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BANKRUPTCY QUESTIONNAIRE

CONFIDENTIAL

(FOR INTERNAL USE OF JOHN W. BEVIS, P.C., ATTORNEYS AND PROFESSIONAL STAFF ONLY)

PLEASE COMPLETE AS FULLY AS POSSIBLE – WE WILL REVIEW THIS WITH YOU IN DETAIL

DEBTOR (Full Name) ____
(Note: If filing joint, Husband is "Debtor")

Social Security No. ____________________ Date of Birth _______________________

SPOUSE (Joint Debtor, Full Name) ____
(*List even if not filing, we will explain*)

Social Security No. ____________________ Date of Birth _______________________

All other names used in the past ten (10) years (include married, maiden and trade names)

____

Current Street Address ____
____

County/City of Residence ____

Mailing Address ____
(if different from above) ____

How long have you lived at current address? ____________

Have you lived anywhere else in the past <u>five (5)</u> years? List prior addresses and dates of residence (month and year)

____

____

Telephone Numbers: HOME:____________________ CELL: ______________

WORK: ______________ E-mail Address (if any) _________________________________

Best way to contact: ____________________________

Additional Comments: ____
____
____

______________________________ ______________________________
Debtor Signature Date Joint Debtor Signature Date

DEPENDENTS:

Name of Dependent:	Age:	Relationship:
______________________________	______________	_______________________
______________________________	______________	_______________________
______________________________	______________	_______________________

Are you (circle one): Married Separated Divorced Single Widow Widower

EMPLOYMENT INFORMATION:

	DEBTOR	**SPOUSE**
Occupation (Title)	__________________________	__________________________
Employer	__________________________	__________________________
Address	__________________________	__________________________
	__________________________	__________________________
How long employed:	__________________________	__________________________

Debtor Salary: $_________________________ (Year, Month, Weekly) Please specify.
If hourly, how much an hour? $________

Spouse Salary: $_________________________ (Year, Month, Weekly) Please specify.
If hourly, how much an hour? $________

*** Please attach pay stubs for last 6 months… as required by the Bankruptcy Code. If not available at this time, provide as many as possible. We will discuss how to obtain the rest.**

Do you have other income? (Examples, child support, social security, part-time job)
If so, please provide details ____
____

Have you filed for bankruptcy before? ☐ YES ☐ NO

List Exact Date, Location and Case Number ____
____

Pending Bankruptcies: (All pending bankruptcies filed by any spouse, partner or affiliate)
☐ YES ☐ NO

List Exact Name of Debtor, Which Court, Case Number, Date filed, Relationship to Debtor

____
____

______________________________ ______________________________
Debtor Signature Date Joint Debtor Signature Date

Is your pay or bank account being garnished or has it been garnished in the last three (3) months? ☐ YES ☐ NO

If so, by Whom? ___________________________
Name of Court: ____________________________

Has anyone sued you in the last year or is suing you now? ☐ YES ☐ NO

(Please attach copies of ALL court papers regarding lawsuits)

Name:____ Date:____________
Court:____

GROSS INCOME:	EARNED INCOME	OTHER INCOME
(ATTACH W-2's and last 3 years tax returns)		(Ex: child support, social security, etc.)
What was your gross income for 2006:	____________________	__________________
What was your gross income for 2007:	____________________	__________________
What was your gross income for 2008:	____________________	__________________
What have you earned so far in 2009:	____________________	__________________

SPOUSE GROSS INCOME:		
(ATTACH W-2's and last 2 years tax returns)		
What was your gross income for 2006:	____________________	__________________
What was your gross income for 2007:	____________________	__________________
What was your gross income for 2008:	____________________	__________________
What have you earned so far in 2009:	____________________	__________________

Have you made any payments to unsecured creditors totaling over $600 in the past 90 days?

Name of Creditor	Amount	Date Sent
_________________________	$________________	_________________
_________________________	$________________	_________________

Have you made any other big payments totaling over $600 to family members, business partners, or other "insiders" in the past 12 months? We will explain if you are not sure.
☐ YES ☐ NO

Who:________________ Date:_________ Amount: $____________

Relationship:________________ Reason:__________________________________

Did you receive a tax refund last year? ☐ YES ☐ NO

Amount received: $___________________ (Federal) $___________________ (State)

Do you expect a tax refund this year? ☐ YES ☐ NO

Amount expected: $___________________ (Federal) $___________________ (State)

_________________________________ _________________________________
Debtor Signature Date Joint Debtor Signature Date

ASSETS

REAL PROPERTY

Please provide a copy of the Deed, the Note, HUD-1 Settlement Statement from purchase, Deed of Trust, and loan application documents for each property.

Identify each and every parcel of real estate in which you have an interest.
IF YOU OWN AN INTEREST IN MORE THAN ONE PARCEL, MAKE MORE COPIES OF THIS SHEET AND PROVIDE THE INFORMATION REQUESTED FOR EACH PARCEL.

Location (Address) of Property:____

____

Tax assessed value of property as it appears on your tax bill: $____________________________

** Provide copy of tax bill or assessment if available*

What is the property worth now? $_________________________

When did you purchase the property? _____________ Purchase Price: $_____________

Are there any co-owners? _________ If yes, provide name, address, and percentage of ownership of the property: ____

____

Is the property occupied by someone other than you? ☐ YES ☐ NO

If so, please provide Name and Relationship: ____________________________________

Are they aware of your financial situation? ☐ YES ☐ NO

Name and Address of Mortgage Company: ____

____

Account Number: ___________________ Balance on Mortgage: $______________

Amount of Monthly Mortgage Payment: $________________

Are payments behind? ☐ YES ