



**Dear Potential Client(s),**

Attached is a questionnaire for you to fill out in preparation for your consultation. There are quite a few pages to fill out, but please try to complete it as best as you can. The information will allow us to accurately evaluate your financial situation and to determine the best solution for you.

If you are having trouble with some of the information, just leave it blank and discuss this with the attorney you will be meeting with.

It is our goal to help and assist you through this difficult time in the best way possible.

Thank you for your cooperation.

Sincerely,

*Rita Kostopoulos*

*Kostopoulos & Associates*

Ch. 7 \_\_\_\_\_  
Ch. 13 \_\_\_\_\_  
Ch. 13 Lien Strip \_\_\_\_\_  
Motion to Extend / Impose \_\_\_\_\_

# BANKRUPTCY INTAKE FORM

OFFICE USE ONLY
Interviewing Attorney

**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Time In/Out:** \_\_\_\_\_

**Social Security Number:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_ **Cell Phone Number:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_ **Work Phone Number:** \_\_\_\_\_

**County of Residence:** \_\_\_\_\_ **Length of Time at Current Address:** \_\_\_\_\_

**Prior Address if Less Than 3 Years:** \_\_\_\_\_

**Marital Status:**  Single  Married  Divorced → How long? \_\_\_\_\_  Separated  Widowed

**Spouse Name:** \_\_\_\_\_

**Social Security Number:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Address (if living separately):** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

## DEPENDENTS

Name	Age	Relationship to You	Is this person/child living with you?

**Have you ever filed for Bankruptcy before, even if dismissed or did not go through with it?**  YES  NO

If the answer is yes, what year and case number? **Year:** \_\_\_\_\_ **Case Number:** \_\_\_\_\_

**Are both you and your spouse filing this bankruptcy together?**  YES  NO

Have either you or your spouse been known by any other name during the past 8 years?  YES  NO

**Name Used:** \_\_\_\_\_ **Dates Used:** \_\_\_\_\_

**Name Used:** \_\_\_\_\_ **Dates Used:** \_\_\_\_\_

### How did you hear about us?

Referral  AT&T / YP Phone Book  Radio  Internet  TV  Legal Zoom  Other \_\_\_\_\_

**Attorney Notes:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# INCOME HISTORY

**Employers Name:** \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Length of time at this job? \_\_\_\_\_ Job Title: \_\_\_\_\_

Rate of pay: \_\_\_\_\_ How often do you get paid:  weekly  Bi-weekly  Bi-monthly  Monthly

Child support / Alimony  YES  NO If yes, how much: \_\_\_\_\_ How often: \_\_\_\_\_ For how long: \_\_\_\_\_

Food stamps  YES  NO If yes, how much: \_\_\_\_\_ How often: \_\_\_\_\_ For how long: \_\_\_\_\_

FIA assistance  YES  NO If yes, how much: \_\_\_\_\_ How often: \_\_\_\_\_ For how long: \_\_\_\_\_

Unemployment  YES  NO If yes, how much: \_\_\_\_\_ How often: \_\_\_\_\_ For how long: \_\_\_\_\_

Workman's comp  YES  NO If yes, how much: \_\_\_\_\_ How often: \_\_\_\_\_ For how long: \_\_\_\_\_

Pension/Social Security  YES  NO If yes, how much: \_\_\_\_\_ How often: \_\_\_\_\_ For how long: \_\_\_\_\_

Disability income  YES  NO If yes, how much: \_\_\_\_\_ How often: \_\_\_\_\_ For how long: \_\_\_\_\_

Rental/Roomate Income  YES  NO If yes, how much: \_\_\_\_\_ How often: \_\_\_\_\_ For how long: \_\_\_\_\_

Commissions  YES  NO If yes, how much: \_\_\_\_\_ How often: \_\_\_\_\_ For how long: \_\_\_\_\_

Annuity OR Trust Income  YES  NO If yes, how much: \_\_\_\_\_ How often: \_\_\_\_\_ For how long: \_\_\_\_\_

Any Other Income  YES  NO If yes, how much: \_\_\_\_\_ How often: \_\_\_\_\_ For how long: \_\_\_\_\_

**Will you be receiving a bonus check or profit sharing check within the next year?**  YES  NO Amount? \_\_\_\_\_

**Have you received a bonus check or profit sharing check within the last year?**  YES  NO Amount? \_\_\_\_\_

**Are you or your spouse expecting to receive a buyout/buydown from your current Employer within the next year?**  YES  NO

