

Bankruptcy Questionnaire Instructions

Bankruptcy is a time-honored practice that affords honest debtors the opportunity for a fresh start. Everyone filing a bankruptcy has experienced financial problems beyond his or her control. The court, trustees, and your attorney understand this and if you comply with their instructions, they will help you out of your financial crisis. In order to help you get the relief you are entitled, you **must make full disclosure** of all your financial affairs. Do not try to second-guess the system – it has been here longer than you.

Assets. LIST ALL OF YOUR ASSETS. In all likelihood you will retain most, if not all, of your assets after the bankruptcy. Do not jeopardize your discharge by omitting anything. It may also be considered a crime if you intentionally give false information or leave any information out. You can list assets by groups of similar property, e.g., "furniture", "clothing", "personal effects", etc. You attorney will tell you how large or small your groupings can be. For real estate, vehicles and any other property with titles, list whose name(s) are on the deed or title. If you own real estate, unless instructed otherwise, **YOU MUST ATTACH A PROPERTY TAX OR OTHER APPRAISAL REGARDING ALL REAL ESTATE THAT YOU OWN. (NO EXCEPTIONS)**

Debts. LIST ALL OF YOUR DEBTS. You **MUST** list **EVERYONE** to whom you owe money. If you leave out one of your creditors, you may have to pay the money owed to that creditor.

You may plan to repay some creditors, including relatives and friends, but you must list them. If you have debts that are disputed, list them. If you have potential debts for which no one has yet made a direct claims against you, list them. If in doubt as to whether a creditor should be listed, list them. In determining the "fair market value" of collateral, use the amount you could sell the collateral at a yard-sale, NOT what you paid.

Executory Contracts. These are contracts such as apartment, lot rent or other leases, real estate contracts, health clubs, time-shares, etc., for which either party to the contract has not fully performed their obligations under the contract. In all likelihood you should also list these parties as creditors too.

Codebtors. Your codebtors are obligated to pay the debts you do not. For most people, a codebtor is just someone who cosigned a loan. However, roommates, spouses and others who are not part of your petition may be liable on many of your debts without actually cosigning anything. If this is your situation you will need to attach additional sheets listing all debts for which someone else may be jointly liable.

Income. If you are employed, attach a typical recent pay stub or stubs amounting to one month of income. If your income varies, attach several pay stubs that show the range of your pay. If you are self-employed or you are a business, attach a detailed financial statement showing your monthly income.

Expenses. Your ability to file a Chapter 13 reorganization depends upon the accuracy of your estimated living expenses. The Chapter 7 Trustee scrutinizes budgets for abuse. The court, trustees, and your attorney know what a reasonable budget for families in your area is. If, after using your best efforts, you cannot determine what your expenses are, your attorney can give you some guidelines as to what is considered reasonable. If you are a partnership or a corporation, submit a financial statement indicating your monthly expenses. Individuals who are in business for themselves should include a detailed statement of their business expenses in addition to the personal expenses called for in this questionnaire.

THINGS TO DO

1. COMPLETE QUESTIONNAIRE (FULLY AND ACCURATELY).
2. BRING CURRENT PROPERTY TAX BILL SHOWING VALUE ON HOME, MOBILE HOME, AND ALL LAND.
3. BRING TAX RETURNS FOR PAST **TWO** YEARS.
4. BRING RECENT PAY STUB FROM ALL EMPLOYERS. **last 60 days (send any new pay stub until case filed)**
5. BRING CURRENT BILLS FROM EACH OF YOUR CREDITORS.
6. BRING COPIES OF DRIVER'S LICENSE AND SOCIAL SECURITY CARD.
7. **Titles to vehicles**
8. **Credit Counseling Certificate**

I HAVE READ AND UNDERSTAND THE ABOVE INSTRUCTIONS.

Client Name: _____

Signature: _____

NOTE: THE FBI PROSECUTES BANKRUPTCY FRAUD. FRAUD INCLUDES NONDISCLOSURE, INCOMPLETE DISCLOSURE OR INACCURATE DISCLOSURE OF ASSETS, CREDITORS, ETC. THIS FIRM WILL NOT REPRESENT YOU IF YOU ARE CHARGED WITH FRAUD.

