

Date: \_\_\_\_\_

## Client Questionnaire For Non-Business Debtor 2006

### Section 1 Basic Information

#### Part A. Name and Address

Name:

\_\_\_\_\_  
*Last* *First* *Middle*

Telephone Number Home: \_\_\_\_\_ Work: \_\_\_\_\_  
Cell \_\_\_\_\_ Email \_\_\_\_\_

Have you used any other names in the past eight years?  No  Yes ***If yes, list other names:***

\_\_\_\_\_

Social Security Number: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Marital Status (circle one): Single Married Separated Divorced  
Widowed

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: \_\_\_\_\_

#### Part B. Name and Address of Spouse

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

Name: \_\_\_\_\_  
*Last* *First* *Middle*

PHONE HOME \_\_\_\_\_ WORK \_\_\_\_\_ CELL \_\_\_\_\_

EMAIL \_\_\_\_\_

Has your spouse used any other names in the past eight years?  No  Yes ***If yes, list other names:***

Social Security Number: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Marital Status (circle one):    Single        Married        Separated        Divorced  
Widowed

Address:    ***(if different from your address):*** \_\_\_\_\_

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

County: \_\_\_\_\_

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

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

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

### Part C. Prior/Pending Bankruptcy Cases

Has a bankruptcy case been filed by you or against you 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 against you, your business, your spouse, or your spouse's business?  No  Yes

If yes, name of debtor: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

Case Number: \_\_\_\_\_ Date filed: \_\_\_\_\_ Judge: \_\_\_\_\_

In which district of which state was the case filed? \_\_\_\_\_

### Debtors Who Reside as Tenants of Residential Property

If you rent your home, are you current?  No  Yes

Please provide the name and address of the landlord:

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

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

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

### Part D. Domestic Relations Order of Support Verification (Please fill out a form for each divorce decree or order of support.)

Case No. \_\_\_\_\_

Type of Court Ordered Support: Child Spousal None

Name of Ex-spouse \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_

Name of Support Enforcement Agency (SEA) \_\_\_\_\_

Address of SEA \_\_\_\_\_

Monthly Payment \_\_\_\_\_

Amount of Past Due Payment \_\_\_\_\_

Copy of Divorce Decree or Support Order Attached: Yes No

Number of Children \_\_\_\_\_

(The following information regarding your children is CONFIDENTIAL and is for the use of this LAW OFFICE ONLY.)

Name	Date of Birth	Age	Disabled?
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1.			
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Amount of Debt: \_\_\_\_\_ Months behind: \_\_\_\_\_  
Monthly payment: \_\_\_\_\_ Date \_\_\_\_\_  
Financed: \_\_\_\_\_

Does the second mortgage have any additional security such as vehicles listed as collateral?

If so, please list: \_\_\_\_\_

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\*If you have additional mortgages on your real estate or own any other pieces of real estate, empty lots, or timeshares please ask the secretary for more paperwork.

## Part F. Motor Vehicles/Mobile Homes

Please list all vehicles titled in your name even if you do not owe money on the car. If you do not have a vehicle titled in your name, please indicate your method of transportation.

### **VEHICLE #1**

Description (Yr. & Make): \_\_\_\_\_

Titled in the name: \_\_\_\_\_

Amount owed: \_\_\_\_\_ Monthly payment: \_\_\_\_\_

Current Value: \_\_\_\_\_ Mileage: \_\_\_\_\_

Equity: \_\_\_\_\_ (For Attorney Only) Vehicle ID  
No. \_\_\_\_\_

Is there any damage? \_\_\_\_\_

Name & Address of  
Creditor: \_\_\_\_\_

Date of Purchase: \_\_\_\_\_ Original Length of Loan: \_\_\_\_\_ Interest  
Rate: \_\_\_\_\_

Is anyone else responsible for this debt? Please note their name, address and relationship to you:

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Is this a leased vehicle? \_\_\_\_\_ When was the vehicle leased? \_\_\_\_\_ Term of the lease \_\_\_\_\_

