

# 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:*

Email:

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

Driver' License No.: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ 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: \_\_\_\_\_

### 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: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Driver' License No.: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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: \_\_\_\_\_

cell:  
Email:

## 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? \_\_\_\_\_

## Exhibit "C" to the Voluntary Petition

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 attach a list and description of the property.)

## 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: \_\_\_\_\_

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

Please list all Real Estate.

## 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 or Community	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?

Include any property that your name is on, even if you don't consider it yours.

### 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. For property acquired for personal or family use, replacement 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	Yes/ No	Description & Location	Husband, Wife, Joint, Community	Value	Office Use Only Exemptions?
1. Cash on hand					
2. Checking/Savings Account, Certificates of deposit, other bank accounts					TYPE of account? which bank? Last 4 Digits of account #?
3. Security deposits held by utility companies, landlord					
4. Household goods, furniture, including audio, video, and computer equipment Example - Used furniture for a 3 bedroom Home; all 3-10 years old.		How many computers? How many televisions?			List any 1 item you could sell today for more than \$1,000.00

Type of Property	Yes/ No	Description & Location	Husband, Wife, Joint, Community	Value	Office Use Only Exemptions?
5. Books, pictures, art objects, records, compact discs, collectibles					
6. Clothing Any pieces? of value?					
7. Furs and jewelry Any pieces? of value?					
8. Sports, photographic, hobby equipment, firearms					
9. Interest in insurance policies-specify refund or cancellation value					
10. Annuities					
11. Interests in an education IRA, as defined in 26 USC § 530(b)(1)					
12. Interests in pension or profit sharing plans Retirement? 401k?					
13. Stock and interests in incorporated/unincorporated business					

Type of Property	Yes/ No	Description & Location	Husband, Wife, Joint, Community	Value	Office Use Only Exemptions?
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 or life estates					
20. Interests in estate of decedent or life insurance plan or 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					

Type of Property	Yes/ No	Description & Location	Husband, Wife, Joint, Community	Value	Office Use Only Exemptions?
25. Automobiles, trucks, trailers, and accessories. <i>Include make, model, year + mileage</i>					
26. Boats, motors, and accessories					
27. Aircraft and accessories					
28. Office equipment, supplies					
29. Machinery, fixtures etc. for business					
30. Inventory					
31. Animals					
32. Crops-growing or harvested					
33. Farming equipment and implements					
34. Farm supplies, chemicals, feed					

Type of Property	Yes/ No	Description & Location	Husband, Wife, Joint, Community	Value	Office Use Only Exemptions?
35. Other personal property of any kind not listed. Examples ① Dirt Bikes ② Musical Equipment ③ Trailers ④ Snowmobiles					

## 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 **Any other Income?**
- 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.*
6. Does your spouse receive overtime pay outside of your salary? 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? \_\_\_\_\_
- Does your spouse receive **Any other Income?**
- 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?

## 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. Rent or Mortgage  | \$ _____ |
| Does that amount include real estate taxes? <input type="checkbox"/> No <input type="checkbox"/> Yes |          |
| Does it include property insurance? <input type="checkbox"/> No <input type="checkbox"/> Yes         |          |
| 2. Electricity   | \$ _____ |
| 3. Heat (what source)?   | \$ _____ |
| 4. Water and Sewer   | \$ _____ |
| 5. House Telephone   | \$ _____ |
| 6. Cellular Telephone  | \$ _____ |
| 7. Cable   | \$ _____ |
| 8. Internet  | \$ _____ |
| 9. Trash Removal   | \$ _____ |
| 10. Home Maintenance, Repairs, Upkeep  | \$ _____ |
| 11. Food   | \$ _____ |
| 12. Clothing   | \$ _____ |
| 13. Out of Pocket Medical and Dental Expenses  | \$ _____ |
| 14. Transportation Expenses (not car payment; including gas)   | \$ _____ |
| 15. Charitable Contributions (cash, not clothing donations)  | \$ _____ |
| 16. Auto Insurance   | \$ _____ |
| 17. Life Insurance (if not deducted from paycheck)   | \$ _____ |
| 18. Health Insurance (if not deducted from paycheck)   | \$ _____ |
| 19. Homeowner's Insurance (if not included in mortgage)  | \$ _____ |
| 20. Car Payment  | \$ _____ |
| 21. Second Car Payment (if any)  | \$ _____ |
| 22. Student Loan Payment   | \$ _____ |
| 23. Child Support or Alimony (if not deducted from paycheck)   | \$ _____ |
| 24. Childcare  | \$ _____ |
| 25. Care for elderly family member   | \$ _____ |
| 26. Education Expenses for children under 18   | \$ _____ |
| 27. Pet/Vet Expense  | \$ _____ |
| 28. Grooming (hair, nails)   | \$ _____ |
| 29. Tobacco  | \$ _____ |
| 30. Household Products (paper towels, cleaning supplies)   | \$ _____ |
| 31. Personal Care Products (shampoo, razors, deodorant)  | \$ _____ |
| 32. Summer Camp / After School Activities  | \$ _____ |
| 33. Any other Expenses _____   | \$ _____ |
| 31. Any other Expenses _____   | \$ _____ |

## Bankruptcy Questionnaire Miscellaneous Questions

Does anyone owe you any money?

Have you owned your own business in the last 6 years? IF yes, does the business own any equipment, supplies, inventory?

Do you own a safe deposit box? If yes, at which bank and what is in it?

Do you have any reason you could sue someone? For example, a car accident, slip and fall, discrimination, etc.

Have you repaid a loan to a family member or a friend in the last year?

In the past three months have you paid more than \$600.00 to any creditor not including your mortgage or car payment?

Have you sold or gifted anything with in the past 4 years worth \$5,000.00 or more?

Have you taken any cash advances from any credit card in the last three months?

In the past year have you had anything foreclosed or repossessed? If yes what and who was the lender.

Have you closed any bank accounts in the past year? If yes, what type (savings, checking), which bank, and what was the balance when you closed the account?