INFORMATION SHEET FOR BANKRUPTCY CLIENTS

I. INSTRUCTIONS: IMMEDIATELY CUT YOUR CREDIT CARDS IN HALF AND DO NOT MAKE ANY NEW DEBTS! IF YOU HAVE ANY CHECK-CASHING LOANS, YOU MUST EITHER STOP PAYMENT ON THE CHECKS OR CLOSE THE BANK ACCOUNT(S). COMPLETE FULLY. USE ADDITIONAL PAGES IF NECESSARY. EXPLAIN FULLY. YOU ARE RESPONSIBLE FOR THE INFORMATION CONTAINED IN THIS FORM.

II. General Information

Date: _____

NAME: _____ SPOUSE'S NAME: _____

ADDRESS: _____ ADDRESS: _____

OTHER PERSONAL OR BUSINESS NAMES USED IN LAST SIX YEARS: _____ OTHER PERSONAL OR BUSINESS NAMES USED IN LAST SIX YEARS: _____

MAILING ADDRESS: _____ MAILING ADDRESS: _____

PHONE NO: HOME: _____ PHONE NO: HOME: _____

WORK/PAGER/CELL PHONE: _____ WORK/PAGER/CELL PHONE: _____

EMAIL/FAX/OTHER: _____ EMAIL/FAX/OTHER: _____

COUNTY: _____ COUNTY: _____

SOC. SEC. NO: _____ SOC. SEC. NO: _____

DATE OF BIRTH: _____ DATE OF BIRTH: _____

HOW LONG HAVE YOU LIVED AT ABOVE ADDRESS(S) _____. IF LESS THAN 3 YEARS, GIVE PRIOR ADDRESS(S) AND DATES: _____

HAVE YOU EVER FILED BANKRUPTCY BEFORE? HAVE YOU EVER FILED BANKRUPTCY BEFORE?

IF YES, GIVE DETAILS (CHAPTER, DATE AND STATE): _____ IF YES, GIVE DETAILS (CHAPTER, DATE AND STATE): _____

DOES ANY FAMILY MEMBER OR BUSINESS PARTNER CURRENTLY HAVE A BANKRUPTCY CASE PENDING? IF YES, GIVE DETAILS: _____

DO YOU OWN OR HAVE POSSESSION OF ANY PROPERTY THAT POSES OR IS ALLEGED TO POSE A THREAT OF IMMINENT AND IDENTIFIABLE HARM TO PUBLIC HEALTH OR SAFETY? YES OR NO
IF SO, DESCRIBE IN DETAIL ON BACK OF THIS PAGE OR ON A SEPARATE SHEET.

How were you referred to us? Yellow Pages; Newspaper; Other: _____
Referral - From Whom? _____

III. Financial Interests:

Is anyone holding a security deposit for you? If yes, give name, address and amount of deposit: _____

IRA's, 401k's, ERISA, Keogh, Pension or Retirement Plans:

Company or Entity holding plan: _____

Address: _____

Balance(s): _____

OTHER ITEMS YOU HAVE A FINANCIAL INTEREST IN:

(Please attach separate sheet with details.)

Stocks/Bonds: _____

Partnerships: _____

Accounts Receivable: _____

Alimony, Maintenance, Support, and Property Settlements to which you are entitled: _____

Are you expecting any Tax Refund? _____

Equitable or Future Interests, Life Estates, and Rights or Powers exercisable for the benefit of the debtor: _____

Interests in the estate of a decedent: _____

Patents, Copyrights, etc.: _____

Licenses, Franchises, etc.: _____

Aircraft and Accessories: _____

Machinery, Fixtures, Equipment, and Supplies used in Business: _____

Inventory: _____

Crops/Farming equipment/Supplies: _____

Other Contingent Claims: (Personal Injury, etc.) _____

Other Personal Property of Any Kind not already listed: _____

Do you hold any property that belongs to someone else? _____

IV. Real Property or Mobile Home

Must include a copy of your latest tax assessment.