**Have you or spouse received a buyout/ buydown/severance pay from any employer during the last 2 years?**  YES  NO

**Do you have a second job?**  YES  NO If yes, Employer name: \_\_\_\_\_

Employer address: \_\_\_\_\_

Length of time at this job? \_\_\_\_\_ Job Title: \_\_\_\_\_ Rate of pay: \_\_\_\_\_

How often do you get paid:  weekly  Bi-weekly  Bi-monthly  Monthly

**Spouse's Employment Information: Please see next page.**

**Are you self-employed, own your own business or receive a 1099? If yes, complete next page.**

## SPOUSE'S EMPLOYMENT INFORMATION

This information is needed whether you are filing alone or jointly with your spouse

Is your Spouse employed?  YES  NO

If yes, Employers Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Length of time at this job? \_\_\_\_\_ Job Title: \_\_\_\_\_ Rate of pay: \_\_\_\_\_

How often do you get paid:  weekly  Bi-weekly  Bi-monthly  Monthly

## SELF EMPLOYMENT INCOME

Are you self employed, own your own business or receive a 1099? Please complete below:

Are you paid as an independent contractor (1099)?  YES  NO

Do you have your own business?  YES  NO

Name of company: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

For how long: \_\_\_\_\_ LLC, Corp, or DBA: \_\_\_\_\_ Partners?: \_\_\_\_\_

Type of business: \_\_\_\_\_

Has the business been appraised/valued? \_\_\_\_\_ Current value if you were to sell the business? \_\_\_\_\_

How much did you purchase the business for? \_\_\_\_\_

What are the assets of the business & their values (equipment, vehicles, etc)?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is there an agreement in place where you plan to sell your business? \_\_\_\_\_

Have you owned a business *other* than the one mentioned above in the last 6 years?  YES  NO

What is the name of the company:  
\_\_\_\_\_

LLC, Corporation or D/B/A? \_\_\_\_\_

How long was it operational? \_\_\_\_\_

## MONTHLY BUDGET

This form is necessary to determine how much you spend each month on living expenses. Be sure to write in the average MONTHLY amounts in the spaces to the right of each expense for the entire household, even if you are the only one filing.

