



Bankruptcy Questionnaire

Attached is the information we need to complete your bankruptcy petition. Please completely and accurately fill out the attached worksheet. Do not leave any blank spaces. If a question does not pertain to your situation, put “none.”

The information you give us will be used to complete your official bankruptcy petition for filing in federal Bankruptcy Court. The information must be accurate. Making a false statement on a bankruptcy petition, or omitting or concealing assets can subject you to fine, imprisonment, or both.

We can only help you with a Chapter 7 filing (also known as “straight” or liquidation bankruptcy) or a Chapter 13 (a pay back plan).

Please provide me with copies of the following documents. The most important documents to get started are the tax returns and pay stubs. Not every document is needed in every case; so if you do not have something, please do not worry. We may be able to proceed without it.

- 1) Last seven months of proof of income for each wage earner; this includes paystubs, social security, child support, spousal support, gifts, or lump sum receipts.
- 2) Last two years of state and federal tax returns for chapter 7 cases, including W-2s.
- 3) Last four years of tax returns for chapter 13 cases, including W-2s. If you do not have them all, call me for alternatives.
- 4) Last six months of bank and/or credit union statements.
- 5) A recent bill or collection notice for each creditor if you have it.
- 6) A copy of your credit report. (can get for free at AnnualCreditReport.com)
- 7) Most recent property tax statement if you own a house or land.
- 8) Vehicle registration or title for all vehicles.
- 9) 401K, pension plan or IRA statement showing balance in each account.
- 10) If self-employed, monthly break-down of all business income and expenses for prior seven months

I certify that to the best of my knowledge I have provided complete and truthful answers in this questionnaire package and understand that my lawyers cannot help me without such information. I do not hold my lawyers responsible for knowing anything that I did not include in this questionnaire.

CLIENT: _____
(Please print name)

CLIENT: _____
(Please print name)

Signature: _____

Signature: _____



BANKRUPTCY QUESTIONNAIRE

1. Full name: FIRST MIDDLE LAST

A. Debtor (Husband, if married): _____

SSN# _____ Date of Birth: _____ Driver's License No: _____

B. Do you live with anyone? Yes / No Name: _____

Joint Debtor (Wife, if married): _____
(Spouse's income must be included even if not filing jointly)

SSN# _____ Date of Birth: _____ Driver's License No: _____

Email addresses: _____

C. Other names used within past six years? Yes / No (do not list maiden name if no debts are in that name) If yes, list: _____

D. Business Name(s): _____

E. Home Street address: _____

F. Mailing address: _____

How long have you been living in this state? _____ You must be in the state for at least 90 days prior to filing bankruptcy.

Debtor work # _____ Joint Debtor work # _____
Home # _____ Cell phone, message or emergency # _____
County of residence: _____

G. Name, address, and phone number of someone who will know where you are if we need to contact you within five years: _____

H. Marital Status: Single, Married, Separated, Divorced: _____

Children or Dependents that reside with you (Names and Ages):

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____



2. Prior bankruptcy filed? Yes / No If yes, where? _____

Year filed and month: _____ Discharge obtained? _____

Case number, if known: _____ Chapter filed: _____

Does a spouse, partner or affiliate have a bankruptcy pending? (if yes write name & case #)

Name: _____ Case #: _____

3. Date Questionnaire Completed: _____

4. Occupation

A. Debtor's occupation is: (example - Teacher) _____

Where employed now? _____ How long employed? _____

Address of Employer: _____

Pay period (**IMPORTANT**): monthly/twice a month/every other week/weekly _____

Exact day(s) of the month you are paid _____

Exact take-home pay per pay period or accurate average: \$ _____

Salary/hourly wage \$ _____

Estimated monthly overtime: \$ _____

Name and phone number of payroll clerk: _____

Is this income steady? Yes / No. If no, explain why not, including when it is higher or lower and by approximately how much. _____

