name (AUTO LENDER): \_\_\_\_\_

Address: \_\_\_\_\_

Account No.: \_\_\_\_\_ Date debt incurred: \_\_\_\_\_

Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ Mileage \_\_\_\_\_

Balance owed: \_\_\_\_\_ Amount past due: \_\_\_\_\_

Next due date: \_\_\_\_\_ Interest Rate: \_\_\_\_\_ Monthly Payment Amount: \_\_\_\_\_

Name (OTHER): \_\_\_\_\_

Address: \_\_\_\_\_

Account No.: \_\_\_\_\_ Collateral description: \_\_\_\_\_

Balance owed: \_\_\_\_\_ Amount past due: \_\_\_\_\_

Next due date: \_\_\_\_\_ Interest Rate: \_\_\_\_\_ Monthly Payment Amount: \_\_\_\_\_

**EMPLOYER INFORMATION:**

DEBTOR 1:

Employer Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Position: \_\_\_\_\_ Length of Time Employed: \_\_\_\_\_

DEBTOR 2 (Spouse):

Employer Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Position: \_\_\_\_\_ Length of Time Employed: \_\_\_\_\_

Do either of you have more than one employer? YES/NO

ANTICIPATED CHANGES IN INCOME IN NEXT 12 MONTHS:

\_\_\_\_\_

**PLEASE PROVIDE US WITH COPIES OF YOUR PAY STUBS (“PAY ADVICES”) FOR THE LAST SIX MONTHS ENDING ON THE LAST DAY OF THE MONTH PRIOR TO MONTH OF FILING AND COPIES OF YOUR LAST TWO YEARS OF INCOME TAX RETURNS.**

**MONTHLY EXPENSES:**

Please answer these as completely as you can using averages

Rent/Mortgage:	\$ _____
Are your property taxes included? If not, state amount	\$ _____
Is your property insurance included? If not, state amount	\$ _____
Home Maintenance	\$ _____
Electricity and gas .....	\$ _____
Water and sewer .....	\$ _____
Telephone .....	\$ _____
Cellular Phone .....	\$ _____
Security System .....	\$ _____
Food .....	\$ _____
Clothing .....	\$ _____
Laundry/Dry Cleaning .....	\$ _____
Medical/Dental .....	\$ _____
Transportation .....	\$ _____
Entertainment/Magazines .....	\$ _____
Charitable Contributions.....	\$ _____
Renter’s Insurance .....	\$ _____

Life Insurance (list only if not deducted from wages).....	\$ _____
Health Insurance (list only if not deducted from wages).....	\$ _____
Auto Insurance .....	\$ _____
Other Insurance (Explain) _____ .....	\$ _____
Cable .....	\$ _____
Internet Service .....	\$ _____
Other Utilities (Explain) _____ .....	\$ _____
Taxes not deducted from wages or included in home Mortgage payments. (Specify) _____ .....	\$ _____
Child Care .....	\$ _____
Alimony/support paid to others .....	\$ _____
Other Expense _____ .....	\$ _____
<b>Installment Payments:</b>	
Automobile .....	\$ _____
Automobile .....	\$ _____
Others (Explain) _____ .....	\$ _____

**PROPERTY QUESTIONS**

**PROPERTY:**

Checking Account #1  
Bank Name and Account Number:  
\_\_\_\_\_

Checking Account #2  
Bank Name and Account Number:  
\_\_\_\_\_

Checking Account #3  
Bank Name and Account Number:  
\_\_\_\_\_

Savings Account #1  
Bank Name and Account Number:  
\_\_\_\_\_

Savings Account #2  
Bank Name and Account Number:  
\_\_\_\_\_

**MARKET VALUE:**

\$ \_\_\_\_\_  
Balance on day of filing

\$ \_\_\_\_\_  
Balance on day of filing

\$ \_\_\_\_\_  
Balance on day of filing

\$ \_\_\_\_\_  
Balance on day of filing

\$ \_\_\_\_\_  
Balance on day of filing

Please list the quantity of each item below that you own:

Televisions (list each size) \_\_\_\_\_

DVD Players: \_\_\_\_\_ Stereo: \_\_\_\_\_ VCR: \_\_\_\_\_ Computer \_\_\_\_\_

Couch: \_\_\_\_\_ Recliners: \_\_\_\_\_ Coffee Tables: \_\_\_\_\_ End Tables: \_\_\_\_\_

