

Client Questionnaire For Non-Business Debtor

Section 1 Basic Information

Part A. Name and Address

Name: Last First Middle

Telephone Number Home: Work:

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

Social Security Number:

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

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

Social Security Number:

Address: (if different from your address):

City: State: Zip: County:

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, does a landlord hold a judgment against you? No Yes

If yes, please provide the name and address of the landlord:

Name:

Address:

Section 2 Property

Part A. Real Estate (Schedule A)

List all real estate which you own or are a joint owner of, even if you still owe money on the property.

Address and description of property	Owned by Husband, Wife, Joint	Value	Your % ownership, or \$ amount, if you and spouse are not sole owners	List all mortgages, home equity loans, and liens: What is the \$ value of the loan, lien or mortgage? What is your monthly payment? How many payments are left?	Who issued the lien, loan or mortgage? (Name, Address of Institution)	Office Use Only Exemptions?

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. You can think of the value as the replacement value - the price a retail merchant would charge for a property of that kind, considering the age and condition of that property.

Type of Property	Yes/ No	Description & Location	Husband, Wife, Joint, Community	Value	Office Use Only Exemptions?
1. Cash on hand					
2. Checking/Savings CDs, other bank accounts					
3. Security deposits held by utility companies, landlord					
4. Household goods, furniture, including audio, video, and computer equipment					
5. Books, pictures, art objects, records, compact discs, collectibles					
6. Clothing					
7. Furs and jewelry					

Type of Property	Yes/ No	Description & Location	Husband, Wife, Joint, Community	Value	Office Use Only Exemptions?
8. Sports, photographic, hobby equipment, firearms					
9. Interest in insurance policies-specify refund or cancellation value					
10. Annuities					
11. Interests in an education IRA					
12. Interests in pension or profit sharing plans					
13. Stock and interests in business					
14. Interests in partnerships/joint ventures					
15. Bonds					
16. Accounts receivable					
17. Alimony/family support to which you are entitled					
18. Other liquidated debts owed to you, including tax refunds					
19. Equitable or future interests/life estates					

Type of Property	Yes/ No	Description & Location	Husband, Wife, Joint, Community	Value	Office Use Only Exemptions?
20. Interests in estate of decedent or life insurance plan/trust					
21. Other contingent/unliquidated claims, including tax refunds, counterclaims					
22. Patents, copyrights, other intellectual property					
23. Licenses, franchises					
24. Customer List or other compilation					
25. Automobiles, trucks, trailers, and accessories.					
26. Boats, motors, and accessories					
27. Aircraft and accessories					
28. Office equipment, supplies					
29. Machinery, fixtures etc. for business					
30. Inventory					
31. Animals					
32. Other personal property of any kind not listed.					

Section 3 ➤ Debts

List below all debts that you owe, or that creditors claim that you owe.

Type of Debt	1. Creditor Name and Address 2. Account Number, if any 3. Date/range of dates when debt was incurred 4. Contact person's name and address, if different	Amount owed	Name and address of codebtor, if any What is debt for? Is debt secured by any property? (If so, please list monthly payment and number of months left.)	Do you dispute the debt?	Office Use Only	
					Sched D, E or F?	Lawsuit pending? Collection agency assigned? Counsel for creditor?
Home loans/ mortgages						
Car loans						
Other bank loans						
Personal loans						
Student loans						
Major credit card debts (Visa, AmEx, Mastercard, Discover) - <i>continue on next page, if necessary</i>						

Type of Debt	1. Creditor Name and Address 2. Account Number, if any 3. Date/range of dates when debt was incurred 4. Contact person's name and address, if different	Amount owed	Name and address of codebtor, if any What is debt for? Is debt secured by any property? (If so, please list monthly payment and number of months left.)	Do you dispute the debt?	Office Use Only	
					Sched D, E or F?	Lawsuit pending? Collection agency assigned? Counsel for creditor?
Unpaid credit cards, (Visa, Am Ex, Mastercard, Discover) continued						
Department store credit card debts						
Other credit card debts (Gas cards, phone cards, etc.)						
Unpaid medical bills						

Type of Debt	1. Creditor Name and Address 2. Account Number, if any 3. Date/range of dates when debt was incurred 4. Contact person's name and address, if different	Amount owed	Name and address of codebtor, if any What is debt for? Is debt secured by any property? (If so, please list monthly payment and number of months left.)	Do you dispute the debt?	Office Use Only	
					Sched D, E or F?	Lawsuit pending? Collection agency assigned? Counsel for creditor?
Unpaid utility bills						
Unpaid rent						
Unpaid taxes						
Unpaid alimony or child support						
All other unpaid debts/bills						

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.

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

Section 5 Current Income

Marital Status:

- Married
- Single
- Divorced
- Separated
- Widowed

List all dependents of you and your spouse, their ages, and their relationship to you:

Name	Age	Relationship

Part A. Debtor's Income

1. What is your occupation? _____
2. Name and address of your employer:

3. How long have you been employed there? _____
4. What is the gross amount of your paycheck, before taxes/other deductions are taken out? \$ _____
5. How often do you get paid? once a week
 every two weeks twice a month
 once a month
 other _____
- Complete the below questions with your estimate of monthly averages.*
6. Do you receive overtime pay outside of your salary? If so, how much per month? \$ _____
7. How much is taken out of each paycheck for taxes and social security? \$ _____
8. How much is taken out for insurance? \$ _____
9. How much for union dues? \$ _____
10. Are there other deductions? If so, what are they and how much? _____

Do you receive

- a) income from business operations outside of your regular paycheck listed above? If so, what is the business and how much do you receive per month?
- b) income from real estate property? If so, how much per month? No Yes \$ _____
- c) interest or dividends? If so, how much per month? No Yes \$ _____
- d) alimony or family support payments for your use or for the care of your dependents? If so, how much per month? No Yes \$ _____
- e) social security or other forms of monetary government assistance? No Yes \$ _____
- f) retirement or pension money? No Yes \$ _____

Do you have any other sources of income not listed?

Are you or your spouse expecting any increase or decrease in salary next year? If so, explain.

Part B. Joint Debtor's Income

1. What is your spouse's occupation? _____
2. Name and address of your spouse's employer:

3. How long employed there? _____
4. What is the gross amount of your spouse's paycheck, before taxes/other deductions? \$ _____
5. How often does your spouse get paid? once a week
 every two weeks twice a month
 once a month other _____

Complete the below questions with your estimate of monthly averages.

- 1. Does your spouse receive overtime pay outside of your salary? How much per month? \$ _____
- 2. How much is taken out of each paycheck for taxes and social security? \$ _____
- 3. How much is taken out for insurance? \$ _____
- 4. How much for union dues? \$ _____

Are there other deductions? If so, what are they and how much? _____

Does your spouse receive

- a) income from business operations outside of the regular paycheck listed above? If so, what is the business and how much does your spouse receive per month?
- b) income from real estate property? If so, how much per month? No Yes \$ _____
- c) interest or dividends? If so, how much per month? No Yes \$ _____
- d) alimony or family support payments for spouse's use or for care of dependents? If so, how much per month? No Yes \$ _____
- e) social security or other forms of monetary government assistance? No Yes \$ _____
- f) retirement or pension money? No Yes \$ _____

Does your spouse have any other income not listed?

Section 5A Current Monthly Income

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 ____/____	Office Use Only
Gross wages, salary, tips, bonuses, overtime, commissions.							
Income from operation of business: a. Gross Income - b. Expenses = c. Net Income.							
Rent & other real property income: a. Gross Income - b. Expenses = c. Net Income.							
Interest, dividends, and royalties.							
Pension and retirement income (<i>NOT Social Security</i>).							
Regular contributions from others to the household expenses, including child support.							
Unemployment Compensation.							
Social Security income.							
Other sources not already mentioned. Specify:							

Section 6 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's.

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

1. your rent or your home mortgage \$ _____
Does that amount include: real estate taxes? No Yes property insurance? No Yes
2. electricity and heating \$ _____
3. water and sewage \$ _____
4. telephone service/long distance \$ _____
5. Any other utility bills? If so, what & how much? _____ \$ _____
_____ \$ _____
6. home maintenance, including repairs and general upkeep \$ _____
7. food \$ _____
8. clothing \$ _____
9. laundry and dry cleaning \$ _____
10. medical and dental expenses \$ _____
11. transportation (not including car payments) \$ _____
12. entertainment, recreation, newspapers, magazines \$ _____
13. charitable contributions \$ _____
14. insurance not deducted from paycheck
 - a) homeowner's or renter's insurance \$ _____
 - b) life insurance \$ _____
 - c) health insurance \$ _____
 - d) auto insurance \$ _____
 - e) other insurance _____ \$ _____
15. taxes not deducted from paycheck \$ _____
16. installment payments for car, furniture, etc. (Specify) _____ \$ _____
_____ \$ _____
17. alimony, maintenance, support paid to others \$ _____
18. payments for support of dependents not living at home \$ _____
19. expenses from operation of business \$ _____
20. mandatory payroll deductions not already listed _____ \$ _____
_____ \$ _____
21. court ordered payments not already listed _____ \$ _____
22. education necessary to maintain employment \$ _____
23. education for a physically or mentally challenged child \$ _____
24. childcare \$ _____
25. disability insurance (if not listed on line 14) \$ _____
26. health savings accounts \$ _____
27. care for elderly, chronically ill, or disabled family members \$ _____
28. protection from family violence \$ _____
29. education expense for your children under 18 \$ _____
30. non-mandatory contributions to retirement accounts (including loan repayment) _____ \$ _____
_____ \$ _____
31. other expenses not listed above _____ \$ _____
_____ \$ _____

Section 7 Statement of Financial Affairs

If you are filing jointly with your spouse, include information about both you and your spouse. If filing under chapter 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.**

- 1 **Income from employment or operation of business.** State your annual gross income from employment or operation of a business: NONE

<u>PERIOD</u>	<u>\$ Amount</u>	<u>Source</u>	<u>Husband/Wife</u>
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January 1 of this year through
date of commencement of case

Last year, (Jan. 1 – Dec. 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: NONE

<u>PERIOD</u>	<u>\$ Amount</u>	<u>Source</u>	<u>Husband/Wife</u>
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During the last year

Year before last

3. Payments to creditors

- a. List payments aggregating more than \$600 to any creditor made within the past **90 days**. Indicate with an asterisk (*) payments made on account of a domestic support obligation or part of an alternative repayment plan. NONE

<u>Name and Address of Creditor</u>	<u>Dates of Payments</u>	<u>Amount paid</u>	<u>Amount still owed</u>
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- b. List payments or transfers aggregating \$5,000 or more to a creditor within the past **90 days**.

<u>Name and Address of Creditor</u>	<u>Dates of Payments</u>	<u>Amount paid</u>	<u>Amount still owed</u>
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NONE

- c. List payments made within the past **1 year** to creditors who are "insiders". (includes relatives, business partners and their relatives, your corporations, or your affiliates.) NONE

<u>Name, Address of Creditor & Relationship</u>	<u>Dates of Payments</u>	<u>Amount Paid</u>	<u>Amount Still Owed</u>
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4. Suits, executions, garnishments and attachments

- a. List suits & proceedings to which you are or were a party within the past **1 year**: NONE

<u>Caption & Case No.</u>	<u>Nature of Proceeding</u>	<u>Court/Agency & Location</u>	<u>Status/Disposition</u>
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- b. List property that has been garnished, seized, or attached within the past **1 year**: NONE
Name and Address of Person/Company *Description*
for Whom the Property Was Seized (Creditor) *Date of Seizure* *& Value of Property*

- 5. Repossessions, foreclosures & returns.** List property repossessed, sold at a foreclosure, transferred through a deed in lieu of foreclosure, or returned to the seller, within the past **1 year**: NONE
Date of Repossession, *Description*
Name and Address of Creditor *Foreclosure, Transfer or Return* *and Value of Property*

6. Assignments and receiverships

- a. List any assignment of property for the benefit of creditors within the past **120 days**. NONE
Name & Address of Assignee *Date of Assignment* *Terms of Assignment/Settlement*

- b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within one year immediately preceding the commencement of this case. NONE
Name and Address of Custodian *Name and location of Court, Case Title and Number Order* *Date of Description & Value of Property*

- 7. Gifts.** List gifts or charitable contributions made within the past **1 year** except ordinary gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. NONE

Name and Address of Recipient *Date* *Relationship to You, if Any* *Description of Gift* *Value of Gift*

- 8. Losses.** List all losses from fire, theft, gambling or other casualty within the past **1 year**. NONE

Description and Value of Property *Description of Circumstances and Amount Covered by Insurance, if Any* *Date of Loss*

- 9. Payments related to debt counseling or bankruptcy** List payments/property transferred to persons, including attorneys, for consultation concerning debt consultation, relief under the bankruptcy law or preparation of the petition in bankruptcy within the past **1 year**. NONE

Name and Address of Payee *Date of Payment* *Name of Person Who Paid, if Not You* *Amount of Money/ Description and Value of Property*

