

Bankruptcy Questionnaire

Name and Address

Name: _____
Last First Middle

Telephone Numbers:

Home: _____ Work: _____

Social Security Number: _____ E-Mail: _____

Address: _____

City: _____ State: _____ Zip: _____

County: _____ Have you lived at this address for at least 180 days? No Yes

If you have a different mailing address, please list:

Mailing Address: _____

City: _____ State: _____ Zip: _____

Have you used any other names in the past six years? No Yes *If Yes, list other names:*

Real Estate (Schedule A)

List all real estate in which you have any ownership interest, even if you still owe money on the property.

Address and description of the property: _____

Owned by husband, wife, or both? _____

Market value \$ _____

Amount of **First** Mortgage (balance) ... \$ _____ Account # _____

First Mortgage holder _____

Amount of **Second** Mortgage (balance) ... \$ _____ Account # _____

Second Mortgage holder _____

Address and description of the property: _____

Owned by husband, wife, or both? _____

Market value \$ _____

Amount of **First** Mortgage (balance) ... \$ _____ Account # _____

First Mortgage holder _____

Amount of **Second** Mortgage (balance) ... \$ _____ Account # _____

Second Mortgage holder _____

Personal Property (Schedule B)

For each type of property listed below, indicate whether you own any property of that category, and, if you do, fill in the remaining information. You can think of the market value as the *resale* value.

TYPE OF PROPERTY	DO YOU HAVE ANY?	DESCRIPTION	LOCATION	MARKET VALUE
1. Cash	Yes No	[Cash]	<input type="checkbox"/> At home	\$
2. Bank accounts and CD's	Yes No		<input type="checkbox"/> At home	\$
3. Security deposits (for apartments, utility companies)	Yes No			\$
4. Household furnishings, stereos, and computers		Living room: \$ _____ Dining room: \$ _____ Master Bedroom: \$ _____ Bedroom #2: \$ _____ Bedroom #3: \$ _____ Kitchen: \$ _____	<input type="checkbox"/> At home	("Garage sale" value, NOT replacement value)
5. Books, pictures, art, compact discs, and collectibles	Yes No		<input type="checkbox"/> At home	\$
6. Clothing	Yes		<input type="checkbox"/> At home	\$
7. Furs and jewelry	Yes No		<input type="checkbox"/> At home	\$
8. Sports equipment, cameras, and guns	Yes No		<input type="checkbox"/> At home	\$

9. Cash value of life insurance policies	Yes No		<input type="checkbox"/> At home	\$
10. Annuities	Yes No	[Description]		
11. Retirement plans, 401k's, and IRA's	Yes No		<input type="checkbox"/> At home	\$
12. Stock or interest in a business	Yes No		<input type="checkbox"/> At home	\$
13. Interest in a partnership or a joint venture	Yes No			\$
14. Bonds	Yes No		<input type="checkbox"/> At home	\$
15. Accounts receivable (money owed to YOU)	Yes No		<input type="checkbox"/> At home	\$
16. Unpaid child support or alimony owed to you	Yes No			\$
17. Other debts owed to you	Yes No			\$
18. Equitable interests, future interests, or life estates (in real estate)	Yes No	(If you don't know what these are, you probably don't own any)		\$
19. Expected inheritance (or life insurance payment) from someone who has already died	Yes No			\$
20. Any contingent or unliquidated claims or causes of action	Yes No	(For instance, some lawsuit that you could file but haven't filed yet)	<input type="checkbox"/> At home	\$
21. Patents or copyrights	Yes No		<input type="checkbox"/> At home	\$
22. Licenses and franchises	Yes No		<input type="checkbox"/> At home	\$

