

BANRUPTCY QUESTIONNAIRE

INSTRUCTIONS:

Please print all of your answers completely and legibly.

If it does not apply to you or the answer is none, please write n/a in the space provided.

HOW DID YOU HEAR ABOUT US? (Please circle one):— Web Site — AT&T Directory — Yellow Book Directory — Mailer —Other - Referred by: _____

MARITAL STATUS: ___ Single ___ Married ___ Separated ___ Divorced ___ Widowed

If you are married, you must complete information for both you and your spouse, even if only one is seeking our services.

DEBTOR 1 INFORMATION:

FIRST NAME: _____
LAST NAME: _____
MIDDLE: _____
Social Security #: _____
ADDRESS: _____
CITY: _____
STATE: _____
ZIPCODE: _____
COUNTY: _____
EMAIL: _____
PHONE: _____
WORK: _____
CELL: _____
DOB: ____ / ____ / ____

Other Names Used in Last 6 Years

DEBTOR 2 (SPOUSE) INFORMATION:

FIRST NAME: _____
LAST NAME: _____
MIDDLE: _____
Social Security #: _____
ADDRESS: _____
CITY: _____
STATE: _____
ZIPCODE: _____
COUNTY: _____
EMAIL: _____
PHONE: _____
WORK: _____
CELL: _____
DOB: ____ / ____ / ____

Other Names Used in Last 6 Years

How long have you lived at your current address? ____ yrs ____ mos.

If less than 2 years, please list your previous address:

STREET ADDRESS CITY STATE ZIP (dates of occupancy)

HAVE EITHER OF YOU FILED BANKRUPTCY BEFORE?.....YES / NO

IF YES, state who, when and where: _____

DEPENDENTS and/or CHILDREN INFORMATION:

NAME	AGE	LIVE AT HOME? Y/N
_____	_____	_____
_____	_____	_____
_____	_____	_____

State all other members of your household:

ARE EITHER OF YOU SELF EMPLOYED? _____ YES / NO

IF YES, FILL OUT BUSINESS INFORMATION SECTION.

EMPLOYER INFORMATION:

DEBTOR 1:
OCCUPATION:

DEBTOR 2 (SPOUSE):
OCCUPATION:

EMPLOYER NAME:

EMPLOYER NAME:

ADDRESS:

ADDRESS:

CITY/STATE

CITY/STATE

ZIP CODE

ZIP CODE

LENGTH OF EMPLOYMENT

LENGTH OF EMPLOYMENT

If more than one present employer, please provide the same information about other employers.

DO YOU ANTICIPATE CHANGES IN INCOME IN NEXT 12 MONTHS: (INCREASE OR DECREASE OF MORE THAN 10%) _____

CHECK HOW OFTEN YOU ARE PAID: PLEASE ATTACH PREVIOUS 2 MONTHS PAYSTUBS

DEBTOR 1:

Weekly

Every Two Weeks/ Bi-Weekly

Twice Monthly

Monthly

Other (Explain)

DEBTOR 2 (SPOUSE):

Weekly

Every Two Weeks/ Bi-Weekly

Twice Monthly

Monthly

Other (Explain)

OTHER INCOME (MONTHLY):

RENT AND OTHER REAL PROPERTY:	\$ _____
INTEREST; DIVIDENDS; ROYALTIES:	\$ _____
PENSION/ RETIREMENT	\$ _____
SOCIAL SECURITY	\$ _____
CONTRIBUTIONS FROM OTHERS; INCLUDING CHILD SUPPORT	\$ _____
UNEMPLOYMENT COMPENSATION:	\$ _____

MONTHLY EXPENSES:

Please answer these as completely as you can using averages

Rent/Mortgage:	\$ _____
Second Mortgage/Line of Credit	\$ _____
Are your property taxes included? Yes/No.. if No, list amount	\$ _____
Is property insurance included? Yes/No.. if No list amount	\$ _____
Electricity and gas	\$ _____
Water and sewer	\$ _____
Telephones & Cell Phones.....	\$ _____
Security System	\$ _____
Cable / Satellite	\$ _____
Internet Service	\$ _____
Other Utilities (Explain) _____	\$ _____
Home Maintenance (snow plow, lawn care, upkeep).....	\$ _____
Food	\$ _____
Clothing	\$ _____
Laundry/Dry Cleaning	\$ _____
Medical/Dental	\$ _____
Transportation (Gas, Repairs, oil changes, etc.).....	\$ _____
Entertainment/Magazines	\$ _____
Charitable Contributions	\$ _____
Insurance:	
Home/Renters' Insurance	\$ _____
Life Insurance	\$ _____
Auto Insurance	\$ _____
Health Insurance	\$ _____
Other Insurance (Explain) _____	\$ _____
Installment Payments:	
Automobile	\$ _____
Automobile	\$ _____
Other (Explain).....	\$ _____
Other (Explain).....	\$ _____
Other (Explain).....	\$ _____
Other Taxes Not Withheld	\$ _____
Child Care	\$ _____
Alimony/Support Payments	\$ _____
Support of Dependents not at Home (Elderly or Disabled Family)	\$ _____
Other Expenses (e.g. student loans) _____	\$ _____
Other Expenses _____	\$ _____
Other Expenses _____	\$ _____
<u>TOTAL MONTHLY EXPENSES</u>	\$ _____

Do you anticipate changes in expenses in the next year (more than 10% increase or decrease) YES / NO
If YES, please explain: _____

RECENT ACTIVITY

During the last 60 days, have you done any of the following	Yes/No	Name of lender/transferee	Amount borrowed w/in last 60 days
Used credit cards			
Taken cash advances			
Taken out any new loans			
Gave away or sold any property worth more than \$600			

Have you done any of the following	Yes/No	Name of person paid	Amount
Paid back a relative or business associate within last 365 days (1yr)			
Issued payment for more than \$600 to any one creditor within last 90 days			

Are you required to pay child/spousal support?YES / NO

If yes, how much per month? _____

Which state and county? _____

Please provide the name and complete address of anyone that you pay child support or other domestic support obligations to:

NAME:

ADDRESS:

CITY, STATE, ZIP:

If yes, are you behind?.....YES / NO

If so, how much? \$ _____

What State/ County: ? _____

*Please be advised that Child Support is not dischargeable

REAL PROPERTY

FAIR MARKET VALUE:

Address # 1: _____ \$ _____
(circle property type) Residence – Rental Property – Business Property – Land

Creditor Name and Address: _____
(1st Mortgage)
Account No.: _____

Date debt incurred: _____

Balance owed: \$ _____

Creditor Name and Address: _____
(2nd Mortgage/line of credit)
Account No.: _____

Date debt incurred: _____

Balance owed: \$ _____ FAIR MARKET VALUE

Address # 2: _____ \$ _____
(circle property type) Residence – Rental Property – Business Property -- Land

Creditor Name and Address: _____

Account No.: _____

Date debt incurred: _____

Balance owed: \$ _____

Has there been an appraisal on your property within the last 3 years? _____

Are you current on your mortgage, taxes and insurance? _____

If not, when was your last payment? _____

Do you intend to keep the property? _____

Is the property in foreclosure? _____

If yes, please attach foreclosure documents

Do you have any Judgments entered against you? YES / NO

Have you transferred or sold any property in the last 4 years?..... YES/NO

If Yes, please explain details _____

DEBTS

Free Credit Report at www.annualcreditreport.com

1. **CREDITORS HOLDING SECURED CLAIMS.** Provide information of all debts subject to a mortgage line or other security interest in your property. If you own real property, list creditors that have judgments, tax or statutory liens. **ATTACH THE MOST RECENT STATEMENTS**

2. **CREDITORS HOLDING UNSECURED PRIORITY CLAIMS.** Certain types of unsecured debts are entitled to priority payments. These debts are not dischargeable.
*Most taxes *Child Support/Alimony * Most student loans * Court fines and criminal restitution; and * personal injury caused by drunk driving or under the influence of drugs

3. **UNSECURED NONPRIORITY CLAIMS.** List all debts that you owe to any other person or entity. Also include debts that you have co-signed, debts to relatives and friends or a business.

REVIEW AND ATTACH THE MOST RECENT STATEMENTS YOU HAVE RECEIVED FROM THE EACH OF THE ABOVE TYPE OF CREDITORS.

OR LIST DEBTS ON A SEPARATE SHEET OF PAPER AS FOLLOWS:

CREDITOR:
ADDRESS:
ACCOUNT NUMBER:
AMOUNT DUE:
NATURE OF DEBT
(credit card, medical, student loan, etc)
CO-SIGNER:

CO-DEBTORS

List any person or entity that is liable with you on any of your debts. Include all co-signers on secured, unsecured and unsecured priority claims.