Dining Table: \_\_\_\_\_ # of chairs w/dining table: \_\_\_\_\_ China Cabinet: \_\_\_\_\_

Refrigerator/Freezer combination: \_\_\_\_\_ Refrigerators: \_\_\_\_\_ Freezers: \_\_\_\_\_

Washers: \_\_\_\_\_ Dryers: \_\_\_\_\_ Microwaves: \_\_\_\_\_ Dressers: \_\_\_\_\_

King Beds: \_\_\_\_\_ Queen Beds: \_\_\_\_\_ Full Beds: \_\_\_\_\_ Twin Beds: \_\_\_\_\_

Shotguns: \_\_\_\_\_ Rifles: \_\_\_\_\_ Hand Guns: \_\_\_\_\_ Pets: \_\_\_\_\_

Riding Lawnmowers: \_\_\_\_\_ Push Lawnmowers: \_\_\_\_\_ Patio Furniture \_\_\_\_\_

Any other personal items not listed above: \_\_\_\_\_

Furs and Jewelry

\_\_\_\_\_ \$ \_\_\_\_\_

Retirement Funds (explain in detail)

\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_

Term life Insurance? Yes \_\_\_\_\_ No \_\_\_\_\_

Universal or Whole Life? Yes \_\_\_\_\_ No \_\_\_\_\_

Cash value on whole or universal life policies \$ \_\_\_\_\_  
\$ \_\_\_\_\_

Annuities, IRAS, ERISA and Keough Plans (please circle) \$ \_\_\_\_\_

Stocks, Bonds or CD'S (please circle one) \$ \_\_\_\_\_

Tax refund for last year (Already received? \_\_\_\_\_) \$ \_\_\_\_\_

Other Assets – Include Electronics & Cameras

\_\_\_\_\_ \$ \_\_\_\_\_

## STATEMENT OF FINANCIAL AFFAIRS

***Each question must be answered, if it does not apply write N/A or None.***

1. List all payments on loans, credit cards, and other debts totaling more than \$600.00 to any individual creditor made within 90 days before the beginning of this case. (e.g. Chase Auto Finance, paid 01/13/17,02/15/17 & 03/18/17, \$386.00/month)

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2. List all cash advances and any charges made on credit cards in the past 90 days.

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3. List all lawsuits to which the debtor is/was a party within the last year. Please include the case number and attorney name and address involved in this lawsuit.

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4. List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within the last year.

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5. List all property which is in your possession, but that is owned by someone other than yourself.

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6. List all gifts or charitable contributions made within one year prior to the filing of this case except ordinary and usual gifts to family members totaling less than \$200.00 in value per individual family member and charitable contributions totaling less than \$100.00 per recipient.

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7. List all losses from fire, theft, other casualty or gambling within the last year.

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8. List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within one year prior to the filing of this case (include traded motor vehicles and give the name and complete address of the transferee, date of transfer, consideration received and state whether the transferee is related to you).

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9. List all safe deposit boxes in which the debtor has or had securities, cash or other valuables within one year prior to the filing of this case.

\_\_\_\_\_

10. If you have moved within the last three (3) years, list all addresses and the dates in which you lived there.

\_\_\_\_\_

11. If the debtor is an individual, list the names and addresses of all businesses in which the debtor was an officer, director, or managing executive of a corporation, partnership, sole proprietorship, or was a self-employed professional within the two years prior to filing this case.

\_\_\_\_\_

12. List all bookkeepers and accountants who within the six years prior to filing this case kept or supervised the keeping of books of account and records of the debtor.

\_\_\_\_\_

**IF YOU DO NOT PROVIDE OUR OFFICE WITH A COMPLETE ADDRESS AND ACCOUNT NUMBER FOR EACH CREDITOR, THAT DEBT MAY NOT BE DISCHARGED IN YOUR BANKRUPTCY.**

**A COPY OF CURRENT STATEMENTS CAN BE SUBSTITUTED IN PLACE OF PROVIDING THE LISTED INFORMATION AS LONG AS THE COMPLETE INFORMATION IS PROVIDED IN THE STATEMENTS.**

**UNSECURED CREDITORS**

Creditor Name: \_\_\_\_\_

Check reason for debt

Address: \_\_\_\_\_

Credit Card \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Signature Loan \_\_\_\_\_

