

BANKRUPTCY QUESTIONNAIRE

Date: _____

PERSONAL INFORMATION

NAME: _____

ANY OTHER NAME USED IN
THE PAST 6 YEARS? _____

ADDRESS: _____

CITY: _____ ZIP CODE: _____

IF YOU HAVE LIVE AT THE ABOVE ADDRESS LESS THEN 2 YEARS, PLEASE
INDICATE BELOW THE ADDRESSES OF YOUR PAST 2 YEAR:

_____ FROM _____ TO _____
_____ FROM _____ TO _____

TELEPHONE: _____ CELL PHONE: _____

DATE OF BIRTH: _____ SOCIAL SECURITY #: _____

STATUS: _____ DRIVER'S LICENSE #: _____ EXPIRE: _____

SPOUSAL INFORMATION:

NAME: _____

ANY OTHER NAME USED IN
THE PAST 6 YEARS? _____

ADDRESS: _____

CITY: _____ ZIP CODE: _____

IF YOU HAVE LIVE AT THE ABOVE ADDRESS LESS THEN 2 YEARS, PLEASE
INDICATE BELOW THE ADDRESSES OF YOUR PAST 2 YEAR:

_____ FROM _____ TO _____
_____ FROM _____ TO _____

TELEPHONE: _____ CELL PHONE: _____

DATE OF BIRTH: _____ SOCIAL SECURITY #: _____

STATUS: _____ DRIVER'S LICENSE #: _____ EXPIRE: _____

HAVE YOU DECLARED BANKRUPTCY BEFORE? YES ____ NO ____

IF YES, WHICH CHAPTER? BK-7 _____ BK-13 _____ CASE NUMBER: _____
DISTRICT: _____ TRUSTEE: _____ DATE FILED: _____
IS THE CASE: CLOSED _____ OPEN _____

DEBTOR'S DEPENDANTS:

NAME(S)	AGE(S)	RELATION
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

PERSONAL QUESTIONS:

HAVE YOU HAD ANY LEGAL SUIT OR LIEN AGAINST YOUR WAGES IN THE LAST 12 MONTHS? _____

IF YOUR ANSWER IS YES, PLEASE INDICATE BELOW THE COMPANY WHO SUED YOU: _____ CASE NUMBER: _____

TYPE OF SUIT: _____ NAME AND ADDRESS OF COURT: _____
STATUS OF CASE: _____

HAVE THEY REPOSSESSED OR TAKEN ANY PROPERTY OR AUTOMOBILE IN THE LAST 12 MONTHS? _____

IF YES, LIST BELOW:

NAME AND ADDRESS OF CREDITOR: _____

DATE OF REPOSSESSION OR RETURN: _____

DESCRIPTION: _____ VALUE: _____

HAVE YOU LOST ANY ITEM, PROPERTY, OR AUTOMOBILE DUE TO FIRES, ROBBERY, OR GAMBLING IN THE PAST 12 MONTHS? _____

IF YES, LIST BELOW:

DESCRIPTION OF ITEM LOST: _____ VALUE: _____

HOW WAS IT LOST: _____ DATE OF LOST: _____

INDICATE IF ANY INSURANCE COMPANY COVERED YOU'RE LOST: _____

HAVE YOU TRANSFERRED ANY PROPERTY IN THE PAST 12 MONTHS? _____

IF YES, INDICATE BELOW:

NAME AND ADDRESS OF THE PERSON TO WHOM YOU DID THE TRANSFER TO: _____

WHAT IS YOUR RELATION TO THE ABOVE PERSON: _____

DATE OF THE TRANSFER: _____

DESCRIPTION OF THE PROPERTY TRANSFERRED:

MONEY RECEIVED: _____
HAVE YOU OR ANY ONE CLOSED ANY BANK ACCOUNT IN THE PAST 12 MONTHS?
_____, IF YES, INDICATE BELOW:
NAME AND ADDRESS OF BANK: _____

TYPE OF ACCOUNT: _____ ACCOUNT NUMBER: _____
HOW MUCH MONEY WAS IN THE ACCOUNT PRIOR TO CLOSING: _____
DATE OF CLOSED ACCOUNT: _____

PROPERTIES:

DO YOU HAVE PROPERTY? _____, IF YES, LIST PROPERTY BELOW:

ADDRESS: _____
DATE OF PURCHASE OF PROPERTY: _____
VALUE OF PROPERTY: _____ IN WHAT INTREST DID YOU BY THE
PROPERTY: _____ NAME OF PERSON WHO APPEAR ON THE LOANS FOR
THE PROPERTY: _____

FIRST MORTGAGE: _____ DATE OF LOAN: _____
SECOND MORTGAGE: _____ DATE OF LOAN: _____
TOTAL DEBT: _____

ADDRESS: _____
DATE OF PURCHASE OF PROPERTY: _____
VALUE OF PROPERTY: _____ IN WHAT INTREST DID YOU BY THE
PROPERTY: _____ NAME OF PERSON WHO APPEAR ON THE LOANS FOR
THE PROPERTY: _____

FIRST MORTGAGE: _____ DATE OF LOAN: _____
SECOND MORTGAGE: _____ DATE OF LOAN: _____
TOTAL DEBT: _____

PERSONAL PROPERTY:

