

Client Questionnaire –For Non Business Debtor

PART A. NAME AND ADDRESS

NAME: _____
LAST NAME FIRST NAME MIDDLE

Have you used any other names in the past eight years ☐ yes ☐ no if yes list other names

LAST NAME FIRST NAME MIDDLE

SOCIAL SECURITY NUMBER: ____ - ____ - ____ Date of Birth ____ / ____ / ____

TELEPHONE NUMBER: _____

WORK NUMBER: _____

CELL NUMBER: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

EMAIL: _____

Have you lived at this address for at least 180 days? ☐ yes ☐ no

Have you lives at this address for at least 730 days? (2 years) ☐ yes ☐ no

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

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

DATE OF OCCUPANCY: _____

If you have a different mailing address, please list.

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PART B. NAME AND ADDRESS OF SPOUSE

NAME: _____
LAST NAME FIRST NAME MIDDLE

Have you used any other names in the past eight years ☐ yes ☐ no if yes list other names

SOCIAL SECURITY NUMBER: ____ - ____ - ____

ADDRESS (if different from your address):

CITY: _____ STATE: _____ ZIP CODE: _____

EMAIL: _____

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

ADDRESS _____

CITY: _____ STATE: _____ ZIP CODE: _____

EMAIL: _____

PART C. PRIOR/PENDING BANKRUPTCY CASES

Has a bankruptcy case been filed by you or against you in the last 8 years? ☐ yes ☐ no

If yes, please list the district and state in which the case was filed _____

Case Number: _____ Date Filed: _____

Are there currently any bankruptcy case pending against you, your business, your spouse, or your spouse's business? ☐ yes ☐ no

If yes, list the Debtor _____ Relationship to you _____

Case Number: _____ Date Filed: _____ Judge: _____

If yes, please list the district and state in which the case was filed _____

EXHIBIT "C" TO VOLUNTARY PETITION

Do you own or have possession of any property that poses or is alleged to pose an imminent and identifiable harm to public health or safety? ☐ yes ☐ no (if yes, attach a list and description of the property)

DEBTORS WHO RESIDES AS TENANTS OF RESIDENTIAL PROPERTY

If you rent your home, does the landlord have a judgment against you? ☐ yes ☐ no

PROVIDE THE NAME AND ADDRESS OF YOUR LANDLORD

NAME: _____

LAST NAME

FIRST NAME

MIDDLE

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

SECTION 2- PROPERTY

PART A. REAL ESTATE

Address and Description of Property	Owned by Husband/Wife /Joint or Community	Value	Percentage of Ownership \$ if you or Spouse Are not sole owners	Who Issued Mortgage Total Due

Please describe updates, pros and cons of property/properties. What is wrong with property?

If you have any additional properties please list the addresses, descriptions and values on the back of this page.

For each type of property listed below, indicate whether you own any property in that category, if you do fill in the remaining information. Please use **yard sale values** to indicate the values.

Type of Property	YES or NO	Description And Location	Husband Wife or Community	Value
1. Cash on Hand				
2. Checking/ Savings Accounts -Certificates of Deposit - Other bank Accounts		MUST PROVIDE: Name of bank: Location of bank: Last 4 of account no.: _____		
3. Security Deposits held by -utility companies - landlord				
4. Household Goods -Furniture – Living room and/or dining room - audio/video equipment -computer equipment -washer/dryer		PLEASE CIRCLE Living room: YES/NO Dining room: YES/NO Washer/Dryer: YES/NO Number of televisions: _____ Number of computers: _____		
5. Books -Pictures -Art objects -records -cd's -collectables				
6. Clothing				

7. Furs and Jewelry (real or costume)				
Type of Property	YES or NO	Description And Location	Husband Wife or Community	Value
8. Sports equipment -Photographic equipment - Hobby equipment -Firearms				
9. Interests in Insurance Policies -Specify refund or cancellation value and face value -Provide copies		MUST PROVIDE US WITH A COPY OF POLICY		
10. Annuities				
11. Interests in an education IRA				
12. Interests in Pension or Profit Sharing Plans		MUST PROVIDE US WITH A COPY OF PENSION		
13. Stocks And Interests in Incorporated and Unincorporated business				
14. Interests in partnerships and joint ventures				

