

Client Questionnaire
Section 1 - Basic Information

Part A. Name and Address

Name: _____

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

If yes, please list other names used:

Telephone Numbers\Email address:

Home: _____

Work: _____

Cell: _____

Email: _____

Social Security Number: _____ - _____ - _____

Driver's License Number: _____ Expiration Date: _____ State: _____

Date of Birth: _____

Address: _____

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

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

Have you lived at this address for at least 730 days (2 years)? No Yes

If you answered no to either of the questions 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 eight years? No Yes

If yes, please list other names used:

Telephone Numbers\Email address:

Home: _____

Work: _____

Cell: _____

Email: _____

Social Security Number: _____ - _____ - _____

Driver's License Number: _____ Expiration Date: _____ State: _____

Date of Birth: _____

Address: *(enter only if different address)* _____

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

If your spouse has a different mailing address, please list:

Mailing Address: *(enter only if different 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: _____

Case Number: _____

Date Filed: _____

District (If known): _____

Judge (If known): _____

Part D. Exhibit "C" to the Voluntary Petition (Hazards to Public Health\Safety)

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? No Yes

If yes, please list and describe the property:

Part E. 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, please provide the name and address of the landlord:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

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?	Office Use Only Exemptions?
<p>Address:</p> <p>Description:</p>	<p>1. Who issued the mortgage, lien or loan? <i>(Name and Address)</i></p> <p>2. What is the amount of the mortgage, lien or loan?</p> <p>3. What is your current interest rate on the loan?</p> <p>4. What is your monthly payment?</p> <p>5. Does payment include taxes and/or insurance? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>6. How many payments are left?</p>				
<p>Address:</p> <p>Description:</p>	<p>1. Who issued the mortgage, lien or loan? <i>(Name and Address)</i></p> <p>2. What is the amount of the mortgage, lien or loan?</p> <p>3. What is your current interest rate on the loan?</p> <p>4. What is your monthly payment?</p> <p>5. Does payment include taxes and/or insurance? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>6. How many payments are left?</p>				

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.

Type of Property	Do you own this type of property?	Description and Location of Property	Value of Property	If filing Jointly: Owned by Husband, Wife, Joint or Community?	Office Use Only Exemptions?
1. Cash on hand	<input type="checkbox"/> No <input type="checkbox"/> Yes				
2. Checking/Savings Account, Certificates of deposit, other bank accounts	<input type="checkbox"/> No <input type="checkbox"/> Yes				
3. Security deposits held by utility companies, landlord	<input type="checkbox"/> No <input type="checkbox"/> Yes				
4. Household goods, furniture, including audio, video, and computer equipment	<input type="checkbox"/> No <input type="checkbox"/> Yes				

Type of Property	Do you own this type of property?	Description and Location of Property	Value of Property	If filing Jointly: Owned by Husband, Wife, Joint or Community?	Office Use Only Exemptions?
5. Books, pictures, art objects, records, compact discs, collectibles	<input type="checkbox"/> No <input type="checkbox"/> Yes				
6. Clothing	<input type="checkbox"/> No <input type="checkbox"/> Yes				
7. Furs and jewelry	<input type="checkbox"/> No <input type="checkbox"/> Yes				
8. Sports, photographic, hobby equipment, firearms	<input type="checkbox"/> No <input type="checkbox"/> Yes				
9. Interest in insurance policies-specify refund or cancellation value	<input type="checkbox"/> No <input type="checkbox"/> Yes				
10. Annuities	<input type="checkbox"/> No <input type="checkbox"/> Yes				

Type of Property	Do you own this type of property?	Description and Location of Property	Value of Property	If filing Jointly: Owned by Husband, Wife, Joint or Community?	Office Use Only Exemptions?
11. Interests in an education IRA, as defined in 26 USC § 530(b)(1)	<input type="checkbox"/> No <input type="checkbox"/> Yes				
12. Interests in pension or profit sharing plans	<input type="checkbox"/> No <input type="checkbox"/> Yes				
13. Stock and interests in incorporated/ unincorporated business	<input type="checkbox"/> No <input type="checkbox"/> Yes				
14. Interests in partnerships/joint ventures	<input type="checkbox"/> No <input type="checkbox"/> Yes				
15. Bonds	<input type="checkbox"/> No <input type="checkbox"/> Yes				
16. Accounts receivable	<input type="checkbox"/> No <input type="checkbox"/> Yes				
17. Alimony/family support to which you are entitled	<input type="checkbox"/> No <input type="checkbox"/> Yes				
18. Other liquidated debts owed to you, including tax refunds	<input type="checkbox"/> No <input type="checkbox"/> Yes				
19. Equitable or future interests or life estates	<input type="checkbox"/> No <input type="checkbox"/> Yes				