### **HOUSING EXPENSES**

Rent Payment (monthly) \_\_\_\_\_

1<sup>st</sup> Mortgage payment or mobile home monthly payment \_\_\_\_\_

2nd Mortgage / Equity Loan \_\_\_\_\_

3<sup>rd</sup> Mortgage / Equity Loan \_\_\_\_\_

Lot Rent payment (if applicable) \_\_\_\_\_

Real Estate taxes included in your mortgage payment?  YES  NO

**Taxes** NOT included in your mortgage payment \_\_\_\_\_

**Insurance** NOT included in your mortgage payment \_\_\_\_\_

### **UTILITIES**

Electricity \_\_\_\_\_

Gas \_\_\_\_\_

Water \_\_\_\_\_

Telephone Land line \_\_\_\_\_

Cell Phone \_\_\_\_\_

Trash Pickup \_\_\_\_\_

Cable TV /Internet service \_\_\_\_\_

### **BASIC NEEDS (monthly)**

Home maintenance (for homeowners) \_\_\_\_\_

Food (monthly) \_\_\_\_\_

Clothing \_\_\_\_\_

Supplies (napkins, toilet paper etc) \_\_\_\_\_

Laundry (dry cleaning, soap etc) \_\_\_\_\_

Medical expenses NOT paid by insurance (co-pays, glasses etc) \_\_\_\_\_

### **INSURANCE**

Renters Insurance \_\_\_\_\_

Life Insurance (other than employer) \_\_\_\_\_

Automobile Insurance \_\_\_\_\_

Non Filing Spouses credit cards \_\_\_\_\_

Work Lunches \_\_\_\_\_

Jewelry Payments \_\_\_\_\_

Gym/Spa \_\_\_\_\_

### **TRANSPORTATION**

Gasoline for Vehicles \_\_\_\_\_

Auto Payments, other Vehicles \_\_\_\_\_

### **TAXES**

IRS / State Tax Payments \_\_\_\_\_

### **OTHER EXPENSES**

Alimony or Child Support \_\_\_\_\_

Support for a person(s) outside your home \_\_\_\_\_

College Tuition / Books \_\_\_\_\_

Union Dues/Professional Dues \_\_\_\_\_

Oil Changes/Maint. For Autos \_\_\_\_\_

License Fees/Tabs \_\_\_\_\_

Church Tithes/Contributions \_\_\_\_\_

Baby Sitter/Day Care Expenses \_\_\_\_\_

Children's Activities \_\_\_\_\_

Children's Dental, Braces \_\_\_\_\_

School Lunches \_\_\_\_\_

School Expenses \_\_\_\_\_

Diapers/Formula \_\_\_\_\_

Physical Therapy \_\_\_\_\_

Psychiatrist/Therapist \_\_\_\_\_

Prescriptions (out of pocket) \_\_\_\_\_

Personal Care Items \_\_\_\_\_

Pet Supplies/Food/Vet \_\_\_\_\_

Newspapers, Books, Magazines \_\_\_\_\_

Cigarettes/Tobacco \_\_\_\_\_

Condo Association Fees / H.O.A \_\_\_\_\_

Time Share Expenses \_\_\_\_\_

Alarm System Fees \_\_\_\_\_

Storage Fees \_\_\_\_\_

Lawn/Snow Service \_\_\_\_\_

Rent to Own Furniture / Loans \_\_\_\_\_

Loans to Family/Friends \_\_\_\_\_

Student Loans \_\_\_\_\_

Probation Fees/Restitution \_\_\_\_\_

Recreation/Eating Out \_\_\_\_\_

Credit Card Payments \_\_\_\_\_

Manicures/Hair stylist \_\_\_\_\_

# YOUR REAL ESTATE

Including Mobile Homes and all other property

Check the type of real estate you own  House  Condo  Mobile home  Vacant Lot  Rental Property  
 Time Share  Out of state/other country  Other  Co-op

**Do you rent your residence or own?** \_\_\_\_\_ **How many properties do you own?** \_\_\_\_\_

**Name(s) on Deed or Title:** \_\_\_\_\_ **Do you own with someone else?**  YES  NO

Address of Property: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

**1<sup>st</sup> Mortgage Company:** \_\_\_\_\_

Monthly payment: \_\_\_\_\_ What is the payoff amount? \_\_\_\_\_

Are you behind on payments?  YES  NO If yes, how many months? \_\_\_\_\_

Have you refinanced your home in the last 2 years?  YES  NO If yes, when: \_\_\_\_\_ Amount received: \_\_\_\_\_

**What is the value of your home?** \_\_\_\_\_ Are you past due on property taxes?  YES  NO

Do you intend to keep your home or surrender it?  KEEP  SURRENDER

Is there a Trustee sale scheduled?  YES  NO If yes, date of sale: \_\_\_\_\_

**When did you purchase your home?** \_\_\_\_\_ Purchase price? \_\_\_\_\_

Have you had an appraisal?  YES  NO Amount of appraisal: \_\_\_\_\_ Date of appraisal: \_\_\_\_\_

**Do you own any real estate with other people, or has someone added your name to their property in case something happens to them?**  YES  NO

Do you own any real estate via land contract?  YES  NO

## If Condo, name & address of Association

Association Name: \_\_\_\_\_ Address: \_\_\_\_\_ City:

\_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Condo fee amount paid monthly: \_\_\_\_\_ Are you past due?  YES  NO If yes, amount past due: \_\_\_\_\_

**Do you pay lot rent?**  YES  NO If yes, amount: \_\_\_\_\_ Are you past due?  YES  NO If yes amount: \_\_\_\_\_

**Mobile Home Park Association:** \_\_\_\_\_

**2nd Mortgage/Equity Loan Company:** \_\_\_\_\_

Monthly payment: \_\_\_\_\_ What is the payoff amount? \_\_\_\_\_

Are you behind on payments?  YES  NO If yes, how many months? \_\_\_\_\_

**3rd Mortgage Company:** \_\_\_\_\_

**Have you sold, transferred, or lost through foreclosure any other real estate in the last 6 years?**  YES  NO

Address: \_\_\_\_\_

**RENTAL PROPERTY OR VACANT LAND**

Do you own other real estate or have an interest in other real estate, such as rentals or vacant property OR are on someone else's property for purposes of inheritance or if something happens to them?  YES  NO

If yes, location of property : \_\_\_\_\_

Mortgage Company: \_\_\_\_\_ Payoff amount: \_\_\_\_\_ Monthly payment: \_\_\_\_\_

Rents received monthly: \_\_\_\_\_ Value of property: \_\_\_\_\_

**IF YOU ARE RENTING—LEASES AND LANDLORDS**

Landlord name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Term of lease: \_\_\_\_\_ Date lease began: \_\_\_\_\_

Does your landlord have a landlord/tenant judgment against you?  YES  NO

**TIME SHARE: FINANCE COMPANY**

Do you have an interest in a time share?  YES  NO Do you want to keep or surrender?  KEEP  SURRENDER

