

Initial Interview Information Form

For a fresh start call us today **416.504.1650** / **1.855.654.1650**
OR visit **www.albertgelman.com**

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PERSONAL INFORMATION

FIRST NAME	HOME PHONE	
MIDDLE NAME	WORK PHONE	EXT
LAST NAME	CELL PHONE	FAX
AKA	EMAIL	
BIRTH DATE (YY/MM/DD)	GENDER <input type="checkbox"/> F <input type="checkbox"/> M	STREET ADDRESS
SIN		
MARITAL STATUS	APT / SUITE #	
MARITAL STATUS DATE (YY/MM/DD)	CITY	
LEVEL OF EDUCATION	PROVINCE	POSTAL CODE
HOW DID YOU HEAR ABOUT US?	I HAVE RESIDED AT THE ABOVE ADDRESS SINCE (YY/MM/DD)	

SPOUSAL INFORMATION

FIRST NAME	HOME PHONE
MIDDLE NAME	CELL PHONE
LAST NAME	EMAIL
AKA	STREET ADDRESS (ONLY IF DIFFERENT FROM ADDRESS ABOVE)
BIRTH DATE (YY/MM/DD)	GENDER <input type="checkbox"/> F <input type="checkbox"/> M
SIN	APT / SUITE #
MARITAL STATUS	CITY
MARITAL STATUS DATE (YY/MM/DD)	PROVINCE
LEVEL OF EDUCATION	POSTAL CODE

DEPENDENT INFORMATION

NUMBER OF DEPENDENTS WHO RELY ON YOU FOR FINANCIAL SUPPORT

FIRST NAME	MIDDLE NAME	LAST NAME	BIRTH DATE (YY/MM/DD)	RELATIONSHIP	HAVE PRIMARY CUSTODY?	LIVES AT YOUR RESIDENCE
					<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
					<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
					<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N

BUSINESS INFORMATION

DO YOU OPERATE A BUSINESS? Y N

BUSINESS NAME

NATURE OF BUSINESS

HST NUMBER #

PAYROLL REMITTANCE #

IF YES, ARE THERE ANY RETURNS OUTSTANDING? Y N

IF YES, WHAT YEAR(S)?

DATE STARTED (YY/MM/DD)

CLOSED (YY/MM/DD)

STREET ADDRESS (ONLY IF DIFFERENT FROM ADDRESS ABOVE)

APT / SUITE #

CITY

PROVINCE

POSTAL CODE

ARE YOU AN OFFICE OR DIRECTOR OF A LIMITED COMPANY?

Y N IF YES, PROVIDE DETAILS.

EMPLOYMENT INFORMATION

Current / Most Recent Employment

EMPLOYER

OCCUPATION

EMPLOYMENT STATUS (FULL, PART-TIME)

DATE FROM (YY/MM/DD)

DATE TO (YY/MM/DD)

Previous Employment

EMPLOYER

OCCUPATION

EMPLOYMENT STATUS (FULL, PART-TIME)

DATE FROM (YY/MM/DD)

DATE TO (YY/MM/DD)

PRIOR INSOLVENCIES

HAVE YOU EVER BEEN BANKRUPTCY BEFORE Y N

DISCHARGE (YY/MM/DD)

INSOLVENCY TYPE

PROPOSAL BEFORE Y N

TRUSTEE

OSB NO.

LOCATION FILED

JOINT DEBTOR Y N IF YES, NAME

FILING (YY/MM/DD)