23. Automobiles or trucks	Yes No	[Description]	<input type="checkbox"/> At home	\$
24. Boats (including motors and accessories)	Yes No		<input type="checkbox"/> At home	\$
25. Aircraft	Yes No		<input type="checkbox"/> At home	\$
26. Office equipment and supplies	Yes No		<input type="checkbox"/> At home	\$
27. Machinery and fixtures used in a business	Yes No		<input type="checkbox"/> At home	\$
28. Inventory (things that you intend to sell as merchandise)	Yes No		<input type="checkbox"/> At home	\$
29. Animals (pets)	Yes No		<input type="checkbox"/> At home	\$
30. Crops	Yes No		<input type="checkbox"/> At home	\$
31. Farm equipment	Yes No		<input type="checkbox"/> At home	\$
32. Farm supplies, chemicals, and feed	Yes No		<input type="checkbox"/> At home	\$
33. Other personal property of any kind that hasn't already been listed	Yes No		<input type="checkbox"/> At home	\$

Debts

Please list below all of the debts that you owe, or that creditors **claim** that you owe (even if you dispute the debt). Include taxes and student loans.

NOTE: You have to list ALL of your debts. There is no such thing as “partial bankruptcy.” If you don’t list **all** of your debts when you file bankruptcy, you are committing a crime (18 USC §152).

For credit card debts, you don’t need to copy the information onto this form; all the information we need will be on your last statement. **Bring in the most recent statement** when you return this form to our office, and we’ll get the information off of the statement.

Creditor’s Name and Address	Account Number	Date the Debt was Incurred	Type of Debt (medical bill, credit card, taxes, etc.)	Balance	Collateral (if any)	Disputed?
				\$		
				\$		
				\$		
				\$		
				\$		

Creditor's Name and Address	Account Number	Date the Debt was Incurred	Type of Debt (medical bill, credit card, etc.)	Balance	Collateral (if any)	Disputed?
				\$		
				\$		
				\$		
				\$		
				\$		

Creditor's Name and Address	Account Number	Date the Debt was Incurred	Type of Debt (medical bill, credit card, etc.)	Balance	Collateral (if any)	Disputed?
				\$		
				\$		
				\$		
				\$		
				\$		

Have you made any major credit card purchases in the past 60 days (computers, cameras, furniture, etc.)?

YES

NO

Unexpired Leases and Contracts (Schedule G)

List below any leases (including **apartment** leases and **automobile** leases) or contracts to which you are a party. Include any service or business contracts (such as lawn maintenance and pest control).

Name and Address of the Other Party	Description of the Contract or Lease (including expiration date)

Current Income (Schedule I)

Marital Status:

- Married
- Single
- Divorced
- Separated
- Widowed

List all dependents of you and your spouse, their ages, and their relationship to you		
Name	Age	Relationship

Debtor's Income

(Please bring us a recent paycheck stub)

1. Name and Address of your employer:

2. What is your occupation? _____
3. How long have you been employed there? _____
4. What is the **gross** amount of your paycheck, before taxes & other deductions are taken out? \$ _____
5. How often do you get paid? once a week
 every two weeks twice a month
 once a month other _____
6. Do you receive overtime pay outside of your salary? If so, how much per month? \$ _____
7. How much is taken out of each paycheck for **taxes and social security**? \$ _____
8. How much is taken out for insurance? \$ _____
9. How much for union dues? \$ _____
10. Are there other deductions? If so, what are they and how much? _____

Do you receive . . .

- a) income from business operations outside of your regular paycheck listed above? If so, what is the business and how much do you receive per month?
- b) income from real estate property? If so, how much per month? No Yes \$ _____
- c) interest or dividends? If so, how much per month? No Yes \$ _____
- d) alimony or family support payments for your use or for the care of your dependents? If so, how much per month? No Yes \$ _____
- e) social security or other forms of monetary government assistance? No Yes \$ _____
- f) retirement or pension money? No Yes \$ _____

Do you have any other sources of income not listed?

Joint Debtor's Income

(Please bring us a recent paycheck stub)

1. Name and address of your spouse's employer:

2. What is your spouse's occupation? _____
3. How long employed there? _____
4. What is the **gross** amount of your spouse's paycheck, before taxes/other deductions? \$ _____
5. How often does your spouse get paid? once a week
 every two weeks twice a month
 once a month other _____
6. Does your spouse receive overtime pay outside of your salary? How much per month? \$ _____
7. How much is taken out of each paycheck for taxes and social security? \$ _____
8. How much is taken out for insurance? \$ _____
9. How much for union dues? \$ _____
10. Are there other deductions? If so, what are they and how much? _____

Does your spouse receive . . .