Type of Property	Do you own this type of property?	Description and Location of Property	Value of Property	If filing Jointly: Owned by Husband, Wife, Joint or Community?	Office Use Only Exemptions?
20. Interests in estate of decedent or life insurance plan or trust	<input type="checkbox"/> No <input type="checkbox"/> Yes				
21. Other contingent/unliquidated claims, including tax refunds, counterclaims	<input type="checkbox"/> No <input type="checkbox"/> Yes				
22. Patents, copyrights, other intellectual property	<input type="checkbox"/> No <input type="checkbox"/> Yes				
23. Licenses, franchises	<input type="checkbox"/> No <input type="checkbox"/> Yes				
24. Customer List or other compilation	<input type="checkbox"/> No <input type="checkbox"/> Yes				
25. Automobiles, trucks, trailers, and accessories	<input type="checkbox"/> No <input type="checkbox"/> Yes				
26. Boats, motors, and accessories	<input type="checkbox"/> No <input type="checkbox"/> Yes				

Type of Property	Do you own this type of property?	Description and Location of Property	Value of Property	If filing Jointly: Owned by Husband, Wife, Joint or Community?	Office Use Only Exemptions?
27. Aircraft and accessories	<input type="checkbox"/> No <input type="checkbox"/> Yes				
28. Office equipment, supplies	<input type="checkbox"/> No <input type="checkbox"/> Yes				
29. Machinery, fixtures etc. for business	<input type="checkbox"/> No <input type="checkbox"/> Yes				
30. Inventory	<input type="checkbox"/> No <input type="checkbox"/> Yes				
31. Animals	<input type="checkbox"/> No <input type="checkbox"/> Yes				
32. Crops: growing or harvested	<input type="checkbox"/> No <input type="checkbox"/> Yes				
33. Farming equipment and implements	<input type="checkbox"/> No <input type="checkbox"/> Yes				
34. Farm supplies, chemicals, feed	<input type="checkbox"/> No <input type="checkbox"/> Yes				

Type of Property	Do you own this type of property?	Description and Location of Property	Value of Property	If filing Jointly: Owned by Husband, Wife, Joint or Community?	Office Use Only Exemptions?
35. Other personal property of any kind not listed.	<input type="checkbox"/> No <input type="checkbox"/> Yes				

Section 5 - Current Income

Part A. Marital Status

Please select your current Marital Status:

- Single
- Married
- Divorced
- Separated
- Widowed
- Common Law
- Unknown

Part B. Debtor's Employer Information

Name and Address of your employer:

How long have you been employed at this job: _____

Occupation (please state job title or provide brief description): _____

Second employer (if applicable):

Name and Address of your **Second** employer:

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

Occupation (please state job title or provide brief description): _____

Notes: _____

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

Name and Address of your spouse's employer:

How long has spouse been employed at this job: _____

Occupation (please state job title or provide brief description): _____

Second employer (if applicable):

Name and Address of your spouse's **Second** employer:

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

Occupation (please state job title or provide brief description): _____

Notes: _____

Part D. Debtor's Wage Information

What is the gross amount of your paycheck, before taxes/other deductions are taken out? _____

How often do you get paid? once a week every two weeks
 twice a month once a month other _____

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): _____

Other Deduction (describe): _____

Do you receive income from business operations outside of your regular paycheck listed above?

No 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?

No 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?

No Yes

If **yes**, how much do you receive per month? _____

Do you receive income from Unemployment?

No Yes

If **yes**, how much do you receive per month? _____

Do you receive income from Social Security?

No Yes

If **yes**, how much do you receive per month? _____

Do you receive monetary government assistance?

No Yes

If **yes**, please describe: _____

How much do you receive per month? _____

Do you receive retirement or pension money?

No Yes

If **yes**, how much do you receive per month? _____

Do you have any other source of income not listed?

No Yes

If **yes**, please describe _____

How much do you receive per month? _____

Are you expecting any increase or decrease in salary next year?

No Yes

If **yes**, please describe _____

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

What is the gross amount of your paycheck, before taxes/other deductions are taken out? _____

How often do you get paid? once a week every two weeks
 twice a month once a month other _____

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 alimony or family support for the care of your dependents? _____

How much is deducted for union dues? _____

Other Deduction (describe): _____

Other Deduction (describe): _____

Other Deduction (describe): _____

Do you receive income from business operations outside of your regular paycheck listed above?

No 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?

No 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?

No Yes

If **yes**, how much do you receive per month? _____

Do you receive income from Unemployment?

No Yes

If **yes**, how much do you receive per month? _____

Do you receive income from Social Security?

No Yes

If **yes**, how much do you receive per month? _____

Do you receive monetary government assistance?

No Yes

If **yes**, please describe: _____

How much do you receive per month? _____

Do you receive retirement or pension money?

No Yes

If **yes**, how much do you receive per month? _____

Do you have any other source of income not listed?

No Yes

If **yes**, please describe _____

How much do you receive per month? _____

Are you expecting any increase or decrease in salary next year?

No Yes

If **yes**, please describe _____

Part F. Debtor's Current Monthly Income Calculation

Fill in your monthly income for the categories below in the column labeled "Month 1." If your income for one of the below categories varies from month to month, complete the below chart by entering in your income for all six months.

	Month 1 (last month) / /	Month 2 (2 months ago) / /	Month 3 ____/____	Month 4 ____/____	Month 5 ____/____	Month 6 ____/____	For Office Use Only
Gross wages, salary, tips, bonuses, overtime, commissions.							
Income from operation of business: a. Gross Income - b. Expenses = c. Net Income.							
Rent and other real property income: a. Gross Income - b. Expenses = c. Net Income.							
Interest, dividends, and royalties.							
Pension and retirement income (NOT Social Security).							
Regular contributions from others to the household expenses, including child support.							
Unemployment Compensation.							
Social Security income.							
Other sources not already mentioned. Describe:							

Part G. Joint Debtor's (Spouse's) Current Monthly Income Calculation

Fill in your monthly income for the categories below in the column labeled "Month 1." If your income for one of the below categories varies from month to month, complete the below chart by entering in your income for all six months.

	Month 1 (last month) / /	Month 2 (2 months ago) / /	Month 3 / /	Month 4 / /	Month 5 / /	Month 6 / /	For Office Use Only
Gross wages, salary, tips, bonuses, overtime, commissions.							
Income from operation of business: a. Gross Income - b. Expenses = c. Net Income.							
Rent and other real property income: a. Gross Income - b. Expenses = c. Net Income.							
Interest, dividends, and royalties.							
Pension and retirement income (NOT Social Security).							
Regular contributions from others to the household expenses, including child support.							
Unemployment Compensation.							
Social Security income.							
Other sources not already mentioned. Describe:							

Section 6 - Current Expenses

1. Is this a Joint Filing with your Spouse?

No Yes

If **Yes**, does the Joint Debtor live in a separate household?

No Yes

2. 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?

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?
 No Yes
 If **yes**, how much do you pay? \$ _____
 Does that amount include property, homeowner's, or renter's insurance?
 No Yes
 If **yes**, how much do you pay? \$ _____
 Does that amount include any Home maintenance, repair, or upkeep expenses?
 No Yes
 If **yes**, how much do you pay? \$ _____
 Does that amount include any Homeowner's association or condominium dues?
 No Yes
 If **yes**, how much do you pay? \$ _____

5. Are there Additional Mortgage payments? \$ _____
 No Yes
 If **yes**, how much do you pay? _____

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:		
	_____	\$	_____
	_____	\$	_____
	_____	\$	_____
17.	Installment payments for car, furniture, etc. (Describe):		
	_____	\$	_____
	_____	\$	_____
	_____	\$	_____
	_____	\$	_____
	_____	\$	_____
	_____	\$	_____
18.	Alimony, maintenance and support paid to others:	\$	_____
19.	Payments for support of additional dependents not living at your home:	\$	_____
20.	Other Real Estate Property expenses NOT included with Rent or Home Mortgage Property (Do not include amounts entered in Line 4 or Line 5)		
	a. Mortgage payment on other Real Estate Property	\$	_____
	b. Taxes on other Real Estate Property	\$	_____
	c. Other Real Property, Homeowner's, or Renter's Insurance payments	\$	_____
	d. Home maintenance (including repairs and upkeep)	\$	_____
	e. Homeowner's association or condominium dues	\$	_____
21.	Other expenses (Describe): (please see "Additional Expenses" below before putting anything here)		
	_____	\$	_____
	_____	\$	_____
	_____	\$	_____
	_____	\$	_____
	_____	\$	_____
	_____	\$	_____

Describe any increase or decrease in expenses you expect to occur within the next year?

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:		\$	_____
	_____		\$	_____
	_____		\$	_____
28. or 33.	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 (<i>baby sitting, day care, nursery & preschool, etc.</i>):		\$	_____
34b. or 39b.	Disability Insurance (<i>if not listed above</i>):		\$	_____
34c. or 39c.	Health Savings Account:		\$	_____
35. or 40.	Care for elderly, chronically ill or disabled family members:		\$	_____
36. or 41.	Protection from family violence:		\$	_____
38. or 43.	Education expense for your children under 18:		\$	_____
55. (c13's)	Non-mandatory contributions to retirement accounts (<i>including loan repayments</i>):		\$	_____
	_____		\$	_____
	_____		\$	_____
	_____		\$	_____