**Has this vehicle been repossessed or is it close to being repossessed?** \_\_\_\_\_

## ADDITIONAL MOTOR VEHICLES

Description (Yr. & Make): \_\_\_\_\_

Titled in the name: \_\_\_\_\_

Amount owed: \_\_\_\_\_ Monthly payment: \_\_\_\_\_

Current Value: \_\_\_\_\_ Mileage: \_\_\_\_\_

Equity: \_\_\_\_\_ (For Attorney Only) Vehicle ID No. \_\_\_\_\_

Is there any damage? \_\_\_\_\_

Name & Address of Creditor: \_\_\_\_\_

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Date of Purchase: \_\_\_\_\_ Original Length of Loan: \_\_\_\_\_ Interest Rate: \_\_\_\_\_

Is anyone else responsible for this debt? Please note their name, address and relationship to you: \_\_\_\_\_

Is this a leased vehicle? \_\_\_\_\_ When was the vehicle leased? \_\_\_\_\_ Term of the lease \_\_\_\_\_

**Has this vehicle been repossessed or is it close to being repossessed?** \_\_\_\_\_

**Do you have any other vehicles even if driven by a relative? If so, please see the secretary for an additional form.**

### Part G. Household Goods and Furnishings

For personal, family and household purposes the replacement value is the value a retail merchant selling the item would charge considering the age and condition of the item. **Example:** Assume that you have a DVD player that is 3 years old. You have been using the DVD player regularly and it works. The replacement value for this item would be what a used store or flea market would *price* the item

<b>Room/Description</b>	<b>Replacement Value</b>	<b>Room Total</b>

<b><i>Living Room</i></b>		
Carpets/Rugs	\$ _____	
Sofas, Chairs	\$ _____	
Tables	\$ _____	
Lamps	\$ _____	
Pictures/Mirrors	\$ _____	
Window Coverings	\$ _____	
TVs, Stereos	\$ _____	
Computer	\$ _____	
Other (list)	\$ _____	
Total Living Room		\$ _____
<b><i>Kitchen</i></b>		
Appliances	\$ _____	
Small Appliances	\$ _____	
Table, Chairs	\$ _____	
Cookware	\$ _____	
Dishes, Utensils	\$ _____	
Other (list)	\$ _____	
Total Kitchen		\$ _____
<b><i>Dining Room</i></b>		
Carpet/Rugs	\$ _____	
Table, Chairs	\$ _____	
Buffet, Sideboard	\$ _____	
China, Glassware	\$ _____	
Silver	\$ _____	
Pictures/Mirrors	\$ _____	
Other (list)	\$ _____	
Total Dining Room		\$ _____
<b><i>Bedrooms</i></b>		
Carpet/Rugs	\$ _____	
Beds	\$ _____	
Bedding	\$ _____	
Bureaus, Dressers	\$ _____	
Pictures/Mirrors	\$ _____	
Desk, Chairs, Tables	\$ _____	
TVs, Stereos	\$ _____	
Computer	\$ _____	
Other (list)	\$ _____	
Total Bedrooms		\$ _____

<b><i>Family Room/Den</i></b>		
Sofas, Chairs	\$ _____	
Tables, Chairs	\$ _____	
Pictures/Mirrors	\$ _____	
TVs, Stereos	\$ _____	
Computer	\$ _____	
Other (list)	\$ _____	
<b>Total Family Room/Den</b>		\$ _____
<b><i>Garage/Car Port/Shed</i></b>		
Tools	\$ _____	
Lawn Mower	\$ _____	
Grill	\$ _____	
Lawn Furniture	\$ _____	
Hobby/Sport Equipment	\$ _____	
Other (list)	\$ _____	
<b>Total Garage/Car Port/Shed</b>		\$ _____
<b>TOTAL HOUSEHOLD</b>		\$ _____

## Part H. Personal Property

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. \*\*\*\*\* List the value of the property if you would sell it at a flea market or thrift store.\*\*\*\*\***