Union Dues: \$ _____

B. Joint Debtor's occupation is (example - Teacher) _____
(Spouse's income must be included even if not filing jointly)

If not employed, do you anticipate employment, and when? _____

Where employed now: _____ How long employed? _____

Address of Employer: _____

Pay period (**IMPORTANT**): monthly/twice a month/every other week/weekly _____

Estimated monthly overtime: \$ _____

Exact day(s) of the month you are paid: _____

Exact take-home pay per pay period or accurate average: \$ _____



Salary/hourly wage: \$ _____

Name and phone number of payroll clerk: _____

Is this income steady? Yes / No. If no, explain why not, including when it is higher or lower and by approximately how much. _____

Union Dues: \$ _____

<u>OTHER INCOME SOURCES</u>	<u>OTHER INCOME SOURCES</u>
<u>You</u>	<u>Spouse</u>
Income from operation of business, profession, or farm \$	\$
Income from real property \$	\$
Income from interest and dividends \$	\$
Alimony, maintenance support income \$	\$
Social Security or government assistance (specify type of assistance) \$	\$
Pension or retirement income \$	\$
Other monthly income (specify type) \$	\$

C. Are debts primarily business or consumer debts? _____

5. Real Property or Mobile Home: Does your name show up on deeds to any land or real property anywhere in the world? If so, please give the information below:

A. Are you purchasing or do you own any interest in REAL PROPERTY? Yes / No

Please Circle One: Land with home or bare land, OR a Mobile Home with land OR a Mobile Home in park. Address of property: _____

Tax Assessed Value (necessary): \$ _____ Year of assessment: _____

When purchased? _____ Amount purchased for: _____

Your estimate of its full market value: \$ _____

Do you owe property taxes? Yes / No If yes, how much and for what year(s): _____

Are your property taxes included in your mortgage payment? Yes / No

Which County? _____



B. DO YOU WANT TO RETAIN HOME? YES / NO

First mortgage monthly payment: \$ _____ Loan # _____

How much behind? \$ _____ Balance owed: \$ _____ Interest Rate: _____

Name and address of lender: _____

Foreclosure Date: (if any) _____

Second mortgage monthly payment: \$ _____ Loan # _____

How much behind? \$ _____ Balance owed: \$ _____ Interest Rate: _____

Name and address of lender: _____

Foreclosure Date: (if any) _____

Third mortgage: add same information on attached sheet _____

Equity line on the property: add same information on attached sheet _____

C. Do you have another piece of real property? Yes / No If yes, attach sheet with above details.

6. Bank Information:

A. Safe deposit box? Yes / No If yes, where? _____

What are contents? Any valuables? If yes, explain: _____

B. Bank Accounts (checking, savings, financial accounts, certificates of deposit, savings & loans, building & loan, thrift homestead associations, credit unions, brokerages, cooperatives):

	Name of Bank	Branch	Savings/Checking	Average Balance
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

WE ADVISE CLIENTS TO CLOSE OUT ALL CREDIT UNION ACCOUNTS BEFORE FILING BANKRUPTCY OR LEAVE IN MINIMUM BALANCE IF THEY OWE MONEY TO THE CREDIT UNION



7. Personal Property Ownership: List all property, of whatever kind below. If you have no property in one or more categories put “none”. Do not list leased property in this section. If property you own is being help for you by someone else, list that person’s name and address under Description and Location of property.

<u>TYPE OR PROPERTY</u>	<u>DESCRIPTION/LOCATION</u>	<u>VALUE</u>
1. Cash on hand		\$
2. Security deposits with public utilities, telephone companies, landlords and other. Itemize.	Who has deposit: Amount:	\$
3. Household goods and furnishings, including audio, video and computer equipment		\$
4. Books, pictures, and other art objects, antiques, stamp and coin collections or collectibles, records, tapes, CDs		\$
5. Wearing Apparel		\$
6. Furs & jewelry		\$
7. Firearms, describe whether rifle, shotgun, or pistol and value of each.	Type: Value:	\$
8. Sports, photographic, and other hobby equipment		\$
9. Interest in insurance policies (term/whole life) (whole life means it has cash value) Itemize.	Insurance Co.: Term/Whole Life (circle one) Value:	\$
10. Annuities. Itemize and name each issuer.	Bank: Acct. #: Amt.:	\$
11. Interest in education account (529), IRA or qualified state tuition plan. Itemize.	Bank: Acct. #: Amt.:	\$
12. Interest in IRA, ERISA, KEOGH or other pension or profit sharing plans. Itemize.		\$
13. Loan against any retirement plan.	Amt.:	\$
14. Stock and interest in incorporated and unincorporated businesses (other than retirement). Itemize.	Business: Amt.:	\$
15. Bonds (other than retirement).		\$
16. Interest in partnerships, joint ventures, or LLC. Itemize.	Business:	\$