- a) income from business operations outside of the regular paycheck listed above? If so, what is the business and how much does your spouse receive per month?
- b) income from real estate property? If so, how much per month? No Yes \$ _____
- c) interest or dividends? If so, how much per month? No Yes \$ _____
- d) alimony or family support payments for spouse's use or for care of dependents? If so, how much per month? No Yes \$ _____
- e) social security or other forms of monetary government assistance? No Yes \$ _____
- f) retirement or pension money? No Yes \$ _____

Does your spouse have any other income not listed?

Are you or your spouse expecting any **increase or decrease in salary** of more than 10% in the next year? If so, explain.

Current Expenses (Schedule J)

Do you and your spouse maintain separate households? No Yes. If you do, we will need information for your household **and** your spouse's household separately.

The following questions ask for your expenses each **month**.

- 1. Rent or your home mortgage..... \$ _____
 Does that amount include real estate **taxes**? No Yes
 Does it include property **insurance**? No Yes
- 2 Electricity and heating \$ _____
- 3. Water and sewage \$ _____
- 4. Telephone service/long distance \$ _____
- 5. Do you have any other utility bills? If so, what and how much per month?

- 6. Home maintenance, including repairs and general upkeep \$ _____
- 7. Food (groceries AND meals eaten in restaurants)..... \$ _____
- 8. Clothing \$ _____
- 9. Laundry and dry cleaning \$ _____
- 10. Medical and dental expenses \$ _____
- 11. Transportation (**not** including car payments) - **Gasoline**..... \$ _____
- 12 Entertainment, recreation, newspapers, magazines \$ _____
- 13. Charitable contributions \$ _____
- 14 Insurance not deducted from paycheck
 - a) homeowner's or renter's insurance \$ _____
 - b) life insurance \$ _____
 - c) health insurance \$ _____
 - d) auto insurance** \$ _____
 - e) other insurance \$ _____
- 15. Taxes not deducted from paycheck \$ _____
- 16. Installment payments for car, furniture, etc. (Specify)

- 17. Alimony, maintenance, support paid to others \$ _____
- 18. Payments for support of dependents not living at home \$ _____
- 19. Expenses from operation of business \$ _____
- 20 Other expenses not listed above (installment payments to the IRS, student loans, day care):

Statement of Financial Affairs

If you are filing jointly with your spouse, please include information about yourself **and** your spouse.

If you have no information to report for a question or it is not applicable, check the "NONE" box.

1. Income from employment or operation of business

State your gross income from employment or operation of a business: If you have not received an income from employment during the **two years** immediately preceding this calendar year, check this box: NONE

HUSBAND

Period	Amount	Source (Employment?)
1. January 1 of this year, through date of commencement of case <hr/>	\$ <hr/>	 <hr/>
2. Last year <hr/>	\$ <hr/>	 <hr/>
3. The year before last <hr/>	\$ <hr/>	 <hr/>

WIFE

Period	Amount	Source (Employment?)
1. January 1 of this year, through date of commencement of case <hr/>	\$ <hr/>	 <hr/>
2. Last year <hr/>	\$ <hr/>	 <hr/>
3. The year before last <hr/>	\$ <hr/>	 <hr/>

2. Income *other than* from employment or operation of business

State the amount of income received *other than* from employment or operation of business during the **two years** immediately preceding the commencement of this case:

NONE

Period	Amount	Source	Husband/Wife
1. During the last year	\$		
2. Year before last	\$		

3. Payments to creditors

a) List all payments on loans, installment purchases of goods or services, and other debts, **aggregating (totaling) more than \$600 to any one creditor** made within **90 days** immediately preceding the commencement of this case.