Type of Property	Yes/ No	Description & Location	How Much is it Worth*****
1. Cash on hand			
2. Checking/Savings Account, Certificates of deposit, other bank accounts			
3. Security deposits held by utility companies, landlord			
4. Books, pictures, art objects, records, compact discs, collectibles			
5. Clothing (used value)			
6. Furs and jewelry (list Jewelry and value if you were to sell it)			
7. Sports, photographic, hobby equipment, firearms			
8. Interest in insurance policies-specify refund or cancellation value		Type                      Owner    Beneficiary Term Insurance        _____ Insurance at work    _____ Whole Life Insurance _____	

9. Annuities			
10. Interests in pension or profit sharing plans		TYPE OF PLAN (ck box)      husband/wife 401 (k) _____      _____ 403(b) _____      _____ PERS _____      _____ SERS _____      _____ STERS _____      _____ IRS _____      _____ Other _____      _____	
11. Stock and interests in incorporated/unincorporated business			
12. Interests in partnerships/joint ventures			
13. Bonds (Including Savings bonds)			
14. Accounts receivable			
15. Alimony/family support to which you are entitled (are you owed Back support)			
16. Other liquidated debts owed to you, including tax refunds		2005 Refund <b>When did you get it</b> Fed _____ State _____	
17. Equitable or future interests or life estates			
18. Are you expecting to inherit any money or property ....			
19. Are you currently suing anyone or expect to be			

able to sue someone			
20. Patents, copyrights, other intellectual property			
21. Licenses, franchises			
22. List cars, trucks, fifth wheels, motorcycles, dirt bikes, trailers  Not previously listed			
23. Boats, motors, and accessories			
24. Aircraft and accessories			
25. Office equipment, supplies			
26. Machinery, fixtures etc. for business			
27. Inventory			
28. Animals			
29. Crops-growing or harvested			
30. Farming equipment and implements			
31. Farm supplies, chemicals, feed			
33. Other personal property of any kind not listed.			

## Part I. Current Income

List all dependents of you and your spouse, their ages, and their relationship to you:			
	Name	Age	Relationship
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			

### Part A. Debtor's Income

What is your occupation? \_\_\_\_\_

Name and address of your employer:  
 \_\_\_\_\_  
 \_\_\_\_\_

How long have you been employed? \_\_\_\_\_

Gross per pay \$ \_\_\_\_\_

Overtime per pay period \$ \_\_\_\_\_

Taxes/Social Security \$ \_\_\_\_\_

Insurance \$ \_\_\_\_\_

Union Dues \$ \_\_\_\_\_

Child Support Deducted \$ \_\_\_\_\_

Pension/401K \$ \_\_\_\_\_

Amount You Bring Home \$ \_\_\_\_\_

Other Sources of Monthly Income:

Rental Property \$ \_\_\_\_\_

Social Security/Gov. Assistance \$ \_\_\_\_\_

Pension/Retirement \$ \_\_\_\_\_

Spousal Support Received \$ \_\_\_\_\_

Child Support Received \$ \_\_\_\_\_

Second Job Income Gross \$ \_\_\_\_\_

How often are you paid?  Monthly  Twice a month  
 Every two weeks  Weekly  Other (explain):

### Part B. Joint Debtor's Income

What is your occupation? \_\_\_\_\_

Name and address of your employer:  
 \_\_\_\_\_  
 \_\_\_\_\_

How long have you been employed? \_\_\_\_\_

Gross per pay \$ \_\_\_\_\_

Overtime per pay period \$ \_\_\_\_\_

Taxes/Social Security \$ \_\_\_\_\_

Insurance \$ \_\_\_\_\_

Union Dues \$ \_\_\_\_\_

Child Support Deducted \$ \_\_\_\_\_

Pension/401K \$ \_\_\_\_\_

Amount You Bring Home \$ \_\_\_\_\_

Other Sources of Monthly Income:

Rental Property \$ \_\_\_\_\_

Social Security/Gov. Assistance \$ \_\_\_\_\_

Pension/Retirement \$ \_\_\_\_\_

Spousal Support Received \$ \_\_\_\_\_

Child Support Received \$ \_\_\_\_\_

Second Job Income Gross \$ \_\_\_\_\_

How often are you paid?  Monthly  Twice a month  
 Every two weeks  Weekly  Other (explain):

Second Job Net Income \$ \_\_\_\_\_  
TOTAL ADDITIONAL INCOME \$ \_\_\_\_\_  
TOTAL INCOME \$ \_\_\_\_\_

Second Job Net Income \$ \_\_\_\_\_  
TOTAL ADDITIONAL INCOME \$ \_\_\_\_\_  
TOTAL INCOME \$ \_\_\_\_\_  
COMBINED MONTHLY INCOME \$ \_\_\_\_\_

Are you or your spouse expecting any increase or decrease in salary of more than 10% next year? If so, explain.