If yes, location of property: \_\_\_\_\_

Date purchased: \_\_\_\_\_ Monthly payments: \_\_\_\_\_ Purchase amount: \_\_\_\_\_

Name of Finance company: \_\_\_\_\_ Account number: \_\_\_\_\_ Value: \_\_\_\_\_

**FOR CONDOMINIUMS: CONDO / H.O.A ASSOCIATION COMPANY**

**Name & Address of Association that you pay your monthly fees to:**

Name of company: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Payment amount: \_\_\_\_\_

**FOR MOBILE HOMES: LOT RENT COMPANY**

**Name & Address of Association that you pay your lot rent to:**

Name of company: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Payment amount: \_\_\_\_\_

**FOR TIME SHARES: MAINTENANCE COMPANY/ FINANCE COMPANY**

**Name & Address of Association that you pay your fees/dues to:**

Name of company: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Payment amount: \_\_\_\_\_

**FOR STORAGE UNITS:**

**Name & Address of Company that you pay your fees/dues to:**

Name of company: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Payment amount: \_\_\_\_\_

## YOUR MOTOR VEHICLES

Motor vehicles include cars, trucks, SUV's, motorcycles, RV's, boats, trailers, campers etc..., that are **TITLED IN YOUR NAME OR YOUR SPOUSES NAME, OR WITH ANYONE ELSE**. Include all vehicles even if they are **paid in full** or **not running**, or **someone else drives**.

**(1) VEHICLE TYPE:**  Automobile  Truck  Motorcycle  Boat  Trailer/Camper  Other  
Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ Lease or Purchase?  Lease  Purchase  
Condition:  Excellent  Good  Fair  Poor  Not running Mileage: \_\_\_\_\_  
Name(s) on vehicle title: \_\_\_\_\_  
Name of company you make payments to: \_\_\_\_\_  
Vehicle value: \_\_\_\_\_ Monthly payments: \_\_\_\_\_ Do you want to keep or surrender:  Keep  Surrender  
Are you behind on your payments?  Yes  No If yes, how many months? \_\_\_\_\_

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**(2) VEHICLE TYPE:**  Automobile  Truck  Motorcycle  Boat  Trailer/Camper  Other  
Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ Lease or Purchase?  Lease  Purchase  
Condition:  Excellent  Good  Fair  Poor  Not running Mileage: \_\_\_\_\_  
Name(s) on vehicle title: \_\_\_\_\_  
Name of company you make payments to: \_\_\_\_\_  
Vehicle value: \_\_\_\_\_ Monthly payments: \_\_\_\_\_ Do you want to keep or surrender:  Keep  Surrender  
Are you behind on your payments?  Yes  No If yes, how many months? \_\_\_\_\_

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**(3) VEHICLE TYPE:**  Automobile  Truck  Motorcycle  Boat  Trailer/Camper  Other  
Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ Lease or Purchase?  Lease  Purchase  
Condition:  Excellent  Good  Fair  Poor  Not running Mileage: \_\_\_\_\_  
Name(s) on vehicle title: \_\_\_\_\_  
Name of company you make payments to: \_\_\_\_\_  
Vehicle value: \_\_\_\_\_ Monthly payments: \_\_\_\_\_ Do you want to keep or surrender:  Keep  Surrender  
Are you behind on your payments?  Yes  No If yes, how many months? \_\_\_\_\_

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**(4) VEHICLE TYPE:**  Automobile  Truck  Motorcycle  Boat  Trailer/Camper  Other  
Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ Lease or Purchase?  Lease  Purchase  
Condition:  Excellent  Good  Fair  Poor  Not running Mileage: \_\_\_\_\_  
Name(s) on vehicle title: \_\_\_\_\_  
Name of company you make payments to: \_\_\_\_\_  
Vehicle value: \_\_\_\_\_ Monthly payments: \_\_\_\_\_ Do you want to keep or surrender:  Keep  Surrender  
Are you behind on your payments?  Yes  No If yes, how many months? \_\_\_\_\_

**OTHER ADDITIONAL VEHICLES?**  Yes  No

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## YOUR HOUSEHOLD INVENTORY

Please check the items below that you currently have in your home, even if they were a gift OR you believe they have no value. To the Right of each item, provide the value of each item in its current condition (used, "garage sale value"), and the brand name if known

