## Interview

The first step in eliminating your debt is to complete this free on-line interview. After analysis of your data, you will be contacted with some helpful advice and tips on how to resolve your specific credit situation. You can also download a copy of this form in Adobe Acrobat format to fill out and mail to our offices.

All information submitted will be kept strictly confidential and be used solely for purpose of this analysis. You can review our privacy policy for additional information on how we collect and use data.

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Please fill out this form accordingly.  What is your first name?  And what is your last name?			
Email	What is Phone Number?		Marital Status
Email Address	Mobile Number		- Select -
If yes, what is your spouse's full name?		If yes, what is your spous	e's email address?
About You			
Have you filed for bankruptcy before?  - Select -		Are you employed?  - Select -	
Occupation		Your Employer	
Subject Subject		Length of Employment	
What are your gross wages per pay period?		What is your take home (net) per pay period?	
Do you have income from any other source(s)? If yes, state source and amount.		How Often Are You Paid - Select -	•
Do you rent or own?  - Select -		If rent, how much monthly?	
If own, what is value of residence?			
Spouse's Employment (if applicable)			
- Select -		Occupation	
Employer		Length of Employment	
How Often is Your Spouse Paid?		Gross wages per pay period	
Take home (net) per pay period		Do they have income from any other source(s)? If yes, state source and amount.	
Questions about Mortgage (if applicable)			
Name of Lender	Loan Balance		Monthly Payment
Are you current?		Do you own any other rea	estate?
○ Yes ○ No  If behind, how far?		○ Yes ○ No  Value of other real estate	(if applicable)
Vehicles (if applicable)			
Year, make and model of car  Value of car			
Do you owe money on this car?		If yes, name of creditor	
○ Yes ○ No			
Total Amount Owed		Monthly Payment Amount	
Number of Payments Remaining		Year, make and model of	second care (if any)
Value of car			
Additional Vehicles			
Do you have an Additional Vehicles?  O Yes O No	Year, make and model of c	ar	Value of car
Bank Accounts			
Account type - Select -	Name of Bank		Approximate Balance
Other Deposit accounts		Other Assets	
Liabilities			
Other than mortgages and lienholders on vehicles, do you have any other secured debt? (For example: furniture, jewelry, boats, RV's, business equipment, etc.) If so, describe collateral.			
Name of creditor	Total Amount Owed		Value
Monthly Doymont		Number of neuments nem	
Monthly Payment		Number of payments rem	airiirig
O Yes O No	O Yes O No	taxes?	If Yes, do you owe the IRS or state, or both?  O IRS O State O Both
If No, what other type of taxes do you owe?		Total amount owed	
Do you owe any student loans?  O Yes O No		Total amount owed	
Do you owe any court fines (such as DUI's), back spousal support, welfare, or social security overpayment?  O Yes O No		If yes, type of debt?	
Total Amount Owned			
List All Remaining Unsecured Creditors			
Credit Cards		Name(s) of Creditor(s)	
Total amount owed		Medical Bills	
Name(s) of Creditor(s)	Total amount owed		Personal Loans
Name(s) of Creditor(s)		Total amount owed	
Other unsecured liabilities:		Type of debt (utility bills,	collection accounts, etc.)
Name(s) of Creditor(s)	Total amount owed		Judgments
Name of Judgment Creditor		Date Judgment Entered	
Additional Information			
Please provide any additional information not indicated above that you think is important, such as foreclosures, bank levies, wage garnishments, etc.  Additional Information			