

Client Questionnaire
Section 1 - Basic Information

Part A. Name and Address

Name: _____

Have you used any other names in the past ten years? No Yes

If yes, please list other names used: _____

Telephone Numbers\Email address:

Home: _____ Work: _____ Cell: _____

Email: _____

Social Security Number: _____

Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____ County: _____

Have you lived at this address for at least 2 years? No Yes

If you answered no to the question above, please list your previous address:

Address: _____

City: _____ State: _____ Zip: _____ County: _____

If you have a different mailing address, please list:

Mailing Address: _____

City: _____ State: _____ Zip: _____ County: _____

Part B. Name and Address of Spouse

If you are filing jointly with your spouse, fill in the following information about your spouse:

Name: _____

Has your spouse used any other names in the past ten years? No Yes

If yes, please list other names used: _____

Telephone Numbers\Email address:

Home: _____ Work: _____ Cell: _____

Email: _____

Social Security Number: _____

Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____ County: _____

Part C. Prior and/or Pending Bankruptcy Cases

Have you filed a bankruptcy case in the last 8 years? No Yes

If yes, in which district of which state was the case filed? _____

Case Number: _____

Date Filed: _____

Are there currently any bankruptcy cases pending involving you, your business, your spouse, or your spouse's business?

No Yes **If yes**, name of debtor: _____

Relationship to you: _____

Part D. Debtors who reside as Tenants of Residential Property

If you rent your place of residence, does a landlord hold a judgment against you? No Yes

***If yes, bring all information with you to consultation.

Section 2 - Property

Part A. Real Estate (Schedule A)

List **ALL** real estate which you individually or jointly own. This could include your primary residence (house, condo or apartment (if owned)), additional residence (house, condo or apartment(if owned)), rental property, burial plot, undeveloped land and farm land:

Address and Description of Property	List all mortgages, home equity loans and other liens against the property: Please provide details requested below.	Estimated Value of Property	If filing Jointly: Owned by Husband, Wife, Joint or Community?	If you are not the only owner: Please enter the % of the property you own?
Address: <input type="text"/> Description: <input type="text"/>	1. Who issued the mortgage, lien or loan? (<i>Name of company</i>) _____ 2. What is the amount of the mortgage, lien or loan? _____ 3. What is your monthly payment? _____ 4. Does payment include taxes and/or insurance? _____			

If you have additional property, please list the necessary information on a separate page and attach to this questionnaire.

Part B. 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. For property acquired for personal or family use, the value is the price a retail merchant would charge for a property of that kind, considering the age and condition of that property.

Property	Owned	Description	Value	Owned by Whom?
1. Checking/Savings Account, Certificates of deposit, other bank accounts	<input type="checkbox"/> No <input type="checkbox"/> Yes			
2. Household goods, furniture, including audio, video, and computer equipment	<input type="checkbox"/> No <input type="checkbox"/> Yes			
3. Books, pictures, art objects, records, compact discs, collectibles	<input type="checkbox"/> No <input type="checkbox"/> Yes			
4. Clothing	<input type="checkbox"/> No <input type="checkbox"/> Yes			
5. Furs and jewelry	<input type="checkbox"/> No <input type="checkbox"/> Yes			

Property	Owned	Description	Value	Owned by Whom?
6. Sports, photographic, hobby equipment, firearms	<input type="checkbox"/> No <input type="checkbox"/> Yes			
7. Interest in insurance policies-specify refund or cancellation value	<input type="checkbox"/> No <input type="checkbox"/> Yes			
8. Annuities, Interests in an education IRA, as defined in 26 USC § 530(b)(1), Interests in pension or profit sharing plans	<input type="checkbox"/> No <input type="checkbox"/> Yes			
9. Stock and interests in incorporated/ unincorporated business, Interests in partnerships/joint ventures, Bonds	<input type="checkbox"/> No <input type="checkbox"/> Yes			
10. Accounts receivable, Alimony/family support to which you are entitled, Other liquidated debts owed to you, including tax refunds	<input type="checkbox"/> No <input type="checkbox"/> Yes			
11. Equitable or future interests or life estates, Interests in estate of decedent or life insurance plan or trust	<input type="checkbox"/> No <input type="checkbox"/> Yes			
12. Other contingent/ unliquidated claims, including tax refunds, counterclaims	<input type="checkbox"/> No <input type="checkbox"/> Yes			
13. Patents, copyrights, other intellectual property, Licenses, franchises	<input type="checkbox"/> No <input type="checkbox"/> Yes			
14. Automobiles, trucks, trailers, boats, motors, and accessories	<input type="checkbox"/> No <input type="checkbox"/> Yes			
15. Office equipment, supplies, Machinery, fixtures etc. for business	<input type="checkbox"/> No <input type="checkbox"/> Yes			
16. Animals	<input type="checkbox"/> No <input type="checkbox"/> Yes			
17. Do you own or operate a farm?	<input type="checkbox"/> No <input type="checkbox"/> Yes			
18. Other personal property of any kind not listed.	<input type="checkbox"/> No <input type="checkbox"/> Yes			