Street Address: _____

TMS: _____ County: _____

In Whose Name(s): _____

Finance/Mortgage Company: _____
Address: _____
Date of Purchase: _____ Account No.: _____
Balance Owed (PAYOFF): _____ Fair Market Value: _____
Insurance Co.: _____ Agent Name/Phone: _____
Effective Dates of Coverage: _____

If a MOBILE HOME: Year: _____ Make: _____
Model: _____ Dimensions: _____ Serial No.: _____

Other Real Estate or Mobile Homes? If so, list all above information on another page.

OTHER PROPERTY

Motor Vehicles/Motorcycles/Boats/ect:

Yr: ___ Make: _____ Model: _____

Mileage: _____

Title in name of: _____

Any problems or repairs needed? _____

Lender: _____ Date Purchased: _____

Loan Balance (PAYOFF): _____ Trade-in Value: _____

Yr: ___ Make: _____ Model: _____

Mileage: _____

Title in name of: _____

Any problems or repairs needed? _____

Lender: _____ Date Purchased: _____

Loan Balance (PAYOFF): _____ Trade-in Value: _____

Yr: ___ Make: _____ Model: _____

Mileage: _____

Title in name of: _____

Any problems or repairs needed? _____

Lender: _____ Date Purchased: _____

Loan Balance (PAYOFF): _____ Trade-in Value: _____

ANY OTHER MOTOR VEHICLES/MOTOR HOMES/BOATS/ETC? - LIST SAME INFO ON ANOTHER PAGE!

Personal Property Used for Household or Personal Use

Description	Market Value (Garage Sale Price)	Lien Holder/Amount /if any liens
Clothing & Personal	\$ _____	_____
Kitchenware Items	\$ _____	_____
Appliances	\$ _____	_____
Furniture/Household Goods	\$ _____	_____

Television(s)	\$ _____	_____
Stereo Equipment	\$ _____	_____
Video Equipment	\$ _____	_____
Musical Instruments	\$ _____	_____
Paintings/Artwork/Collectibles	\$ _____	_____
Lawn Mower/Yard Tools	\$ _____	_____
Bicycle(s)	\$ _____	_____
Other Sports Equipment	\$ _____	_____
Firearms	\$ _____	_____
Other (specify): _____	\$ _____	_____
Jewelry - Wedding Rings	\$ _____	_____
Misc _____	\$ _____	_____

Cash and other liquid assets

(cash, refunds, bank accounts)

_____ \$ _____
 _____ \$ _____

✓ Bank Name: _____ Address: _____
 Account No(s) (Checking/Savings): _____ Average Balances: _____

✓ Bank Name: _____ Address: _____
 Account No(s) (Checking/Savings): _____ Average Balances: _____

Have you closed any bank accounts within the last 12 months? ___ If yes, give:

Bank Name: _____ Address: _____
 Final Balance: _____ Funds used for: _____

Tools of the Trade _____ \$ _____

Cash Value of Life Insurance: \$ _____ Company: _____

Have you borrowed against your policy? _____ Amount: _____

DEDUCTIONS

VI. Expenses: (Give monthly estimate if amount varies)

Rent or Home Mortgage	\$ _____
Real Estate Taxes (if not included in Mortgage)	\$ _____
Insurance - Homeowners' or Renters'	\$ _____
Electricity/Heating Fuel	\$ _____
Water/Sewer	\$ _____
Telephone	\$ _____
Garbage Pickup	\$ _____
Other Utilities (Cable, Internet, etc.)	\$ _____
Home Maintenance (repairs & upkeep)	\$ _____
Food	\$ _____
Clothing	\$ _____
Laundry & Dry Cleaning	\$ _____
Medical/Dental Expenses	\$ _____
Transportation (fuel, oil, tires, repairs, etc.)	\$ _____
Recreation/entertainment/newspapers/magazines	\$ _____
Charitable Contributions	\$ _____
Life Insurance	\$ _____
Health Insurance	\$ _____
Auto Insurance	\$ _____
Other Insurance - Specify	\$ _____
Taxes not deducted from wages or in mortgage payments	\$ _____
Installment payments (autos, boats, etc.)	\$ _____
Auto Property Taxes	\$ _____
Other installment payments not in Chapter 13 Plan	\$ _____
Alimony, maintenance, support paid to others	\$ _____
Child Care Expenses (specify)	\$ _____
Support of other dependents not living at your home	\$ _____
Regular expenses from operation of business	\$ _____
Other: _____	\$ _____