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## Part J. Current Expenses

Do you and your spouse maintain separate households?  No  Yes. If so, fill one page out for your household and another for your spouse.

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.

**Indicate how much you pay for each item each month...**

1. Rent payment **or** home mortgage payment  
\$ \_\_\_\_\_  
Does that amount include real estate taxes?  No  Yes  
Does it include property insurance?  No  Yes
2. Electricity/Heating  
\$ \_\_\_\_\_
3. Water and Sewage  
\$ \_\_\_\_\_
4. Telephone Service/Long Distance  
\$ \_\_\_\_\_
5. Cable/Cell phone/Internet  
\$ \_\_\_\_\_
6. Food  
\$ \_\_\_\_\_
7. Clothing  
\$ \_\_\_\_\_
8. Laundry/Dry Cleaning  
\$ \_\_\_\_\_
9. Medical and Dental Expenses

- \$ \_\_\_\_\_
10. Transportation (not including car payments)  
\$ \_\_\_\_\_
11. Entertainment/Recreation  
\$ \_\_\_\_\_
12. Charitable Contributions  
\$ \_\_\_\_\_
13. Insurance Not Deducted from Wages  
 (a) Homeowners or renters insurance  
\$ \_\_\_\_\_  
 (b) Life Insurance  
\$ \_\_\_\_\_  
 (c) Auto Insurance  
\$ \_\_\_\_\_
14. Taxes not deducted from paycheck  
\$ \_\_\_\_\_
15. Alimony/Child support payments NOT deducted  
\$ \_\_\_\_\_
16. Other Expenses Not Listed Above  
 (a) \_\_\_\_\_  
\$ \_\_\_\_\_  
 (b) \_\_\_\_\_  
\$ \_\_\_\_\_  
 (c) \_\_\_\_\_  
\$ \_\_\_\_\_  
 (d) \_\_\_\_\_  
\$ \_\_\_\_\_
- TOTAL EXPENSES
- \$ \_\_\_\_\_

**Part K. Additional Questions**

1. Have your wages been **garnished or bank account seized**? \_\_\_\_\_  
 If so, by whom? \_\_\_\_\_
2. Has any property been **repossessed, foreclosed or returned**? \_\_\_\_\_

If so, please give a brief summary. \_\_\_\_\_

\_\_\_\_\_

3. Are you currently facing a **utility shutoff**? Yes\_\_\_ No\_\_\_ If yes, please list the name of the company and the date for shutoff.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. Are you involved in any lawsuits resulting from a car accident or any other type of matter? \_\_\_\_\_

\_\_\_\_\_

5. Have you repaid money to a relative? \_\_\_\_\_ How much and when? \_\_\_\_\_

6. Have you had any losses from fire, theft or gambling? \_\_\_\_\_

\_\_\_\_\_

7. Have you sold, given away or traded a car or house in the last 4 years? Yes\_\_\_ No\_\_\_

What property was sold, given away or traded?

\_\_\_\_\_

- Did you owe money on the property? Yes\_\_\_ No\_\_\_ If yes, to whom? \_\_\_\_\_

How much was owed?

\_\_\_\_\_

What was its fair market value?

\_\_\_\_\_

How much did you receive?

\_\_\_\_\_

7. Have you closed a bank account in the last year? \_\_\_\_\_

8. Do you have a safe deposit box? \_\_\_\_\_

9. Do you have rent-to-own contracts for furniture? \_\_\_\_\_

10. Are you currently **involved in a business or have been involved in a business during the last six year**? Yes\_\_\_ No\_\_\_ If so, please see the secretary for additional documentation.

11. What is your primary concern that has brought you to my office?

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