Section 3 - Debts

Part A. Debts Secured by Property

Please list below all debts that you owe OR that creditors claim you owe that are secured by property.

Home Loan and/or Mortgage	Creditor Name	Amount Owed	Monthly Payment
	Is there a codebtor or cosigner on this loan? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please provide name: _____	Do you dispute the debt? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Car Loans	Creditor Name	Amount Owed	Monthly Payment
	Is there a codebtor or cosigner on this loan? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please provide name: _____	Do you dispute the debt? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Other Property Loans	Creditor Name	Amount Owed	Monthly Payment
	Is there a codebtor or cosigner on this loan? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please provide name: _____	Do you dispute the debt? <input type="checkbox"/> No <input type="checkbox"/> Yes	

Part B. Credit Card Debts

Please list below all credit card debts that you owe OR that creditors claim you owe.

Credit card debts <small>(examples: Visa, American Express, MasterCard, Discover, department store cards, gas cards)</small>	Creditor Name	Amount Owed	Monthly Payment
	Is there a codebtor or cosigner on this loan? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please provide name: _____	Do you dispute the debt? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Cash Advances	Creditor Name	Amount Owed	Monthly Payment
	Is there a codebtor or cosigner on this loan? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please provide name: _____	Do you dispute the debt? <input type="checkbox"/> No <input type="checkbox"/> Yes	

Part C. Medical Debts

Please list below all unpaid medical bill debts that you owe OR that creditors claim you owe.

Unpaid Medical Bills	Creditor Name	Amount Owed	Monthly Payment
	Is there a codebtor or cosigner on this loan? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please provide name: _____	Do you dispute the debt? <input type="checkbox"/> No <input type="checkbox"/> Yes	

Part D. Tax Debts

Please list below all unpaid tax debts that you owe OR that creditors claim you owe.

Unpaid Taxes	Creditor Name	Amount Owed	Monthly Payment
Is there a codebtor or cosigner on this loan? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please provide name: _____		Do you dispute the debt? <input type="checkbox"/> No <input type="checkbox"/> Yes	

Part E. Student Loan Debts

Please list below all Student Loan debts that you owe OR that creditors claim you owe.

Student Loans	Creditor Name	Amount Owed	Monthly Payment
Is there a codebtor or cosigner on this loan? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please provide name: _____		Do you dispute the debt? <input type="checkbox"/> No <input type="checkbox"/> Yes	

Part F. Other Debts

Please list below all debts not listed above that you owe OR that creditors claim you owe.

Description:	Creditor Name	Amount Owed	Monthly Payment
Is there a codebtor or cosigner on this loan? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please provide name: _____		Do you dispute the debt? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Description:	Creditor Name	Amount Owed	Monthly Payment
Is there a codebtor or cosigner on this loan? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please provide name: _____		Do you dispute the debt? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Description:	Creditor Name	Amount Owed	Monthly Payment
Is there a codebtor or cosigner on this loan? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please provide name: _____		Do you dispute the debt? <input type="checkbox"/> No <input type="checkbox"/> Yes	

Section 4 - Unexpired Leases and Contracts (Schedule G)

List below any leases or contracts that are still current that you are a party to. Include residential, car and business leases, and service or business contracts.

Example: Aaron's Rentals & Sales

Nature and Description of Contract	Name and address of Other Party or Parties	Date that Contract Expires

Section 5 - Current Income

Part A. Marital Status and Dependents

Please select your current Marital Status:

Single
 Married
 Divorced
 Separated
 Widowed
 Common Law
 Unknown

Part B. Debtor's Employer Information

Name of your employer: _____

How long have you been employed at this job: _____

Second employer (if applicable):

Name of your **Second** employer: _____

How long have you been employed at this second job: _____

Part C. Joint Debtor's (Spouse's) Employer Information

Name of your spouse's employer: _____

How long has spouse been employed at this job: _____

Second employer (if applicable):