<input type="checkbox"/> Stove/Cooking Unit	\$ _____	<input type="checkbox"/> Franchise / Licenses	\$ _____
<input type="checkbox"/> Refirgerator	\$ _____	<input type="checkbox"/> Liquor License	\$ _____
<input type="checkbox"/> Washer/Dryer	\$ _____	<input type="checkbox"/> Real Estate or Broker License	\$ _____
<input type="checkbox"/> Microwave	\$ _____	<input type="checkbox"/> Hair Dresser License	\$ _____
<input type="checkbox"/> Cookware (pots & pans)	\$ _____	<input type="checkbox"/> Buyouts	\$ _____
<input type="checkbox"/> Cooking Utensils	\$ _____	<input type="checkbox"/> Pets	\$ _____
<input type="checkbox"/> Living Room Furniture	\$ _____	<input type="checkbox"/> Tax Refund 2015	\$ _____
<input type="checkbox"/> Dining Room Furniture	\$ _____	<input type="checkbox"/> Season Game Tickets	\$ _____
<input type="checkbox"/> Tables & chairs	\$ _____	<input type="checkbox"/> Swimming Pool	\$ _____
<input type="checkbox"/> Big Screen Tv's	\$ _____	<input type="checkbox"/> Storage Unit(s) / Contents	\$ _____
<input type="checkbox"/> DVD / Blu Ray Players	\$ _____	<input type="checkbox"/> Sports Equipment	\$ _____
<input type="checkbox"/> Dvd's	\$ _____	<input type="checkbox"/> Rent Deposit w/Landlord	\$ _____
<input type="checkbox"/> Compact Discs	\$ _____	<input type="checkbox"/> Collectibles	\$ _____
<input type="checkbox"/> Stereo Equipment	\$ _____	<input type="checkbox"/> Off Shore Bank Accounts	\$ _____
<input type="checkbox"/> Bedroom Furniture	\$ _____	<input type="checkbox"/> Baseball Cards, Sports Stuff	\$ _____
<input type="checkbox"/> Dressers / Nightstands	\$ _____	<input type="checkbox"/> Train Sets, Hobbies	\$ _____
<input type="checkbox"/> Lamps & Accessories	\$ _____	<input type="checkbox"/> Inheritance	\$ _____
<input type="checkbox"/> Wedding Rings	\$ _____	<input type="checkbox"/> Cemetery Plot(s)	\$ _____
<input type="checkbox"/> Jewelry / Diamonds	\$ _____	<input type="checkbox"/> Antiques, Coins, Stamps	\$ _____
<input type="checkbox"/> Costume Jewelry	\$ _____	<input type="checkbox"/> Copyrights, Patents, Trademarks	\$ _____
<input type="checkbox"/> Trust Beneficiary / Trustee	\$ _____	<input type="checkbox"/> Medical Equipment	\$ _____
<input type="checkbox"/> Computers / Printers	\$ _____	<input type="checkbox"/> Aircraft	\$ _____
<input type="checkbox"/> Bicycles	\$ _____	<input type="checkbox"/> 1 <sup>st</sup> Checking Account	\$ _____
<input type="checkbox"/> Desk / Office Furniture	\$ _____	Name of Bank	_____
<input type="checkbox"/> Computer Equipment	\$ _____	Joint Account?	<input type="checkbox"/> yes <input type="checkbox"/> no
<input type="checkbox"/> Accounts Receivables	\$ _____	<input type="checkbox"/> 2 <sup>nd</sup> Checking Account	\$ _____
<input type="checkbox"/> Cash on Hand	\$ _____	Name of Bank	_____
<input type="checkbox"/> Photo Equipment / Cameras	\$ _____	Joint Account?	<input type="checkbox"/> yes <input type="checkbox"/> no
<input type="checkbox"/> Camcorder / Video Camera	\$ _____	<input type="checkbox"/> Savings Account	\$ _____
<input type="checkbox"/> Cell Phone(s)	\$ _____	Name of Bank	_____
<input type="checkbox"/> Paintings / Art	\$ _____	Joint Account?	<input type="checkbox"/> yes <input type="checkbox"/> no
<input type="checkbox"/> Annuity	\$ _____	<input type="checkbox"/> HAS/Flex Medical Saving Accts	\$ _____
<input type="checkbox"/> Books	\$ _____	<input type="checkbox"/> 401K, IRA, TSP, Profit	\$ _____
<input type="checkbox"/> Guns / Firearms	\$ _____	<input type="checkbox"/> Certificate of Deposit	\$ _____
<input type="checkbox"/> Corp, DBA, or LLC Share	\$ _____	<input type="checkbox"/> Money Market Accounts	\$ _____
<input type="checkbox"/> Clothes	\$ _____	<input type="checkbox"/> Stocks, Bonds, Mutual Funds	\$ _____
<input type="checkbox"/> Lottery Tickets	\$ _____	<input type="checkbox"/> Safe Deposit Box / Contents	\$ _____
<input type="checkbox"/> Gym Equipment	\$ _____	<input type="checkbox"/> Life Insurance Policy	\$ _____
<input type="checkbox"/> Carpenter / Mechanic tools	\$ _____	<input type="checkbox"/> Pre-Paid Debit Card	\$ _____
<input type="checkbox"/> Lawnmower	\$ _____	<input type="checkbox"/> Employer stock purchase plan	\$ _____
<input type="checkbox"/> Yard Tools / Equipment	\$ _____	<input type="checkbox"/> PayPal Account	\$ _____
<input type="checkbox"/> Musical Instruments	\$ _____	<input type="checkbox"/> Vacation Fund	\$ _____

**Places where you and/or your spouse have worked for the last 6 months and ALL sources of income for the last 6 months. Including gifts of money, rental/roommate income, gambling/lottery winnings, buyouts, 401k loans, etc.**

Employer: \_\_\_\_\_ Date of hire/termination \_\_\_\_\_

Employer: \_\_\_\_\_ Date of hire/termination \_\_\_\_\_

**Have your wages or property been garnished or attached in the last 90 days?**  YES  NO

Who garnished your wages or attached your property? \_\_\_\_\_

How much/what was taken? \_\_\_\_\_ Time period? \_\_\_\_\_

**Other Income: (401K Loans, IRA Distributions, Life Insurance Proceeds, Gifts of money, Lottery winnings, Gambling winnings, Inheritance, Roommate assistance, Rental Income, Buyouts, etc received in the last 2 years)**

\_\_\_\_\_  
\_\_\_\_\_

**NAMES & ADDRESSES OF ANY CO-SIGNERS OR AUTHORIZED USERS ON YOUR DEBTS/ACCOUNTS**

Name: \_\_\_\_\_  
\_\_\_\_\_

Address: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_ Name of Creditor: \_\_\_\_\_

**Does anyone owe you money?**  YES  NO If yes, who & how much: \_\_\_\_\_

**Do you pay or owe child support?**  YES  NO

If yes, Name & Address of recipient and FOC involved: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

Amount paid or owed: \_\_\_\_\_

**Do you pay on rent to own furniture contracts or storage units?**  YES  NO

If yes, Name of company: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Payment amount: \_\_\_\_\_

**Have you paid back any family or friends in the past year for loans?**  YES  NO

How much and when? \_\_\_\_\_

If yes, Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Have you paid back any creditors/credit cards/utilities, etc... more than \$600.00 in the last 90 days?**  YES  NO

**If Yes: Name of Creditor:** \_\_\_\_\_

**Date and amount paid back:** \_\_\_\_\_

**Name of Creditor:** \_\_\_\_\_

**Date and amount paid back:** \_\_\_\_\_

**Have you made any GIFTS within the last 12 months to family members of churches totaling more than \$100?**

YES  NO If yes, Name of recipient/church and type of gift: \_\_\_\_\_

**Is your jewelry insured?**  YES  NO

**PLEASE CHECK THE TYPES OF DEBTS YOU OWE & ESTIMATED AMOUNTS OF DEBT**

- |   |  |
|---|--|
| <input type="checkbox"/> Auto Repossession _____          | <input type="checkbox"/> Student Loans _____               |
| <input type="checkbox"/> IRS/State Taxes/debts _____      | <input type="checkbox"/> Loans to friends/relatives _____  |
| <input type="checkbox"/> Credit Cards _____               | <input type="checkbox"/> Child support _____               |
| <input type="checkbox"/> Medical Bills _____              | <input type="checkbox"/> Unemployment comp fees _____      |
| <input type="checkbox"/> Judgments/Garnishments _____     | <input type="checkbox"/> Traffic tickets/Restitution _____ |
| <input type="checkbox"/> Payday/Cash advance loans _____  | <input type="checkbox"/> Rent to own furniture _____       |
| <input type="checkbox"/> Apartment/lease deficiency _____ | <input type="checkbox"/> Furniture Loans/payments _____    |
| <input type="checkbox"/> Storage unit fees _____          | <input type="checkbox"/> Life Insurance Loans _____        |
| <input type="checkbox"/> 401k /IRA Loans _____            | <input type="checkbox"/> Other _____                       |