NONE

<u>Name and Address of Creditor</u>	<u>Dates of Payments</u>	<u>Amount Paid</u>	<u>Amount Still Owed</u>
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b) List all payments made within **one year** immediately preceding the commencement of this case to creditors who were “insiders”. (“Insiders” include your relatives, your business partners and their relatives, your corporations, or your affiliates.)

NONE

<u>Name and Address of Creditor and Relationship to You</u>	<u>Dates of Payment</u>	<u>Amount Paid</u>	<u>Amount Still Owed</u>
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4. Suits, executions, garnishments and attachments

a) List all suits and administrative proceedings to which you are or were a party within **one year** preceding the filing of this case.

NONE

<u>Caption of Suit and Case Number</u>	<u>Nature of Proceeding</u>	<u>Court of Agency and Location</u>	<u>Status or Disposition</u>
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b) Describe all property that has been garnished, seized, or attached under any legal or equitable process within **one year** immediately preceding the commencement of this case.

NONE

Name and Address of Person/Company for Whom the Property Was Seized (Creditor)	Date of Seizure	Description and Value of Property
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5. Repossessions, foreclosures, and returns

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 **one year** immediately preceding the commencement of this case.

NONE

Name and Address of Creditor	Date of Repossession, Foreclosure, Transfer or Return	Description and Value of Property
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6. Assignments and receiverships

a) Describe any assignment of property for the benefit of creditors made within **120 days** immediately preceding the commencement of this case.

NONE

Name and Address of Assignee	Date of Assignment	Terms of Assignment/Settlement
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b) List all property which has been in the hands of a custodian, receiver, or court-appointed official within one year immediately preceding the commencement of this case.

NONE

Name and Address of Custodian	Name and Location of Court, Case Title and Number	Date of Order	Description and Value of Property
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7. Gifts

List all gifts or charitable contributions made within **one year** immediately preceding the commencement of this case *except* (1) ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and (2) charitable contributions aggregating less than \$100 per recipient.

NONE

Name and Address of Recipient	Relationship to You, if Any	Date of Gift	Description and Value of Gift
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8. Losses

List all losses from fire, theft, gambling or other casualty within **one year** immediately preceding the commencement of this case **or since the commencement of this case**.

NONE

Description and Value of Property	Description of Circumstances and Amount Covered by Insurance, if Any	Date of Loss
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9. Payments related to debt counseling or bankruptcy

List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consultation, relief under the bankruptcy law or preparation of the petition in bankruptcy within **one year** immediately preceding the commencement of the case.

NONE

Name and Address of Payee	Date of Payment	Name of Person Who Paid, if Not You	Amount of Money/Description and Value of Property
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10. Other transfers, (including sale of your property)

List all other property, other than property transferred in your ordinary course of business or financial affairs, transferred either absolutely or as collateral within **one year** immediately preceding the commencement of this case.

NONE

Name and Address of Transferee and Relationship to You	Date of Transfer	Description of Property Transferred and Value Received
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11. Closed financial accounts

List all financial accounts and instruments held in your name or for your benefit which were closed, sold, or otherwise transferred within **one year** immediately preceding the commencement of this case.

NONE

Name and Address of Institution	Type and Number of Account & Final Balance	Amount and Date of Sale or Closing
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12. Safe deposit boxes

List each safe deposit or other box or depository in which you have or have had securities, cash, or other valuables within **one year** immediately preceding commencement of this case.

NONE

Name and Address of Bank or Other Depository	Name(s) and Address(es) of Those With Access to Box or Depository	Description of Contents	Date of Transfer, if Any
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13. Setoffs

List all setoffs made by any creditor, including a bank, against a debt or deposit of yours within **90 days** preceding the commencement of this case (money taken out of your account by a bank to which you owed money).

NONE

Name and Address of Creditor	Date of Setoff	Amount of Setoff
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14. Property held by you for another person

List all property that you hold or control that is owned by another person.

NONE

Name and Address of Owner	Description and Value of Property	Location of Property
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15. Prior address of debtor

If you have moved within the two years immediately preceding the commencement of this case, list all residences during the last two years, excluding your present address.