COPY OF PROPOSAL OR BANKRUPTCY DOCUMENTS AVAILABLE? Y N

INITIAL INCOME & EXPENSES SUMMARY

MONTHLY INCOME	APPLICANT	SPOUSE	OTHERS
NET EMPLOYMENT INCOME	\$	\$	\$
NET PENSION / ANNUITIES	\$	\$	\$
NET CHILD SUPPORT	\$	\$	\$
NET SOCIAL ASSISTANCE	\$	\$	\$
SELF-EMPLOYMENT	\$	\$	\$
NET CHILD TAX BENEFIT	\$	\$	\$
OTHER NET INCOME	\$	\$	\$
TOTAL MONTHLY INCOME	\$	\$	\$
NON-DISCRETIONARY EXPENSES	APPLICANT	SPOUSE	OTHERS
CHILD SUPPORT PAYMENTS	\$	\$	\$
SPOUSAL SUPPORT PAYMENTS	\$	\$	\$
CHILD CARE	\$	\$	\$
MEDICAL CONDITION EXPENSES	\$	\$	\$
FINES/PENALTIES IMPOSED BY THE COURT	\$	\$	\$
EXPENSES AS A CONDITION OF EMPLOYMENT	\$	\$	\$
DEBTS WHERE STAY HAS BEEN LIFTED	\$	\$	\$
TOTAL MONTHLY NON-DISCRETIONARY	\$	\$	\$

MONTHLY DISCRETIONARY EXPENSES (FAMILY UNIT)

HOUSING EXPENSES		LIVING EXPENSES	
RENT / MORTGAGE	\$	FOOD / GROCERY	\$
PROPERTY TAXES / CONDO FEES	\$	LAUNDRY / DRY CLEANING	\$
GAS	\$	GROOMING / TOILETRIES	\$
TELEPHONE	\$	CLOTHING	\$
CABLE	\$	OTHER	\$
HYDRO	\$	OTHER	\$
WATER	\$		
FURNITURE	\$	TRANSPORTATION EXPENSES	
OTHER	\$	CAR LEASE / PAYMENTS	\$
		REPAIR / MAINTENANCE / GAS	\$
		PUBLIC TRANSPORTATION	\$
		OTHER	\$
PERSONAL EXPENSES		PAYMENTS	
SMOKING	\$	TO THE ESTATE	\$
ALCOHOL	\$	TO SECURED CREDITOR (OTHER THAN MORTGAGE AND VEHICLE)	\$
DINING / LUNCHESES / RESTAURANTS	\$	OTHER	\$
ENTERTAINMENT / SPORTS	\$		
GIFTS / CHARITABLE DONATIONS	\$	INSURANCE EXPENSES	
ALLOWANCES	\$	VEHICLE	\$
OTHER	\$	HOUSE	\$
		FURNITURE / CONTENTS	\$
		LIFE	\$
		OTHER	\$
NON-RECOVERABLE MEDICAL EXPENSES			
PRESCRIPTIONS	\$		
DENTAL	\$		
OTHER	\$		
TOTAL MONTHLY EXPENSES			\$

ASSET LIST

ASSET LIST		APPLICANT	DESCRIPTION	SPOUSE	DESCRIPTION
1	CASH ON HAND	\$		\$	
2	HOUSEHOLD FURNISHINGS & APPLIANCES	\$		\$	
3	PERSONAL EFFECTS CLOTHING	\$		\$	
	OTHER	\$		\$	
4	POLICIES INSURANCE	\$		\$	
	RRSP'S	\$		\$	
	OTHER	\$		\$	
5	SECURITIES STOCKS/BONDS	\$		\$	
	SHARES IN CORPORATIONS	\$		\$	
	OTHER	\$		\$	
6	REAL PROPERTY HOUSE	\$		\$	
	COTTAGE	\$		\$	
	LAND	\$		\$	
7	MOTOR VEHICLE AUTOMOBILE	\$			
	YEAR	MAKE	MODEL	NO. OF KMS	VIN NUMBER
APPLICANT					
	OTHER VEHICLE / RECREATION EQUIPMENT	\$			
	YEAR	MAKE	MODEL	NO. OF KMS	VIN NUMBER
APPLICANT					
8	ESTIMATED TAX REFUND	\$	SEE NOTE BELOW	\$	SEE NOTE BELOW
9	OTHER ASSETS TOOLS OF TRADE	\$		\$	
	LOANS RECEIVABLE	\$		\$	
	OTHER	\$		\$	

Continued »