VII. Previous Income (Must have copies of income tax returns and W-2's for last
two tax years.)

Income year-to-date and last two (2) years from ALL sources:

DEBTOR		CO-DEBTOR	
FROM (SOURCE)	ANNUAL \$	FROM (SOURCE)	ANNUAL \$

This year _____
Year to date amount on last pay stub (add any other income totals from other employers)

Last year _____
Income from last year's taxes

Year before _____
Income from year before last year's taxes

VIII. List all payments to a single creditor which total more than \$600 within the last 90 days: (Example: 3 car payments of \$250 each.)

Creditor Name	Dates of Payments	Amount Paid	Balance
_____	_____	_____	_____
_____	_____	_____	_____

IX. List any gifts, payments, or transfers of property to ANY family member (or other insider) within the last thirty-six (36) months: _____

X. Were you sued or did you sue anybody in last 12 months? ___ If yes, list caption, case number, nature of suit, court, location and status on another page and bring all court papers.

XI. Have you had any items attached, garnished, seized, repossessed or surrendered any property voluntarily in last 12 months? ___ If yes, explain (What, When, Lender, etc.)

XII. List all gifts or charitable contributions made during last 12 months except ordinary and usual gifts to family/charity totaling less than \$200: _____

XIII. List all losses from fire, theft, casualty, gambling or other in past 12 months: _____

XIV. List all payments made or property transferred, including attorney fees, for consultation concerning debt consolidation, relief under the Bankruptcy Code or preparation of a Bankruptcy Petition within 12 months: _____

XV. List all property, other than in the ordinary course of business, transferred either absolutely or as security within the last thirty-six (36) months not listed in Item IX: _____

IX. List each safe deposit box in which you have had valuables within 12 months: _____

XVI. Have you owned or operated any type of business in the last six (6) years? ____
If so, attach a detailed statement including type of business, beginning and ending dates of operation, and a list of current business assets, and statement of business income and expenses for the last year. (Additional fees are charged for business cases).

XVII. If filing a Chapter 13, the Trustee will require you to have an automatic payroll deduction set up to pay your monthly payment unless you are self-employed. List which employer (full name and address of the payroll department) and how often you get paid: _____

XVIII. I/We certify that all information given orally or in writing above is true and complete to the best of my/our knowledge and belief. I have listed all of my debts and all of my assets. I understand that my case may be dismissed and I may be subjected to other penalties if important information is incorrect or incomplete.

Date: _____

Debtor

Co-Debtor

Attorney's Notes: _____

Creditor Information: Please Complete Fully! Attach contracts and recent bills.

LIST SECURED CREDITORS FIRST (HOUSE/MOBILE HOME/LAND/CARS/BOATS/OTHER COLLATERAL)

CREDITOR NAME _____ Account _____
COMPLETE ADDRESS _____
CITY _____ STATE _____ ZIP _____ PHONE _____
COLLATERAL (things purchased) _____
IF A LOAN, DID YOU LIST HOUSEHOLD ITEMS AS COLLATERAL? _____
DO YOU WANT TO KEEP THE COLLATERAL OR GIVE BACK? _____
TOTAL AMOUNT OWED (PAYOFF) \$ _____ MONTHLY PAYMENTS \$ _____ PAST DUE \$ _____
DATE ACCOUNT OR LOAN OPENED _____ IF CO-SIGNER, GIVE NAME AND ADDRESS OF CO-SIGNER _____
IF COLLECTION AGENCY INVOLVED, GIVE NAME/ADDRESS: _____

CREDITOR NAME _____ Account _____
COMPLETE ADDRESS _____
CITY _____ STATE _____ ZIP _____ PHONE _____
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