

## Bankruptcy Questionnaire

Thank you for completing the following form. We realize the information asked for is confidential, but in order for our firm to give you the best recommendation for your particular situation, please complete the form fully and accurately. If you do not know exact figures, please complete the blank with your best estimate. Please bring to your appointment, any lawsuit you have been served with, correspondence concerning any foreclosure, IRS letters, or anything else you feel is important for the attorney to review.

Date:  How did you hear about us?   
MM/DD/YYYY

Your Full Name:      
Last First Middle Maiden

Date of Birth:  Social Security Number:   
MM/DD/YYYY 123-45-6789

Spouse's Name:      
Last First Middle Maiden

Spouse's Date of Birth:  Spouse's Social Security Number:   
MM/DD/YYYY 123-45-6789

Home Address:       
Current Residential Street Address Suite/Apt. City State Zip Code

Home Telephone:  Cellphone:   
( ) - ( ) -

**MARITAL STATUS:**

- Married  Single  Divorced  Separated  Widowed

**DO YOU HAVE ANY CHILDREN LIVING AT HOME?**

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<small>name</small>	<small>age</small>	<small>name</small>	<small>age</small>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<small>name</small>	<small>age</small>	<small>name</small>	<small>age</small>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<small>name</small>	<small>age</small>	<small>name</small>	<small>age</small>

Current Employer:

Length of Employment:  Work Phone:   
( ) -

Spouse's Current Employer:

Length of Employment:  Work Phone:   
( ) -

Do you own your home or do you rent?  Rent  Own

If you own your home, have you lived in it for at least 3.5 years?  No  Yes

Have you lived in Texas for at least 2 years?  No  Yes

Have you received any income other than your job in the last 6 months?  No  Yes If yes, what Income? \_\_\_\_\_

Have you ever filed for Bankruptcy?  No  Yes When: \_\_\_\_\_

Are you behind in your house or rent payments?  No  Yes How Much? \$ \_\_\_\_\_

Do you owe the IRS?  No  Yes How Much? \$ \_\_\_\_\_

Do you owe state taxes?  No  Yes How Much? \$ \_\_\_\_\_

Do you owe property taxes?  No  Yes How Much? \$ \_\_\_\_\_

Do you owe on student loans?  No  Yes How Much? \$ \_\_\_\_\_

Are you behind in child or spousal support?  No  Yes How Much? \$ \_\_\_\_\_

Do you have any insufficient funds checks outstanding?  No  Yes How Much? \$ \_\_\_\_\_

Do you have any co-signers on any of your debts?  No  Yes Who? \_\_\_\_\_

Have you co-signed on any debts for someone else?  No  Yes For Whom? \_\_\_\_\_

### Secured Debts

*(Debts with collateral)*

#### Home Loans or Land for Mobile Home

1. Mortgage Company \_\_\_\_\_ Monthly Payment: \$ \_\_\_\_\_ Interest Rate \_\_\_\_\_%

Balance Due: \$ \_\_\_\_\_ Amount behind: \$ \_\_\_\_\_ Value: \$ \_\_\_\_\_

2. Mortgage Company: \_\_\_\_\_ Monthly Payment: \$ \_\_\_\_\_ Interest Rate \_\_\_\_\_%

Balance Due: \$ \_\_\_\_\_ Amount behind: \$ \_\_\_\_\_ Value: \$ \_\_\_\_\_

#### Vehicles - List all vehicles you own, whether there is a debt against them or not

1. Make (ex. Ford): \_\_\_\_\_ Model (ex. Taurus): \_\_\_\_\_ Year Made: \_\_\_\_\_

Do you owe on this vehicle?  No  Yes, Name of lender: \_\_\_\_\_

Payoff \$ \_\_\_\_\_ Value \$ \_\_\_\_\_ Monthly Payment: \$ \_\_\_\_\_

Number of Payments behind \_\_\_\_\_ Number of Payments Left \_\_\_\_\_

2. Make (ex. Ford): \_\_\_\_\_ Model (ex. Taurus): \_\_\_\_\_ Year Made: \_\_\_\_\_  
 Do you owe on this vehicle?  No  Yes, Name of lender: \_\_\_\_\_  
 Payoff \$ \_\_\_\_\_ Value \$ \_\_\_\_\_ Monthly Payment: \$ \_\_\_\_\_  
 Number of Payments behind \_\_\_\_\_ Number of Payments Left \_\_\_\_\_

3. Make (ex. Ford): \_\_\_\_\_ Model (ex. Taurus): \_\_\_\_\_ Year Made: \_\_\_\_\_  
 Do you owe on this vehicle?  No  Yes, Name of lender: \_\_\_\_\_  
 Payoff \$ \_\_\_\_\_ Value \$ \_\_\_\_\_ Monthly Payment: \$ \_\_\_\_\_  
 Number of Payments behind \_\_\_\_\_ Number of Payments Left \_\_\_\_\_

*List all recreational vehicles, motorcycles, boats, trailers, etc. you own, whether there is a debt against them or not.*

1. Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year Made: \_\_\_\_\_  
 Do you owe on this vehicle?  No  Yes, Name of lender: \_\_\_\_\_  
 Payoff \$ \_\_\_\_\_ Value \$ \_\_\_\_\_ Monthly Payment: \$ \_\_\_\_\_  
 Number of Payments behind \_\_\_\_\_ Number of Payments Left \_\_\_\_\_

2. Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year Made: \_\_\_\_\_  
 Do you owe on this vehicle?  No  Yes, Name of lender: \_\_\_\_\_  
 Payoff \$ \_\_\_\_\_ Value \$ \_\_\_\_\_ Monthly Payment: \$ \_\_\_\_\_  
 Number of Payments behind \_\_\_\_\_ Number of Payments Left \_\_\_\_\_

*Loans for the purchase of furniture, appliances, stereo, etc. or loans for which you have pledged household items as collateral.*

1. Creditor: \_\_\_\_\_ Collateral: \_\_\_\_\_  
 Value: \$ \_\_\_\_\_ Balance Due: \$ \_\_\_\_\_ Payment: \$ \_\_\_\_\_  
 Number of Payments Behind: \_\_\_\_\_ Number of Payments Left \_\_\_\_\_

2. Creditor: \_\_\_\_\_ Collateral: \_\_\_\_\_  
 Value: \$ \_\_\_\_\_ Balance Due: \$ \_\_\_\_\_ Payment: \$ \_\_\_\_\_  
 Number of Payments Behind: \_\_\_\_\_ Number of Payments Left \_\_\_\_\_

## Unsecured Debts

(All Other Debts)

List all debts even if you dispute them or they may have been “written off” by a creditor, including credit cards, medical debts, personal loans, bad checks, etc.)

Name of Creditor	Type of Creditor (Credit Cards, Medical, Sign. Loans)	Monthly Payment	Balance Owed	Payments Behind

**Totals:**

1. Are your wages being garnished or are they about to be garnished?  No  Yes  
 Details: \_\_\_\_\_
2. Do you have any judgments against you?  No  Yes  
 Details: \_\_\_\_\_
3. Do you have any lawsuits against you pending now?  No  Yes  
 Details: \_\_\_\_\_
4. Do you own any lots, land or real property other than the house you live in now?  No  Yes  
 Details: \_\_\_\_\_
5. Is any creditor currently taking any deduction out of your paycheck for loans, car payments, etc.?  No  Yes  
 Details: \_\_\_\_\_
6. Do you have over \$500 in savings accounts, CD's, stocks, bonds, or similar financial accounts?  No  Yes  
 If so, please describe and list dollar value amount: \_\_\_\_\_
7. Are you self-employed?  No  Yes  
 Details: \_\_\_\_\_
8. Are you currently in the process of getting a divorce, or are you separated from your spouse?  No  Yes  
 Details: \_\_\_\_\_
9. Have you been divorced in the past 10 years one or more times?  No  Yes  
 Details: \_\_\_\_\_
10. Have you made any large purchases within the last 3 months on credit?  No  Yes  
 Details: \_\_\_\_\_
11. Do you have a stockbroker's license or a securities license of any kind?  No  Yes  
 Details: \_\_\_\_\_
12. Have you filed all income tax returns for this year and previous 3 years?  No  Yes  
 If not, for what year? \_\_\_\_\_
13. Have you received any cash advances or taken out any new loans in the last 3 months?  No  Yes  
 If so, how much and when? \_\_\_\_\_
14. Have you borrowed money from your retirement plan (e.g. 401K) that you are still repaying from your paycheck?  No  Yes  
 Details: \_\_\_\_\_

### Monthly Income

*Please bring to your appointment a recent pay stub for each wage earner in the family.*

Your total monthly gross pay \$ \_\_\_\_\_ Spouse's monthly gross pay \$ \_\_\_\_\_

Other monthly income (odd jobs, second jobs, child support, food stamps, rental income, etc.) \$ \_\_\_\_\_

## Current Expenses - Self

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.

The following questions ask for your expenses each month. If you are unsure of the amount you pay each month, estimate a monthly average.

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  
 Does it include property insurance?  No  Yes
2. Electricity and heating \$
3. Water and sewage \$
4. Telephone service/long distance \$
5. Do you have any other utility bills? If so, what and how much per month?  
 \$   
 \$   
 \$
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 contribution \$
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

\$

**Additional Expenses**

20. Mandatory payroll deductions not already listed:

Payroll Taxes

\$

Retirement

\$

Medical / Dental

\$

Other:

\$

21. Court ordered payments not already listed

Child Support

\$

Spousal Support / Alimony

\$

Criminal Fines / Restitution

\$

Other:

\$

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

	\$
	\$

**Total Current Expenses (Self):**

## Current Expenses - Spouse

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.

The following questions ask for your expenses each month. If you are unsure of the amount you pay each month, estimate a monthly average.

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  
 Does it include property insurance?  No  Yes
2. Electricity and heating \$ \_\_\_\_\_
3. Water and sewage \$ \_\_\_\_\_
4. Telephone service/long distance \$ \_\_\_\_\_
5. Do you have any other utility bills? If so, what and how much per month?  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_
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 contribution \$ \_\_\_\_\_
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

\$

**Additional Expenses**

20. Mandatory payroll deductions not already listed:

Payroll Taxes

\$

Retirement

\$

Medical / Dental

\$

Other:

\$

21. Court ordered payments not already listed

Child Support

\$

Spousal Support / Alimony

\$

Criminal Fines / Restitution

\$

Other:

\$

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)

	\$
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	\$
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31. Other expenses not listed above

	\$
--	----

	\$
--	----

**Total Current Expenses (Spouse):**

I, \_\_\_\_\_ (type name in capital letters), herein declare that:

(a) the particulars and information provided herein this submission form are true and accurate and

(b) any relevant documents submitted with this form are valid and true and accurate.

Your Name/Signature: \_\_\_\_\_  
*(type name again to be considered your electronic signature)*

Today's Date: \_\_\_\_\_  
*MM/DD/YYYY*