

INTERVIEW INFORMATION

please complete the following information and bring it with you to your free consultation appointment

NAME: _____ **TELEPHONE NO:** _____

ADDRESS: _____

EMAIL: _____

OCCUPATION: _____ **(you) EMPLOYER:** _____

OCCUPATION: _____ **(spouse/partner) EMPLOYER:** _____

MARITAL STATUS: _____ **How many people in your household:** _____

How did you hear about us? _____

Have you filed for bankruptcy before? YES NO

If yes, when? _____ Did your spouse also file at that time? YES NO

Have you filed a Consumer Proposal before? YES NO

If yes, when? _____ Did your spouse also file at that time? YES NO

Have you been in business for self? YES NO Sole Proprietorship Corporation

If yes, when? _____ Did you ever have any employees? YES NO

Briefly describe the cause of your financial difficulties:

Please list your monthly take-home pay:

Yours

Spouse/partner's

Employment income _____

Pension income _____

CCTB (Canada Child Tax Benefit) _____

Support/alimony _____

Self-employment income (gross) _____

Other: _____

Other: _____

Please list your debts:

	CREDITORS	This debt is			AMOUNT	DETAILS <i>for office use</i>
		mine (T)	partner (T)	both (T)		
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						

Do you have any overdraft accounts? YES NO If yes, which bank(s)? _____