17. Government or corporate bonds and other negotiable and non-negotiable instruments. Itemize.		\$
18. Accounts receivable. Itemize.	Name: Amt.:	\$
19. Alimony, maintenance, support, property settlements to which you are or may be entitled.	Who Owes: Amt. Owed:	\$
20. Other liquidated debts owed to you, including tax refunds		\$
21. Equitable or future interest, life estates, insurance policy, or trust. Describe.		\$
22. Contingent and non-contingent interests in the estate of a decedent, death benefit plan, life insurance plan or trust.		\$
23. Other contingent and un-liquidated claims of every nature, including counterclaims, and rights to set off claims. Itemize.		\$
24. Patents, copyrights, and other intellectual property. Give details.		\$
25. Licenses, franchises, and other general intangibles.		\$
26. Customer lists or other compilations containing personally identifiable information.		\$
27. Boats, motorcycles, campers, trailers, ATVs, jet skis, and accessories		\$
28. Aircraft and accessories. Itemize.		\$
29. Office equipment, furnishings, and supplies used in business. Itemize.		\$
30. Machinery, fixtures, equipment, and supplies used in business.		\$
31. Inventory in business.		\$
32. Animals		\$
33. Crops-growing or harvested.		\$



34. Farming equipment and implements		\$
35. Farm supplies, chemicals, feed.		\$
36. Personal injury or Worker's Comp. claim. Itemize.	Atty. representing you: Value:	\$

8. Please Complete All Information Describing ALL Your Vehicle(s)(Automobiles, trucks, Rvs)

Year	Make	Model	Cylinders	Style	# Doors	Mileage	Est. Value	Name on Title

9. Do you have any UNUSUAL ASSETS, SUCH AS ANTIQUE COLLECTIONS, COIN OR STAMP COLLECTIONS ETC. Yes / No If yes, please describe with your estimate of value. _____

10. Has anyone left you an INHERITANCE? Yes / No If yes, who and how much? Please provide particulars _____

11. Do you anticipate anyone dying and leaving you an inheritance within the next 6 months? Yes / No. If yes, describe and consult with our office _____

13. Taxes:

A. Are you entitled to a tax refund? This includes next year if you are filing Bankruptcy after September 1. Yes /No **MUST ANSWER**, estimate if necessary.

If yes, how much? Federal \$ _____ State \$ _____

In which state were tax returns filed for last two years? _____

If your tax refunds are over \$500.00 the trustee may claim the refund. Discuss this with the attorney.



B. Did you receive a tax refund in the last two years? Yes / No If yes, what year and how much received?

Federal - Year: 2007 Amount: \$_____ Federal - Year: 2008 Amount: \$_____
State – Year 2007 / Amount \$_____ State – Year: 2008 Amount: \$_____
Homeowners - \$_____

14. TAXES OWING (Estimate if exact amounts are not known; however, YEARS AND DATES MUST ACCURATE).

Year	Returns Filed	Amount Owing IRS	Amount Owing State	Amount Owing Other State	Lien Filed?
2008	Yes/No				Yes/No
2007	Yes/No				Yes/No
2006	Yes/No				Yes/No
2005	Yes/No				Yes/No
2004	Yes/No				Yes/No
2003	Yes/No				Yes/No
2002	Yes/No				Yes/No
2001	Yes/No				Yes/No

Continue on in earlier years if returns have not been filed or if taxes remain owing.