HOW MUCH MONEY DO YOU HAVE IN CASH? _____
BANK ACCOUNTS:
NAME OF BANK: _____
CHECKING ACCT #: _____ BALANCE: _____
SAVINGS ACCT#: _____ BALANCE: _____
NAME OF BANK: _____
CHECKING ACCT #: _____ BALANCE: _____
SAVINGS ACCT#: _____ BALANCE: _____

VALUE OF FURNITURE: \$ _____
VALUE OF CLOTHES: \$ _____
VALUE OF JEWELRY: \$ _____
GUNS, SPORTS EQUIPMENT, ETC. \$ _____
LIFE INSURANCES \$ _____
PENSIONS, RETIREMENT PLANS \$ _____
ALIMONY \$ _____
CHILD SUPPORT: \$ _____

AUTOMOBILES:

MAKE: _____ MODEL: _____ YEAR: _____
VALUE: _____ NAME OF FINANCIER: _____
ADDRESS: _____
ACCOUNT NUMBER: _____ MONTHLY PAYMENT: _____
CO-SIGNER: _____ ADDRESS: _____

DATE OF FINANCE: _____ BALANCE: _____

MAKE: _____ MODEL: _____ YEAR: _____
VALUE: _____ NAME OF FINANCIER: _____
ADDRESS: _____
ACCOUNT NUMBER: _____ MONTHLY PAYMENT: _____
CO-SIGNER: _____ ADDRESS: _____

DATE OF FINANCE: _____ BALANCE: _____

MAKE: _____ MODEL: _____ YEAR: _____
VALUE: _____ NAME OF FINANCIER: _____
ADDRESS: _____
ACCOUNT NUMBER: _____ MONTHLY PAYMENT: _____
CO-SIGNER: _____ ADDRESS: _____

DATE OF FINANCE: _____ BALANCE: _____

ANY MACHINERY OR EQUIPMENT USED FOR BUSINESSES: _____
EQUIPMENT FOR OFFICES: _____
ANY OTHER EQUIPMENT FOR PERSONAL PROPERTY: _____

INCOME INFORMATION:

DEBTOR'S EMPLOYMENT INFORMATION:
NAME OF EMPLOYER: _____
ADDRESS: _____
TELEPHONE: _____ OCCUPATION: _____
HOW LONG: _____

SPOUSAL'S EMPLOYMENT INFORMATION:

NAME OF EMPLOYER: _____

ADDRESS: _____

TELEPHONE: _____ OCCUPATION: _____

HOW LONG: _____

	DEBTOR	SPOUSAL
MONTHLY GROSS INCOME	_____	_____
DEDUCTIONS	_____	_____
FEDERAL WITHHOLDING	_____	_____
STATE WITHHOLDING	_____	_____
STATE DISABILITY	_____	_____
SOCIAL SECURITY	_____	_____
MEDICARE WITHHOLDING	_____	_____
DENTAL WITHHOLDING	_____	_____
UNION DUES	_____	_____
SUBTOTAL OF DEDUCTION	_____	_____
TAKE HOME INCOME	_____	_____
SELF-EMPLOYED INCOME	_____	_____
RENTAL INCOME	_____	_____
ALIMONEY INCOME	_____	_____
CHILD SUPPORT INCOME	_____	_____
SOC. SEC. INCOME	_____	_____
GOVERNMENT INCOME	_____	_____
RETIREMENT INCOME	_____	_____
INCOME FORM _____	_____	_____
MONTHLY INCOME	_____	_____
TOTAL AMOUNT COMBINED	_____	_____
INCOME UP TO DATE	_____	
INCOME FROM LAST YEAR:	_____	
INCOME FROM 2 YEARS AGO:	_____	

MONTHLY EXPENSES:

MORTGAGE OR RENTAL PAYMENT:	_____
ARE PROPERTY TAXES INCLUDED: YES _____ NO _____	
IS PROPERTY INSURANCE INCLUDED: YES _____ NO _____	
ELECTRICITY:	_____
WATER AND SEWER:	_____
TELEPHONE:	_____
GAS:	_____
PROPERTY MAINTANENCE:	_____
FOOD	_____
CLOTHES	_____

LAUNDRY MAT OR CLEANERS _____
MEDICAL OR DENTAL _____
TRANSPORTATION (do not include your car payment) _____
ENTERTAINMENT, RECREATION PARKS, ETC. _____
CHARITY _____

**INSURANCE PAYMENTS NOT INCLUDED IN YOUR MORTGAGE OR
EMPLOYMENT DEDUCTIONS:**

PROPERTY INSURANCE: _____
LIFE INSURANCE _____
MEDICAL INSURANCE _____
AUTO INSURANCE _____
OTHER: _____
TAXES NOT INCLUDED IN MORTGAGE _____
IRS TAXES _____

ADDITIONAL MONTHLY PAYMENTS:

AUTOMOBILE _____
CAR: _____
CAR: _____
ALIMONY _____
SUPPORT FOR PEOPLE NOT LIVING WITH YOU _____
FOR: _____
FOR: _____
REGULAR BUSINESS PAYMENTS _____

SUBTOTAL OF EXPENSES _____
TOTAL MONTHLY INCOME _____
INCOME-EXPENSES=MONEY DISPOSABLE _____

THE CLIENT NEEDS TO PROVIDE US WITH ALL THE STATEMENTS OF THE CREDITORS YOU WISH TO DECLARE BANKRUPTCY, COPIES OF YOUR MOST RECENT CHECK STUBS, AND THE LAST TWO YEARS OF YOUR W-2 OR TAXES.

DATE: _____

CLIENT SIGNATURE: _____