Name of your spouse's **Second** employer: _____

How long has spouse been employed at this second job: _____

Part D. Debtor's Wage Information

How often are you paid? <input type="checkbox"/> Once a week <input type="checkbox"/> Every two weeks <input type="checkbox"/> Twice a month <input type="checkbox"/> Once a month	
What is the gross amount of your paycheck, before taxes/other deductions are taken out?	
What is your estimated overtime pay per month?	
How much is taken out of each paycheck for taxes, Medicare, and social security? (combined total)	
How much is taken out of each paycheck for Mandatory Contributions to Retirement?	
How much is taken out of each paycheck for Voluntary Contributions to Retirement?	
How much is taken out of each paycheck for Required Repayments of Retirement fund Loans?	
How much is automatically deducted for insurance?	
How much is taken out for Domestic Support Obligations?	
How much is deducted for union dues?	
Other Deduction (describe): _____	
Other Deduction (describe): _____	
Do you receive income from business operations outside of your regular paycheck listed above? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes , how much do you receive per month?	
Do you receive income from interest or dividends outside of your regular paycheck listed above? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes , how much do you receive per month?	
Do you receive income from alimony or family support payments for your use or for the care of your dependents? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes , how much do you receive per month?	
Do you receive income from Unemployment?	

<input type="checkbox"/> No <input type="checkbox"/> Yes If yes , how much do you receive per month?	
Do you receive income from Social Security? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes , how much do you receive per month?	
Do you receive monetary government assistance? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes , please describe: _____ How much do you receive per month?	
Do you receive retirement or pension money? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes , how much do you receive per month?	
Do you have any other source of income not listed? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes , please describe: _____ How much do you receive per month?	
Are you expecting any increase or decrease in salary next year? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes , please describe: _____	

Part E. Joint Debtor's (Spouse's) Wage Information

How often are you paid? <input type="checkbox"/> Once a week <input type="checkbox"/> Every two weeks <input type="checkbox"/> Twice a month <input type="checkbox"/> Once a month	
What is the gross amount of your paycheck, before taxes/other deductions are taken out?	
What is your estimated overtime pay per month?	
How much is taken out of each paycheck for taxes, Medicare, and social security? (combined total)	
How much is taken out of each paycheck for Mandatory Contributions to Retirement?	
How much is taken out of each paycheck for Voluntary Contributions to Retirement?	
How much is taken out of each paycheck for Required Repayments of Retirement fund Loans?	
How much is automatically deducted for insurance?	
How much is taken out for Domestic Support Obligations?	
How much is deducted for union dues?	
Other Deduction (describe): _____	
Other Deduction (describe): _____	
Do you receive income from business operations outside of your regular paycheck listed above? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes , how much do you receive per month?	
Do you receive income from interest or dividends outside of your regular paycheck listed above? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes , how much do you receive per month?	
Do you receive income from alimony or family support payments for your use or for the care of your dependents? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes , how much do you receive per month?	
Do you receive income from Unemployment? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes , how much do you receive per month?	
Do you receive income from Social Security? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes , how much do you receive per month?	
Do you receive monetary government assistance? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes , please describe: _____ How much do you receive per month?	
Do you receive retirement or pension money? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes , how much do you receive per month?	
Do you have any other source of income not listed? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes , please describe: _____ How much do you receive per month?	
Are you expecting any increase or decrease in salary next year? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes , please describe: _____	

Section 6 - Current Expenses

1. Please list all dependents of you and your spouse with their age and relationship to you (if applicable).

Name/ age/ relationship	Who does the dependent live with?
_____	_____
_____	_____
_____	_____

2. Do you and your spouse live separately and maintain separate households? No Yes. If **yes**, please let your attorney know and they will have to provide you with an additional copy of this section to detail the expenses for the completely separate household.

The following questions ask for your expenses each month. If you are unsure of the amount you pay each month, but know the amount for a different period (per week, per day, every 2 months, etc.), write in the amount and the frequency that you pay the amount.