NAME AND ADD OF CO-DEBTOR	NAME OF CREDITOR
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CONTRACTS AND LEASE AGREEMENTS

List all contracts to which you are a party and state the nature of your interest in the contract. Examples health club agreements, real estate leases and property rental agreements.

NAME AND ADDRESS OF PARTIES TO THE LEASE OR CONTRACT	DESCRIPTION
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PERSONAL PROPERTY

Directions: List all property owned by you or your spouse, including property you own that is in another's name or possession. Put down the value you would sell the item for at a garage sale or in a newspaper or online Ad. If you do not have property in a particular category, write "none"

VALUE:

1. Cash on hand: \$ _____
2. Bank or Financial Accounts

Bank Name, Type (Checking/Savings/CD)

_____ \$ _____
Bank Name, Type (Checking/Savings/CD)

_____ \$ _____
Bank Name, Type (Checking/Savings/CD)

_____ \$ _____
Bank Name, Type (Checking/Savings/CD)

_____ \$ _____

3. Security Deposits (landlords, public utilities): _____ \$ _____
Describe: _____

4. Interests in insurance policies: _____ \$ _____
Name the company and the surrender or "cash" value. Do not give the "death benefit" value:

5. Annuities: _____ \$ _____
Itemize and name each issuer:

6. Education IRAs: _____ \$ _____
Describe: _____

7. IRA's, ERISA, 403(b) other pension plans:
What type of plan? _____ (please attach most recent statements) \$ _____
Any withdrawals from your retirement account within the past year?
If yes, how much \$ _____
How was the money spent? _____

8. Stocks or interests in businesses, incorporated and unincorporated, including LLCs:
Describe: _____ \$ _____

9. Interests in partnerships or joint ventures: \$ _____
Describe: _____

10. Government or corporate bonds: _____ \$ _____
Describe: _____

11. Accounts receivable - are you owed money or do you have a claim against anyone for property or money damages? \$ _____

If yes, describe: _____

12. Property Settlements, past due Alimony, support, etc.: _____ \$ _____

Describe: _____

13. Equitable or future interests, life estate interests: _____ \$ _____

Describe: _____

14. Interest in estate of a decedent, death benefit plans, life insurance policy or trust \$ _____

Describe: _____

15. Do you expect to inherit property in the next 6 months? YES _____ NO _____

If so, Describe _____

16. Other contingent and unliquidated claims:

Do you receive tax refunds every year? Yes _____ No _____ amount \$ _____

Do you expect to receive tax returns? Yes _____ No _____ amount \$ _____

Do you have any potential lawsuits against anyone Yes _____ No _____

Do you think you may have a claim against anyone relating to physical or financial injury or illness? Yes _____ No _____

If Yes, describe: _____

16. Patents, copyrights, etc.: _____ \$ _____

Describe: _____

17. Licenses, franchises, etc. : _____ \$ _____

Describe: _____

18. MOTOR VEHICLES, BOATS, ATVS, SNOWMOBILES etc. :

Year	Make	Model	Miles

Does the vehicle have a loan against it? YES / NO

Loan Balance \$ _____

Loan Provider: _____
(name and add)

Year Make Model Miles

Does the vehicle have a loan against it? YES / NO Loan Balance \$ _____
Loan Provider: _____
(name and add)

Year Make Model Miles

Does the vehicle have a loan against it? YES / NO Loan Balance \$ _____
Loan Provider: _____
(name and add)

20. Aircraft and accessories: _____ \$ _____
Describe: _____

21. Office equipment, furnishings and supplies: _____ \$ _____
Describe: _____

22. Machinery, equipment, supplies used in business: _____ \$ _____
Describe: _____

23. Inventory: _____ \$ _____
Describe: _____

24. Farm Animals: _____ \$ _____
Describe: _____

25. Crops: _____ \$ _____
Describe: _____

26. Farming equipment and implements: _____ \$ _____
Describe: _____

27. Farm supplies, chemicals, and feed: _____ \$ _____
Describe: _____

28. ALL OTHER PROPERTY OF ANY KIND NOT ALREADY LISTED: \$ _____
Describe: _____

HOUSEHOLD GOODS & FURNISHING SHEET

<u>Quantity</u> <u>(how many)</u>	<u>Fair Market Value</u>	<u>Description</u>	<u>Quantity</u>	<u>Fair Market Value</u>	<u>Description</u>
		Couch			Recliner
		Love Seat			Sofa
		Lamps			DVD Player
		Tables			Game Counsels
		Dressers			Kitchen Table & Chair
		Television			Coffee Table
		VCR			Nightstand
		Stereo			Mirror
		Bed			China Cabinet
		Chair			Desk
		Dresser			End Table
		Desk			Entertainment Stand
		Freezer			Refrigerator
		Dishwasher			Wash/Dryer
		Stove			Microwave