10. Other transfers (including sale of your property)

- a. List all other property, other than property transferred in your ordinary course of business, transferred either absolutely or as a security within the past **2 years**. NONE

Name & Address of Transferee *Description of Property Transferred & Value Received*
& Relationship to you *Date of Transfer*

b. List property transferred within the past **10 years** to a self-settled trust, or a similar device of which you are the beneficiary. NONE

<u>Name of Trust or Similar Device</u>	<u>Date of Transfer</u>	<u>Amount of Money or Description & Value of Property or Interest</u>
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11. Closed financial accounts. List financial accounts & instruments held in your name or for your benefit which were closed, sold, or otherwise transferred within the past **1 year**: NONE

<u>Name and Address of Institution</u>	<u>Type and Number of Account & Final Balance</u>	<u>Amount and Date of Sale or Closing</u>
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12. Safe deposit boxes List safe deposit boxes you have/have had within the past **1 year**: NONE

<u>Name & Address of Bank or Depository</u>	<u>Name & Address of Those W/ Access to Box or Depository</u>	<u>Description of Contents</u>	<u>Date of Transfer, if Any</u>
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13. Setoffs. List setoffs by any creditor against a debt or deposit of yours within the past **90 days**.

<u>Name and Address of Creditor</u>	<u>Date of Setoff</u>	<u>Amount of Setoff</u>
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NONE

14. Property held for another person. List property you hold or control that is owned by another person.

<u>Name & Address of Owner</u>	<u>Description and Value of Property</u>	<u>Location of Property</u>
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NONE

15. Prior address of debtor If you have moved within the past **three years**, list all residences during the last three years, excluding your present address. NONE

<u>Address</u>	<u>Your Name at the Time</u>	<u>Dates of Occupancy</u>
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17. Environmental Information.

a. List every site for which you received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. NONE

<u>Site Name & Address</u>	<u>Name & Address of Governmental Unit</u>	<u>Date of Notice</u>	<u>Environmental Law</u>
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b. List the name and address of every site for which you provided notice to a governmental unit of a release of Hazardous Material. NONE

<u>Site Name & Address</u>	<u>Name & Address of Governmental Unit</u>	<u>Date of Notice</u>	<u>Environmental Law</u>
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c. List judicial or administrative proceedings, including settlements or orders, under any Environmental Law which you are or were a party. NONE

<u>Name & Address of Governmental Unit</u>	<u>Docket Number</u>	<u>Status or Disposition</u>
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18 . Nature, location and name of business. List all businesses in which you (if jointly, or your spouse) was an officer, director, partner, or managing executive or was a self-employed professional within the past **6 years** or owned **5 percent or more** of the voting or equity securities within the past **6 years**.

NONE

Name	Taxpayer I.D. Number(EIN)	Address	Nature of Business	Beginning and End Dates of Operation
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The following questions, #19-25, are only to be answered if you are a corporation or partnership or if you have been, in the six years immediately preceding this case, an officer, director, managing executive, or owner of more than 5% of the voting securities of the corporation; a partner, other than a limited partner, of a partnership; a sole proprietor, or otherwise self-employed.

NOT APPLICABLE.

19. Books, records, and financial statements

a. List all bookkeepers and accountants who, within the past **2 years**, kept or supervised the keeping of books of account and records. NONE

Name and Address	Dates Services Rendered
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b. List all firms or individuals who, within the past **two years**, have audited the books of account and records, or prepared a financial statement of the debtor. NONE

Name	Address	Dates Services Rendered
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c. List all firms or individuals who are presently is in possession of your books of account and records. If the records are not available, explain. NONE

Name and Address	Comments
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d. List all financial institutions, creditors and other parties, to whom a financial statement was issued by the debtor within the past **2 years**. NONE

Name and Address	Date Issued
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20. Inventories

a. List the dates of the last 2 inventories taken of your property, the person who supervised the taking of inventory, and the amount and basis of each inventory. NONE

Date of Inventory	Inventory Supervisor	Dollar Amount of Inventory (specify cost, market, or other basis)
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Certificate of the Debtor

I (We), the debtors(s), affirm the truth of the information disclosed above:

_____	_____	X _____
Date	Printed Name(s) of Debtors(s)	Signature of Debtor

_____	_____	X _____
Date	Printed Name(s) of Joint Debtors(s)	Signature of Joint Debtor (if any)