- A. Are you anticipating owing taxes for the next calendar year? Yes / No If yes, how much?
_____ If you will not be able to pay this sum you should contact your attorney or the appropriate paralegal regarding options prior to this bankruptcy case being filed.
- B. Was a tax return filed late with or without an extension? Yes / No, If so, give us the tax year; and day, month, and year the return was filed. _____

- C. Was a tax return filed by the IRS or State Taxing Agency on your behalf? Yes / No If so, what tax agency and what year? _____

ATTACH A COPY OF ANY AND ALL DOCUMENTS RELATING TO TAXES OWED!



15. SECURED LOANS (IMPORTANT - FILL OUT COMPLETELY REGARDLESS OF WHETHER YOU ARE KEEPING OR SURRENDERING PROPERTY) (i.e., car, furniture, jewelry, property taxes, home, etc.).

Description & Date Acquired	Example: 2001 Ford				
Name of Creditor and Address	US National Bank: Address:				
Loan Number	#12345678				
Interest Rate	9%				
Value	\$15,000.00				
Current Balance	\$18,000.00				
Amount of Monthly Payments	\$450.00				
How many months behind?	3 mos.				
Do you want to keep items?	Yes				
Is there a co-signer? If yes, name, address, and relationship	Joe Smith 1 Main Street Salem OR 97303 Uncle				

**PLEASE REMEMBER WE CANNOT LIST ANY CREDITOR
UNLESS WE HAVE FULL COMPLETE ADDRESSES WITH ZIP CODES**



16. Past Gross Income:

Debtor: Year To Date Income: \$ _____ Where Employed? _____

Last calendar year: \$ _____ Where employed? _____

Previous year: \$ _____ Where employed? _____

Joint Debtor: Year To Date Income: \$ _____ Where Employed? _____

Last calendar year: \$ _____ Where employed? _____

Previous year: \$ _____ Where employed? _____

17. Do you have a LEASE of real property (land or building) or personal property or a TIME SHARE? Yes / No If yes, list name and address of other party to lease or agreement and description of contract or lease including balance owed and payment. _____

18. Have you paid any single creditor over \$600.00 in the last 90 days? Yes / No. If so, describe each creditor and how much you paid. (This includes money that has been garnished from you) _____

19. Have you paid a RELATIVE any money, assets or property in the last 2 years? Yes / No. If yes, please give name and address, date of payment, amount paid, and amount still owed. _____

20. Any lawsuits or judgments pending against you? Yes / No If yes, list below:

Fill Out Completely

Name of Creditor or Party Suing You	County	Case Number	Judgment	How much owed

PLEASE ATTACH A COPY OF ANY COMPLAINT OR SUMMONS FOR EACH CASE.



21. Have your wages been GARNISHED within one year? Yes / No If yes, provide all particulars, (including who, how much, dates taken, and from whose check.) _____

22. Anything REPOSSESSED, deed in lieu of foreclosure, or return to seller within the last year? Yes / No If yes, provide name, address of creditor, date of transfer, description and value of property transferred or repossessed _____

23. Have you TRANSFERRED any property or money to any creditor within 120 days? Yes / No If yes, describe transfer, date, and terms. _____

24. Please list all BANK OR CREDIT UNION ACCOUNTS CLOSED in the last year. (Include name of bank, full address, type of account, and the date closed.) _____

25. Have you made a GIFT of property to a family member OR charitable contribution other than an ordinary or usual gifts (under \$200.00) within the last 2 years? Yes / No If yes, please provide particulars: _____

26. Any gambling, fire, casualty or theft losses within last year? Yes / No If yes, describe any insurance collected within the last year? Yes / No If yes, explain on an attached sheet. _____

27. List all payments made or transferred to any person, including attorney other than the Churchill Leonard firm for consultation concerning debt consolidation, or bankruptcy within the last year? _____

28. Have you TRANSFERRED or sold any other property in the last 2 years? Yes / No If yes, describe: (Include any sale of home, car, etc. Name, Address, Amount Sold For, Description of what was sold) _____

29. Any set off, credit or discount by any creditor in last 90 days? Yes / No If yes, explain: _____

30. Do you HOLD PROPERTY (car, boat, furniture, etc.) for another person? Yes / No If yes, explain the circumstances, who, what, where, and when. _____