Books, Pictures, Collections, and other art objects:

<u>QTY</u>	<u>Fair Market Value</u>	<u>Description</u>	<u>QTY</u>	<u>Fair Market Value</u>	<u>Description</u>
		Books			Antiques
		Pictures			Camera
		Desks			Computers
		Coin Stamps			Sculptures
		Collections			Figurines
					Knickknacks
					Paintings or Art work

Clothing:

<u>QTY</u>	<u>Fair Market Value</u>	<u>Description</u>	<u>QTY</u>	<u>Fair Market Value</u>	<u>Description</u>
		Men's Clothes			
		Women's Clothes			
		Children's Clothes			

Furs & Jewelry:

<u>QTY</u>	<u>Fair Market Value</u>	<u>Description</u>
		Jewelry (Men's)
		Jewelry (Women's)
		Furs
		Other (describe)

Firearms, Sports, Photographic, and/or Hobby Equipment:

<u>QTY</u>	<u>Fair Market Value</u>	<u>Description</u>	<u>QTY</u>	<u>Fair Market Value</u>	<u>Description</u>
		Gun (Describe make, model, & Caliber)			Sporting Equipment (Describe Golf, Hiking, Fishing)
		Gun (Describe make, model, & Caliber)			Other
		Gun (Describe make, model, & Caliber)			Other
		Gun (Describe make, model, & Caliber) Gun (Describe make, model, & Caliber)			Other

STATEMENT OF FINANCIAL AFFAIRS

Each question must be answered, if it does not apply write N/A or None.

If you are married you must include information for BOTH spouses whether or not you are both filing, unless you are separated and only one of you is filing.

- INCOME FROM EMPLOYMENT OR OPERATION OF BUSINESS:** State the GROSS amount of income you have received from employment, trade, or profession, or from operation of a business, including part-time activities either as an employee or in independent trade or business, from the beginning of this calendar year to the present. State income for each spouse separately.

***OR ATTACH TAX RETURNS (2 YEARS)**

DEBTOR 1:

DEBTOR 2 (SPOUSE):

CURRENT YTD\$ _____

CURRENT YTD\$ _____

LAST YEAR \$ _____

LAST YEAR \$ _____

PRIOR YEAR \$ _____

PRIOR YEAR \$ _____

2. INCOME OTHER THAN FROM EMPLOYMENT OR OPERATION OF BUSINESS: State the amount of income received by you other than from employment or operation of a business during the TWO YEARS immediately preceding the commencement of this case. Give particulars. State income for each spouse separately. (e.g. unemployment, pension/retirement, support)

DEBTOR 1:

DEBTOR 2 (SPOUSE):

CURRENT YEARS \$ _____

CURRENT YEARS \$ _____

LAST YEAR \$ _____

LAST YEAR \$ _____

3. LIST ALL PAYMENTS MADE WITHIN THE PAST ONE YEAR TO REPAY FRIENDS, FAMILY MEMBERS OR BUSINESS PARTNERS:

Name	Date of Payment	Amount \$
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4. LAWSUITS, ADMINISTRATIVE PROCEEDINGS, EXECUTIONS, GARNISHMENTS AND ATTACHMENTS:

A. Have you been a party to a lawsuit in the past ONE YEAR?

NAME OF SUIT	COURT	NATURE OF LAWSUIT	STATUS
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1.

2.

B. Have you have any property that has been attached, garnished or seized under any legal or equitable process within the past ONE YEAR?

CREDITOR	PROPERTY TAKEN	DATE TAKEN	VALUE
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5. REPOSSESSIONS, FORECLOSURES AND RETURNS: List all property that has been repossessed by a creditor, sold at a foreclosure sale or transferred through a deed in lieu of foreclosure or returned to the seller, within the past ONE YEAR

NAME OF CREDITOR	DATE OF REPO, FORECLOSURE TRANSFER OR RETURN	DESCRIPTION VALUE
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6. ASSIGNMENTS & RECEIVERSHIPS:

A. Have you made any assignment of your property for the benefit of creditors made within the past 4 MONTHS (120 DAYS)?

B. Has any of your property been in the hands of a custodian, receiver, or court-appointed official within the past ONE YEAR?