NONE

Address	Your Name at the Time	Dates of Occupancy
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QUESTIONS 16 - 21 PROBABLY DO NOT APPLY TO YOUR SITUATION

The following questions, #16-21, are only to be answered if you are a corporation or partnership or if you have been, in the two years immediately preceding this case, an officer, director, managing executive, or owner of more than 5% of the voting securities of the corporation; a partner, other than a limited partner, of a partnership; a sole proprietor, or otherwise self-employed.

16. Nature, location and name of business in which you were an officer, director, partners, managing executive, or sole proprietor, or in which you owned 5% or more of voting or equity securities within the two years immediately preceding the commencement of this case.

NONE

Name and Address	Nature of Business	Dates of Operation - Beginning and End
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17. Books, records, and financial statements

a) List all bookkeepers and accountants who, within the **six years** immediately preceding the filing of this bankruptcy case, kept or supervised the keeping of books of account and records.

NONE

Name and Address	Dates Services Rendered
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b) List all firms or individuals who, within the **two years** immediately preceding the filing of this bankruptcy case, have audited the books of account and records, or prepared a financial statement of the debtor.

NONE

Name and Address	Dates Services Rendered
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c) List all firms or individuals who, at the time of the commencement of this case, were in possession of your books of account and records. If the records are not available, explain.

NONE

Names and Address	Comments
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d) List all financial institutions, creditors and other parties, including mercantile and trade agencies, to whom a financial statement was issued by the debtor within **two years** immediately preceding the commencement of this case.

NONE

Name and Address	Date Issued
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18. Inventories

a) List the dates of the last two inventories taken of your property, the name of the person who supervised the taking of each inventory, and the dollar amount and basis of each inventory.

NONE

Date of Inventory	Inventory Supervisor	Dollar Amount of Inventory (specify cost, market, or other basis)
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b) List the name and address of the person possessing the records of each of the two inventories reported in a.) above.

NONE

Date of Inventory	Name and Address of Custodian of Inventory Records
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19. Current partners, officers, directors, and shareholders

a) If your business is a partnership, list the nature and percentage of partnership interest of each member of the partnership.

NONE

Name and Address	Nature and Percentage of Interest
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b) If your business is a corporation, list all officers and directors of the corporation, and each stockholder who directly or indirectly owns, controls, or holds 5 % or more of the voting securities of the corporation.

NONE

Name and Address	Title	Nature and Percentage of Stock Ownership
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20. Former partners, officers, directors and shareholders

a) If your business is a partnership, list each member who withdrew from the partnership within **one year** immediately preceding the commencement of this case.

NONE

Name and Address	Date of Withdrawal
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b) If your business is a corporation, list all officers or directors whose relationship with the corporation terminated within **one year** immediately preceding the commencement of this case.

NONE

Name and Address	Title	Date of Termination
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21. Withdrawals from a partnership or distributions by a corporation

If your business is a partnership or corporation, list all withdrawals or distributions credited or given to an insider, including compensation in any form, bonuses, loans, stock redemptions, options exercised and any other perquisite during one year immediately preceding the commencement of this case.

NONE

Name and Address of Recipient, and Relationship to you	Date and Purpose of Withdrawal	Amount of Money or Description and Value of Property
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Be sure to tell us about ALL of your debts. Any debts that aren't listed in your schedules won't be discharged. Even the "non-dischargeable" debts have to be listed.

Remember to give us information (name, address, account number, balance, date the debt was incurred) for:

- Fingerhut
- All credit cards
- Book clubs
- Doctor bills
- Health care providers (x-rays, etc.)
- IRS (back taxes)
- Property taxes
- Student loans

PLEASE NOTE: If you (1) charge more than \$1,075.00 to any one credit card during the 60 days prior to the date we file the bankruptcy petition, or if you (2) take cash advances on a credit card in an amount greater than \$1,075.00 during the 60 days prior to the date we file, the debt may be non-dischargeable. The creditor has the right to file an adversary action asking the Judge to "except" the debt from your discharge.