31. Have you received a notice of an Environmental or Hazardous Material release by any governmental unit? Yes / No If yes, explain _____



32. Have you been married to a spouse other than the spouse listed in question 1(a) above in the last 8 years? Yes / No If yes, list the name of the spouse, what state(s) you resided in when married and what years you were married (Even if not now married): _____

33. List the name and complete address of anyone you owe child support, spousal support or alimony

34. Prior address for last three years:

Prior Address	Date of Occupancy
1. _____ _____ _____	_____ to _____
2. _____ _____ _____	_____ to _____
3. _____ _____ _____	_____ to _____

35. Are you engaged in a business of ANY size? Yes / No IF YES, YOU MUST REQUEST A STATEMENT OF AFFAIRS FOR DEBTOR ENGAGED IN BUSINESS FROM THIS OFFICE, if not already furnished. _____

36. Have you been engaged in any business within the past 6 years? Yes / No If yes, please describe including name, type of business and dates of operation _____

37. Been in a business as a partner in the last six years? Yes / No If yes, indicate where, dates, with whom, and when terminated: _____

38. Are you now operating your own business? Yes / No If yes, name of business, _____

39. Briefly describe nature of business: _____



PLEASE COMPLETE ATTACHED BUDGET AS COMPLETELY AND ACCURATELY AS POSSIBLE: BUDGET IS CALCULATED MONTHLY, IF PAID WEEKLY OR BI-WEEKLY PLEASE CALCULATE WITH YOUR ENTIRE MONTHLY GROSS INCOME!

	INCOME	
Employment Income:	Debtor	Joint Debtor/ Spouse
Current Monthly Gross Income	\$ _____	\$ _____
Estimate Monthly Overtime	\$ _____	\$ _____
Subtotal of Wages	\$ _____	\$ _____
Deductions:		
State & Federal Taxes, FICA, SSI, etc.	\$ _____	\$ _____
Insurance	\$ _____	\$ _____
Union Dues	\$ _____	\$ _____
Other Deductions (SPECIFY)	\$ _____	\$ _____

Subtotal of Deductions	\$ _____	\$ _____
Income from operation of Business, Profession, or Farming	\$ _____	\$ _____
Income from Real Property	\$ _____	\$ _____
Interest & Dividends	\$ _____	\$ _____
Alimony, Child Support paid to you for dependents in your care.	\$ _____	\$ _____
Social Security, or Government Assistance (PLEASE SPECIFY)	\$ _____	\$ _____
Pension or retirement income	\$ _____	\$ _____
Any Other Monthly Income (SPECIFY)	\$ _____	\$ _____

Do you expect any significant income changes in the next 24 months? _____



EXPENSES

Rent or Mortgage Payments (Include Space Rent) \$ _____
 Are real estate taxes included in payment? Yes _____ No _____
 Is property insurance included in payment? Yes _____ No _____

UTILITIES:

Electricity & Heating Cost (gas, electric, oil) \$ _____
 Water & Sewer \$ _____
 Garbage, alarm system, PO Box (circle all that apply) \$ _____
 Internet, telephone, cell phone (circle all that apply) \$ _____

Cable or satellite \$ _____

Child care expenses \$ _____

Home Maintenance \$ _____

Food \$ _____

Clothing Purchases \$ _____

Laundry & Dry Cleaning Expenses \$ _____

Medical & Dental Expenses \$ _____

Transportation Expenses \$ _____

Recreation & Entertainment \$ _____

Charitable Contributions \$ _____

If more than \$50 per month, list name & address of recipient:

INSURANCE:

Homeowners or Renters \$ _____

Life \$ _____

Health \$ _____

Auto \$ _____

Other (SPECIFY) \$ _____

Taxes (property taxes, self employment taxes) \$ _____

INSTALLMENT PAYMENTS:

Auto # 1 \$ _____

Auto #2 \$ _____

Other (SPECIFY) _____ \$ _____

Alimony or Support Payments paid to others \$ _____

Regular expenses from operation of business etc. \$ _____

Do you expect any significant expense changes in the next 24 months? _____