ASSET LIST CONTINUED

8. Estimate Tax Refund notes

LAST INCOME TAX RETURN FILED? (YY/MM/DD) _____

IS THERE A COPY AVAILABLE? Y N

DID YOU RECEIVE A REFUND? Y N

IS THERE A COPY OF THE ASSESSMENT AVAILABLE? Y N

ARE THERE ARREARS OWING? Y N

CREDITOR NAMES & ADDRESSES	BALANCE			ACCOUNT NO.
	APPLICANT	SPOUSE	JOINT	
	\$	\$	\$	
	\$	\$	\$	
	\$	\$	\$	
	\$	\$	\$	
	\$	\$	\$	
	\$	\$	\$	
	\$	\$	\$	
	\$	\$	\$	
	\$	\$	\$	
	\$	\$	\$	
TOTAL	\$	\$	\$	

Guarantees (Personal or Corporate)

Have any of the above debts arisen from you guarantee or co-signing of debts for another individual or corporation? Y N

If yes, please indicate the following:

LENDERS NAME _____

BORROWERS NAME _____

ADDRESS _____

ADDRESS _____

AMOUNT \$ _____

IS THE BORROWER BANKRUPT? Y N

STATEMENT OF AFFAIRS QUESTIONS

Within the last **twelve (12) months**, have you sold, disposed of or transferred any of your assets, either in Canada or elsewhere?

Y N If so, provide details below.

Within the last **twelve (12) months**, have you made payments in excess of regular payments to any creditor, either in Canada or elsewhere?

Y N If so, provide details below.

Within the last **twelve (12) months**, have you had any assets seized by a creditor, either in Canada or elsewhere?

Y N If so, provide details below.

In the **last 5 years**, have you sold or disposed of any property?

Y N If so, provide details below.

In the **last 5 years** have you made any gifts to relatives or others in excess of \$500?

Y N If so, provide details below.

Do you expect to receive any sums of money which are not related to your normal income, or any other property within the next 12 months?

Y N If so, provide details below.

I hereby certify that the information contained in this application is a true, Correct and complete statement that fully discloses the state of my assets and Liabilities.

List the financial institutions you are currently banking with (indicate name, address and current balance).

- 1 _____
- 2 _____
- 3 _____
- 4 _____

Do you have a safety deposit box?

Y N If so, which bank?

Has anyone started legal proceedings against you?

Y N If so, who?

Do you have any debts arisen from...

A fine or penalty imposed by court?

Y N If so, provide details below.

Alimony or maintenance payments?

Y N If so, provide details below.

Fraud, embezzlement, misappropriation?

Y N If so, provide details below.

Describe briefly, the circumstances which caused your financial difficulties.

SIGNATURE

DATE (YY/MM/DD)

SUBMIT TO

PLEASE BRING ITEMS 1 – 8 (IF AVAILABLE) TO THE INITIAL CONSULTATION

1	APPLICATION	Complete all questions.	<input type="checkbox"/>
2	IDENTIFICATION	Copy of birth certificate, passport or citizenship.	<input type="checkbox"/>
3	VEHICLES	Copy of vehicle registration, ownership and insurance.	<input type="checkbox"/>
4	AGREEMENTS	Mortgages, separation, alimony, child support, leases, judgements, fines, wage assignments, court order.	<input type="checkbox"/>
5	LIFE INSURANCE	Copy of all policies — (cash surrender value).	<input type="checkbox"/>
6	RRSP'S/STOCK/BONDS/SECURITIES	All pertinent documentation / statements.	<input type="checkbox"/>
7	PAY STUBS	Most current one available — if you are/were on EI please supply all stubs for current year.	<input type="checkbox"/>
8	TAX INFORMATION	Copy of last return filed or copy of last notice of assessment.	<input type="checkbox"/>
9	CREDIT CARDS, DEBTS & STATEMENTS	Copies of statements, all must be turned over to the trustee, including those with a nil balance.	<input type="checkbox"/>
10	INITIAL PAYMENT	\$	<input type="checkbox"/>
11	VOID CHEQUE, PRE-AUTHORIZED PAYMENT FORM		<input type="checkbox"/>