**NAMES & ADDRESSES OF RELATIVES AND/OR FRIENDS YOU OWE MONEY TO AND THE AMOUNTS:**

(1) Name: \_\_\_\_\_

(2) Name: \_\_\_\_\_

**Have you had any lotto or gambling winnings in the last 2 years?**  YES  NO How much and when? \_\_\_\_\_

**Have you had any lotto or gambling losses in the last 2 years?**  YES  NO How much and when? \_\_\_\_\_

**Do you expect to receive an inheritance or life insurance proceeds in the next year?**  YES  NO

**How much and when?** \_\_\_\_\_

**Have you received an inheritance or life insurance proceeds in the last 6 years?**  YES  NO

**How much and when?** \_\_\_\_\_

**Have you sued anyone in the last 5 years or been sued or are now involved in a lawsuit, including divorce?**

YES  NO If yes, why? \_\_\_\_\_

**Have you been injured at work, in a car accident, or a slip and fall incident in the last 6 years?**  YES  NO

**Are you currently receiving medical care for an injury?**  YES  NO

**Are you expecting to receive a monetary settlement pursuant to a judgment of divorce?**  YES  NO

**Have you received a monetary settlement pursuant to a judgment of divorce in the last 2 years?**  YES  NO

**Is anyone holding property belonging to you?**  YES  NO

**Are you holding property that belongs to others?**  YES  NO

EXAMPLE: Your parents have a vehicle in their name because you did not have good credit but it is your car and you make the payments and pay the insurance

What are the items?

Name of person holding the items: \_\_\_\_\_

**Have you returned any property to creditors or was any property repossessed?**  YES  NO

If yes, date of sale/seizure: \_\_\_\_\_ Items sold/seized: \_\_\_\_\_

Name of person who sold/seized the property: \_\_\_\_\_

**Does your spouse have any property in his/her name alone?**  YES  NO

**Have you transferred any money or property to family members and/or friends?**  YES  NO

If yes, what and when: \_\_\_\_\_

**How did you spend the most recent tax refund you received?** \_\_\_\_\_

**Have you used your credit cards, obtained cash advances or incurred loans in the last 6 months?**  YES  NO

If yes, what did you purchase/charge? \_\_\_\_\_

**Have you paid real estate taxes or income taxes with your credit cards?**  YES  NO If yes, when? \_\_\_\_\_

Have you or your bank closed checking/savings account or Retirement/Stock/Brokerage acct in the last 2 yrs?  YES  NO

If yes, name of bank, account number and balance at time of closing: \_\_\_\_\_

Date of Closing: \_\_\_\_\_ Why was the account(s) closed? \_\_\_\_\_

**Are you thinking of suing anyone?**  YES  NO Why? \_\_\_\_\_

**Have you participated in a debt counseling/consolidation program or paid a deposit to another bankruptcy attorney in the last year?**  YES  NO

If yes, how much did you pay & dates of payments: \_\_\_\_\_

Name of counseling agency: \_\_\_\_\_

**Is any of your property being held by a Receiver, Custodian or other court appointed official?**  YES  NO

**Have you received any type of insurance settlement money, or received money for losses from theft or fire OR any type of settlement award or divorce settlement in the last 2 years for any reason?**  YES  NO

**Do you have a pending social security or disability of a workmans comp case / appeal pending?**  YES  NO

**Have you sold any property or transferred any property or given away any property or lost any property for any reason or due to theft or fire in the last 2 years (including garage sales, craigs list, Ebay, pawn shops, sales, gifts, auto trade-ins ,etc) ?**  YES  NO

Autos \_\_\_\_\_

Real Estate \_\_\_\_\_

Furniture \_\_\_\_\_

Jewelry \_\_\_\_\_

Boats \_\_\_\_\_

Recreational Vehicles \_\_\_\_\_

Bank Accts/CD's/Stocks/Bond \_\_\_\_\_

Other \_\_\_\_\_

**Have you filed all required tax returns?**  YES  NO If not, why? \_\_\_\_\_

**Have you received all tax refunds you are entitled to receive for the last 4 years?**  YES  NO

**Do you intend to amend any income tax returns?**  YES  NO If yes, why and when? \_\_\_\_\_

**Who will be paying for the attorney fees for this bankruptcy and in what form?** \_\_\_\_\_

**BRIEFLY DESCRIBE THE CIRCUMSTANCES THAT GAVE RISE TO YOUR CURRENT FINANCIAL SITUATION THAT CAUSED YOU TO SEEK HELP AND POSSIBLY FILE FOR BANKRUPTCY:**

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**BRIEFLY DESCRIBE WHAT YOUR EXPECTATIONS ARE OF FILING FOR BANKRUPTCY? WHAT BENEFITS DO YOU EXPECT TO RECEIVE?**

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**Signature of debtor 1:** \_\_\_\_\_

**Signature of debtor 2:** \_\_\_\_\_

**ATTORNEY NOTES**

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# QUESTIONNAIRE

Important: Please answer all questions below so that we may better assess your situation.