15. Bonds				
Type of Property	YES or NO	Description And Location	Husband Wife or Community	Value
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 in life estates				
20. Interest in Estate of Decedent or life insurance plan or trust				
21. Other contingent/ unliquidated claims, including tax refunds -counterclaims				
22. Patents -copyrights or other intellectual property				

23. Licenses -Franchises				
Type of Property	YES or NO	Description And Location	Husband Wife or Community	Value
24. Customer list or -other compilation				
25. Automobiles -trucks -trailers -accessories		MUST PROVIDE: Make: Year: Model: Color: Mileage: Door Count: Condition: Financed: yes _or_ no ____		
26. Boats -motors -accessories				
27. Aircraft and accessories				
28. Office equipment And supplies				
29. Machinery -Fixtures, ect. for business				
30. Inventory				

31. Animals				
32. Crops Growing -or harvested				
33. Farming equipment and implements				
34. Farm Supplies -chemicals -feed				
35. Other personal property not listed of any kind				

SECTION 3 – DEBTS

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

Type of Property	1. Name and address of Creditor 2. Account number 3. Date Debt began 4. Contact person's name and address , if different	Amount Owed	Name and Address of Co-Debtor	Disputed: Write YES or NO
Home Loans Mortgage				
Car Loans				
Other Bank Loans				
Personal Loans				
Student Loans				
Major Credit Card Debts -Visa -Mastercard -American Express				
Unpaid Credit Cards Visa -Mastercard -American Express				

Type of Debt	1. Name and address of Creditor 2. Account number 3. Date Debt began 4. Contact person's name and address , if different	Amount Owed	Name and Address of Co-Debtor	Disputed: Write YES or NO
Unpaid Medical Bills				
Unpaid Utilities				
Unpaid Rent				
Unpaid Taxes				
Unpaid Alimony or Child Support				
Any other unpaid Debts				

PLEASE LIST ADDITIONAL DEBT ON BACK OF PAGE AND/ OR PROVIDE BILLS AND COLLECTION NOTICES

SECTION 4-UNEXPIRED LEASES AND CONTRACTS

List below any leases or contracts that are still current that you are a party to. Include residential leases, car leases, business leases, and service or business contracts. List the name of other party or parties, if any

1. _____
2. _____
3. _____
4. _____

PLEASE PROVIDE ANY RELATED DOCUMENTATION TO THE LEASES AND CONTRACTS LISTED ABOVE. PLEASE USE THE BACK OF THIS PAGE TO COMPLETE YOUR LIST

SECTION 5 –INCOME

Marital Status: ☐ single ☐ married ☐ divorced ☐ separated ☐ widowed

NAME: _____ AGE: _____ RELATIONSHIP: _____

PART A. DEBTORS INCOME

PART B. JOINT DEBORS INCOME

CHILDREN/DEPENDENTS

AGE: _____ BOY/GIRL: _____ AGE: _____ BOY/GIRL: _____

AGE: _____ BOY/GIRL: _____ AGE: _____ BOY/GIRL: _____

AGE: _____ BOY/GIRL: _____ AGE: _____ BOY/GIRL: _____

1. What is your occupation? _____ What is your spouse's occupation? _____

2. Name and address of your current employer:

2. Name and address of your spouse's current employer:

3. How long have you been employed there? _____

3. How long has your spouse been employed there? _____

4. Gross pay before Taxes and deductions _____

4. Gross pay before Taxes and deductions _____ (Spouse)

5. How often do you get paid? _____

5. How often do you get paid? _____ (Spouse)

COMPLETE THE FOLLOWING WITH YOUR MONTHLY AVERAGES

6. Do you receive overtime pay? _____ If so, how much? _____
6. Do you receive overtime pay? _____ If so, how much? _____ (Spouse)
7. How much is taken from your pay for taxes? _____
7. How much is taken from your pay for taxes? _____ (Spouse)
8. How much is taken from your pay for insurance? _____
8. How much is taken from your pay for insurance? _____ (Spouse)
9. How much is taken from your pay for union dues? _____
9. How much is taken from your pay for union dues? _____ (Spouse)
10. Please list any other pay deductions listed on your pay stubs include meaning of abbreviations
- _____

10. Please list any other pay deductions listed on your pay stubs include meaning of abbreviations
- _____ (Spouse)

Do you receive any of the following?-if so please provide all related documentation:

- a) Income outside of your regular paycheck listed on page 11. If so, what is the business an your monthly income? _____
- a) Income outside of your regular paycheck listed on page 11. If so, what is the business an your monthly income? _____ (Spouse)
- b) Income from real property, If so how much per month? _____
-PLEASE PROVIDE DOCUMENTATION (i.e. address and tenant name, amount of security deposit and all related expenses)
- b) Income from real property, If so how much per month? _____ (Spouse)
-PLEASE PROVIDE DOCUMENTATION (i.e. address and tenant name, amount of security deposit and all related expenses)
- c) Interest or dividends, if so how much per month? _____
- c) Interest or dividends, if so how much per month? _____ (Spouse)
- d) Monthly payments of alimony or support for the use or care of your dependents? _____
-PLEASE PROVIDE DOCUMENTATION
- d) Monthly payments of alimony or support for the use or care of your dependents? _____
-PLEASE PROVIDE DOCUMENTATION (Spouse)
- e) Social Security or other Government assistance, if so how much per month? _____
- e) Social Security or other Government assistance, if so how much per month? _____
-PLEASE PROVIDE DOCUMENTATION (Spouse)

f) Monthly retirement or pension amounts? _____
-PLEASE PROVIDE DOCUMENTATION

f) Monthly retirement or pension amounts? _____
-PLEASE PROVIDE DOCUMENTATION (Spouse)

g) Do you have any other sources of income not listed? _____
-PLEASE PROVIDE DOCUMENTATION

g) Do you have any other sources of income not listed? _____ (Spouse)
-PLEASE PROVIDE DOCUMENTATION

Do you or your spouse expect any increase or decrease in your salary over the next year? if so please explain. _____

YOU MUST PROVIDE THE LAST SIX MONTHS OF YOUR PAYSTUBS FOR THE COURT
SECTION 6- CURRENT EXPENSES

Do you and your spouse maintain separate households? ☐ yes ☐ no
- If so please provide all monthly expenses for spouse on the back of this page

PLEASE PROVIDE THE FOLLOWING MONTHLY PAYMENT AMOUNTS. IF NOT PAID MONTHLY STATE THE FREQUENCY IN WHICH YOU PAY.

1. Monthly rent or mortgage payment \$ _____
-are taxes included in this amount? ☐ yes ☐ no
-is property insurance included in this amount? ☐ yes ☐ no
-amount you pay for taxes \$ _____

-amount you pay for homeowners insurance \$ _____

2. Electricity and heating \$ _____

3. Water and sewage \$ _____

4. Telephone, cell phone, internet, cable, satellite \$ _____

5. Do you have any other utility bills?
If so, name and monthly payment
\$ _____
\$ _____
\$ _____

6. Home maintenance, including repairs and general upkeep \$ _____

7. Food \$ _____

8. Clothing \$ _____

9. Laundry and dry cleaning \$ _____

10. Medical and dental (out of pocket) \$ _____

11. Transportation (not including car payment)	\$ _____
12. Entertainment, recreation, newspapers, magazines	\$ _____
13. Charitable contributions	\$ _____
14. Insurance NOT deducted from pay check	
a) Life insurance	\$ _____
b) Health insurance	\$ _____
c) Auto insurance	\$ _____
d) Other insurance	\$ _____
15. Taxes NOT deducted from pay check	\$ _____
16. Installment payments for car, furniture act. (Specify)	
-type _____	\$ _____
-type _____	\$ _____
17. Alimony	\$ _____
18. Payments for support of dependents not living at home	\$ _____
19. Expenses from operation of business	\$ _____
20. Mandatory payroll deduction NOT listed	\$ _____
21. Court ordered payments	\$ _____
22. Education for disabled or mentally challenged children	\$ _____
23. Childcare	\$ _____
24. Disability insurance outside of paycheck deduction	\$ _____
25. Health and savings account	\$ _____
26. Care for the elderly, chronically ill, or disabled family members	\$ _____
27. Protection from family violence	\$ _____
28. Education expense for children under 18	\$ _____
29. Non mandatory contributions to retirement accounts	\$ _____
30. Loan repayment	\$ _____
31. Other expenses not already listed	
_____	\$ _____
_____	\$ _____
_____	\$ _____

PLEASE USE THE OTHER SIDE OF THIS PAGE FOR ADDITIONAL EXPLANATIONS OR FURTHER EXPENSES