Account No.: \_\_\_\_\_

Medical Provider \_\_\_\_\_

Payday Loan \_\_\_\_\_

Other (Explain) \_\_\_\_\_

Balance Due \$ \_\_\_\_\_

**Date Charges first incurred:** \_\_\_\_\_

Creditor Name: \_\_\_\_\_

Check reason for debt

Address: \_\_\_\_\_

Credit Card \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Signature Loan \_\_\_\_\_

Account No.: \_\_\_\_\_

Medical Provider \_\_\_\_\_

Payday Loan \_\_\_\_\_

Other (Explain) \_\_\_\_\_

Balance Due \$ \_\_\_\_\_

**Date Charges first incurred:** \_\_\_\_\_



Creditor Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Account No.: \_\_\_\_\_

Balance Due \$ \_\_\_\_\_

Check reason for debt

Credit Card \_\_\_\_\_

Signature Loan \_\_\_\_\_

Medical Provider \_\_\_\_\_

Payday Loan \_\_\_\_\_

Other (Explain) \_\_\_\_\_

**Date Charges first incurred:** \_\_\_\_\_

Creditor Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Account No.: \_\_\_\_\_

Balance Due \$ \_\_\_\_\_

Check reason for debt

Credit Card \_\_\_\_\_

Signature Loan \_\_\_\_\_

Medical Provider \_\_\_\_\_

Payday Loan \_\_\_\_\_

Other (Explain) \_\_\_\_\_

**Date Charges first incurred:** \_\_\_\_\_

Creditor Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Account No.: \_\_\_\_\_

Balance Due \$ \_\_\_\_\_

Check reason for debt

Credit Card \_\_\_\_\_

Signature Loan \_\_\_\_\_

Medical Provider \_\_\_\_\_

Payday Loan \_\_\_\_\_

Other (Explain) \_\_\_\_\_

**Date Charges first incurred:** \_\_\_\_\_

Creditor Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Account No.: \_\_\_\_\_

Balance Due \$ \_\_\_\_\_

Check reason for debt

Credit Card \_\_\_\_\_

Signature Loan \_\_\_\_\_

Medical Provider \_\_\_\_\_

Payday Loan \_\_\_\_\_

Other (Explain) \_\_\_\_\_

**Date Charges first incurred:** \_\_\_\_\_

Creditor Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Account No.: \_\_\_\_\_

Balance Due \$ \_\_\_\_\_

Check reason for debt

Credit Card \_\_\_\_\_

Signature Loan \_\_\_\_\_

Medical Provider \_\_\_\_\_

Payday Loan \_\_\_\_\_

Other (Explain) \_\_\_\_\_

**Date Charges first incurred:** \_\_\_\_\_

Creditor Name: \_\_\_\_\_

Check reason for debt

Address: \_\_\_\_\_

Credit Card \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Signature Loan \_\_\_\_\_

Account No.: \_\_\_\_\_

Medical Provider \_\_\_\_\_

Payday Loan \_\_\_\_\_

Other (Explain) \_\_\_\_\_

Balance Due \$ \_\_\_\_\_

**Date Charges first incurred:** \_\_\_\_\_

Creditor Name: \_\_\_\_\_

Check reason for debt

Address: \_\_\_\_\_

Credit Card \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Signature Loan \_\_\_\_\_

Account No.: \_\_\_\_\_

Medical Provider \_\_\_\_\_

Payday Loan \_\_\_\_\_

Other (Explain) \_\_\_\_\_

Balance Due \$ \_\_\_\_\_

**Date Charges first incurred:** \_\_\_\_\_

Do you owe STUDENT LOANS? YES \_\_\_\_\_ NO \_\_\_\_\_  
If yes, state amount owed and amount past due (if any) \_\_\_\_\_

Do you have any loans that were signed by another party? YES \_\_\_\_\_ NO \_\_\_\_\_  
State name of co-signer, complete address, creditor, and account number.  
\_\_\_\_\_  
\_\_\_\_\_

**Do you expect to inherit any property in the near future? Yes \_\_\_\_\_ No \_\_\_\_\_**  
Property acquired within 180 days of the filing of a Chapter 7 case can become property of the  
bankruptcy estate.

**Do you have a claim against anyone for personal injury of property damage? In other  
words, could you sue anybody for any reason? YES \_\_\_\_\_ NO \_\_\_\_\_**

I certify that the information given above is true and correct to the best of my knowledge.

DATE: \_\_\_\_\_

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_