3. Do your expenses include another person's expenses other than yourself and your dependents? No Yes

Indicate how much you pay for each item each month:

4.	Primary Rent or Home Mortgage:	
Does that amount include real estate taxes? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes , how much do you pay? _____		
Does that amount include property, homeowner's, or renter's insurance? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes , how much do you pay? _____		
Does that amount include any Homeowner's association or condominium dues? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes , how much do you pay? _____		
5.	Additional Mortgage payments	
6.	Utilities:	
	a. Electricity and heating fuel:	
	b. Water and sewer:	
	c. Telephone service/long distance:	
	d. Do you have any other utility bills? If yes , describe and enter monthly amount below: _____ _____	
7.	Food and housekeeping supplies	
8.	Childcare and Children Education Costs	
9.	Clothing, laundry, and dry cleaning	
10.	Personal care products and services:	
11.	Medical and dental expenses:	
12.	Transportation (do NOT include car payments):	
13.	Recreation, entertainment, newspapers, magazines, and books:	
14.	Charitable contributions and religious donations:	
15.	Insurance NOT deducted from wages or included in home mortgage payments or other real estate property expenses: (Do not include amounts entered in Line 4 or Line 20)	
	a. Life insurance:	
	b. Health insurance:	
	c. Auto insurance:	
	d. Other insurance (describe and list monthly amount): _____	

16.	Tax bills NOT deducted from wages or included in home mortgage payments or other real estate property expenses (describe and list monthly amount): _____	
17.	Installment payments for car, furniture, etc. (Describe): _____	
	Installment payments for car, furniture, etc. (Describe): _____	
18.	Alimony, maintenance and support paid to others:	
19.	Other expenses (Describe): (please see "Additional Expenses" below before putting anything here)	
	Other expenses (Describe): _____	

Due to the nature of the Federal Bankruptcy forms there is a special separate category of expenses that needs to be filled out with some unusual numbering. Please ignore the numbering and fill out everything that you can below:

Additional Expenses (707(b)Expenses for Form 22)

26. or 31.	Mandatory payroll deductions not already listed: _____	
	Mandatory payroll deductions not already listed: _____	
28. or 33.	Court ordered payments not already listed: _____	
	Court ordered payments not already listed: _____	
29. or 34.	Education for employment or for a physically or mentally challenged child:	
30. or 35.	Child care (baby sitting, day care, nursery & preschool, etc.):	

Section 7 - Statement of Financial Affairs

If you are filing jointly with your spouse, include information about both you and your spouse. If you know that you are filing under chapter 12 or 13, and you are married and not separated, you must provide information about your spouse even if you are not filing jointly.

If you have no information to report for a question, check the "NONE" box.

- 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

	DOLLAR AMOUNT YOU WERE PAID	SOURCE (i.e. employer name or business name)
DEBTOR:		
January 1 of this year through date of commencement of case		
Last year (January 1 - December 31)		
The year before last (January 1 - December 31)		
JOINT DEBTOR OR SPOUSE (if applicable):		
January 1 of this year through date of commencement of case		
Last year (January 1 - December 31)		
The year before last (January 1 - December 31)		

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: check this box: NONE

	DOLLAR AMOUNT YOU WERE PAID	SOURCE (i.e. employer name or business name)
DEBTOR:		
During the last year		
Year before last		
JOINT DEBTOR OR SPOUSE (if applicable):		
During the last year		
Year before last		

3. Payments to creditors

a. **If your debts are primarily consumer debts (i.e. non-business)**, list all payments totaling over **\$600** made within the last 90 days on loans, installment purchases of goods or services, and other debts. Indicate with an asterisk (*) any payments that were made on account of a domestic support obligation (i.e. alimony, child support, etc.) or that were made as part of an alternative repayment plan.

NONE

Name and Address of Creditor	Dates of Payments	Amount Paid	Amount Still Owed

b. **If your debts are primarily non-consumer debts (i.e. business)**, list all payments totaling over **\$5,850** made within the last 90 days to any creditor.

NONE

Name and Address of Creditor	Dates of Payments	Amount Paid	Amount Still Owed

c. **All debtors**, list all payments made within **one year** to any "insider" or for the benefit of any "insider". (*"Insiders" include your relatives, your business partners and their relatives, your corporations, or your affiliates.*)

NONE

Name and Address of Creditor / Relationship to Debtor	Dates of Payments	Amount Paid	Amount Still Owed

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

Caption of Suit and Case Number	Nature of Proceeding	Court or Agency and Location	Status or Disposition

- 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

5. Other transfers (including sale of your property)

- a. List all other property, other than property transferred in your ordinary course of business or financial affairs, transferred either absolutely or as a security within **two years** immediately preceding the commencement of this case

NONE

Name and Address of Transferee / Relationship to Debtor	Date of Transfer	Description of Property and Value Received

- b. List all property you transferred within **10 years** immediately preceding the commencement of this case to a self-settled trust, or a similar device of which you are the beneficiary.

NONE

Name of Trust or Similar Device	Date of Transfer	Amount of Money or Description and Value of Property or Interest