Select YES or NO

- 1) Do you own any house or real estate? (assume for these questions "house or real estate" includes houses, mobile homes, buildings, land, etc...)

YES  NO

If you have a house, is it:

"stick built" (built out of lumber at the site)

a manufactured mobile home (such as a double wide; these have titles)

a modular home

How much land?

city lot  acres \_\_\_\_\_

If it has been appraised in the last 4 years, state: when: \_\_\_\_\_ and for how much: \_\_\_\_\_

- 2) Do you currently have any agreement regarding the purchase or sale of any asset? (besides the ones on schedule D where you are purchasing)

YES  NO

- 3) Have you owned or had an interest of any type, in any house or real estate in the Last 4 years (other than the ones you now own)?

YES  NO

- 4) Is your name now (or within the last 3 years) on anyone else's deed, or mobile home title, bank account, CD, or stock certificate?

YES  NO

- 5) Is there any house or real estate or other asset owned by someone else which if it was sold, you'd be entitled to money for any reason?

YES  NO

- 6) Have you been divorced in the past 4 years?  
If yes, when: \_\_\_\_\_

YES  NO

- 7) Does anyone owe you money?

YES  NO

- 8) Do you have a basis to sue anyone?  
If yes, who? \_\_\_\_\_

YES  NO

- 9) Are you involved in any lawsuit or court proceeding in which you might receive money?

YES  NO

- 10) Have you received anything from an inheritance, trust, probate estate, or insurance in the last 2 years?  
If yes, how much? \_\_\_\_\_

YES  NO

- 11) Do you expect to receive any inheritance or anything from a trust, probate estate or insurance in the next year?

YES  NO

- 12) Do you have any interest in a trust or estate?

YES  NO

- 13) Have you paid any money to relatives in the past 1 1/2 years?

YES  NO

- 14) Have you given away or otherwise transferred real estate or anything worth over \$500.00 to friends or relatives in the last 6 years?

YES  NO

- 15) For each vehicle you now have, list:

Year	Make	Mileage	Condition
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- 16) Are you subject to or responsible for a domestic support obligation?  
If yes, please provide the beneficiary's name, current address & phone number.

YES  NO

ALSO, identify which court the support obligation is through & case number

Beneficiary: \_\_\_\_\_

Address & phone: \_\_\_\_\_

Court & Case number: \_\_\_\_\_

- 17) In the past 6 months, have you paid one credit card off or down with another credit card or with a check written against another credit card (balance transfer)?

YES  NO

- 18) Do you collect items which might be valuable (such as coins, stamps, antiques, guns, cards, etc...) or have any musical instrument or household goods worth over \$450.00 or \$900.00 if jointly owned?  YES  NO
- 19) Do you have any IRA's, CD's, stocks, bonds, mutual funds or other investments?  YES  NO
- 20) What tax refunds did you receive for the tax year 2015-2014? \_\_\_\_\_  
For tax year 2014 do you expect:  more  less  same
- 21) What day of the week are you paid? \_\_\_\_\_ most recent payday? \_\_\_\_\_  
For how many weeks? \_\_\_\_\_ Is there a one week holdback? \_\_\_\_\_
- 22) Have you received a lump sum payment of \$10,000.00 or more for any reason in the last 4 years?  YES  NO
- 23) Did any creditor get payments totaling over \$600.00 during the 3 months before your bankruptcy was filed?  YES  NO
- 24) Have you filed a bankruptcy case before this one?  YES  NO
- 25) Are you involved in the operation of any business (including home based businesses, partnerships, proprietorships, etc...)?  YES  NO
- 26) Were any of your assets seized, repossessed, surrendered, or garnished during the 3 months before your bankruptcy case was filed?  YES  NO
- 27) Have you ever had an accident or injury for which someone else may be at fault or liable?  YES  NO
- 28) Do you have an RV, boat, motor home, camper, trailer, snowmobile, jet ski, or lawn tractor?  YES  NO
- 29) Have you owned any real estate, or other property or a business you did not disclose?  YES  NO

For any yes answer above, please explain:

- # \_\_\_\_\_
- # \_\_\_\_\_
- # \_\_\_\_\_
- # \_\_\_\_\_

I have read and understand these questions and the answers are true and correct to the best of my information, knowledge, and belief.

Signature of debtor 1: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of debtor 1: \_\_\_\_\_ Date: \_\_\_\_\_