7. GIFTS: List all gifts or charitable contributions made within the past ONE YEAR except ordinary and usual gifts to family members (less than \$200 in value per individual family member) and charitable contributions (less than \$100 per recipient.)

<u>NAME AND ADDRESS OF ORGANIZATION</u>	<u>RELATIONSHIP</u>	<u>DATE</u>	<u>PROPERTY AND VALUE</u>
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8. LOSSES: List all losses from fire, theft, other casualty or gambling within the past ONE YEAR

<u>DESCRIPTION/VALUE OF PROPERTY</u>	<u>CIRCUMSTANCES OF LOSS</u>	<u>DATE OF LOSS</u>	<u>YES</u>	<u>NO</u>
	<u>WAS LOSS COVERED BY INSURANCE?</u>			

9. PAYMENTS RELATED TO DEBT COUNSELING OR BANKRUPTCY:
List all payments made or transfers of property to attorneys or others for counseling regarding your debts or bankruptcy within the past ONE YEAR

<u>NAME OF PAYOR</u>	<u>DATE</u>	<u>AMOUNT OF \$</u>	<u>SERVICES RECEIVED</u>
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10. TRANSFERS:
A. Have you sold or transferred either absolutely (or as security) within the past TWO YEARS?

<u>NAME AND ADDRESS OF ORGANIZATION</u>	<u>RELATIONSHIP</u>	<u>DATE</u>	<u>PROPERTY AND VALUE</u>
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B. Have you transferred anything of value to a TRUST or similar devise in which you are a beneficiary within the past TEN YEARS?

11. CLOSED FINANCIAL ACCOUNTS:
Have you closed any bank or financial accounts within the past ONE YEAR?, (certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions)

<u>NAME OF BANK</u>	<u>AMOUNT OF BALANCE</u>	<u>DATE CLOSED</u>
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12. SAFE DEPOSIT BOXES:

List each safe deposit box in which you have or had within the past ONE YEAR

BANK PERSONS LISTED WITH ACCESS CONTACTS CLOSED/OPEN?

13. SETOFFS:

Has a bank or creditor taken any money or property to cover a debt owed within the past NINETY (90) DAYS.

CREDITOR DATE OF SETOFF AMOUNT \$

14. PROPERTY HELD FOR ANOTHER PERSON: List all property owned by another person that you hold or control, include property belonging to children or other relatives.

NAME OF OWNER DESCRIPTION AND VALUE OF PROPERTY LOCATION

15. SPOUSES & FORMER SPOUSES: If you reside or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within EIGHT YEARS immediately preceding the commencement of the case, identify the name of your spouse and any former spouse who resides or resided with you in the community property state.

NAME OF FORMER SPOUSE:

17. ENVIRONMENTAL INFORMATION:

A. Have you received notice from governmental unit that your property may be liable or potentially liable under or in violation of an Environmental Law? Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law:

B. Have you provided notice to governmental unit for any site owned that you have released Hazardous Material? Indicate the date and governmental unit to which the notice was sent.

18. BUSINESSES, SOLE PROPRIETORSHIPS, PARTNERSHIPS & CORPORATIONS.

Within the past SIX (6) YEARS, have you been an officer, director, partner or managing parting of a corporation, sole proprietorship or self employed or owned more than 5% of the voting If yes; Please request Business Questionnaire.

SIGN AND DATE PRIOR TO RETURNING PAPERWORK TO THIS OFFICE

I/we have read and fully understand the Bankruptcy Information Sheet which outlines the different Chapters under the Bankruptcy Code.

I/we understand that bankruptcy is a federal process and that I will be required to appear before the Trustee (Court Attorney) in the Federal Bankruptcy Court a date and time set by the Court.

I acknowledge that I have completed this Bankruptcy Information packet to the best of my ability and have not excluded any information. Furthermore, I have provided Chelsea A. Whitley with a copy of each of the documents requested.

I acknowledge that the answers and information I have provided is current and accurate.

Dated: _____

Debtor _____

Dated: _____

Joint Debtor _____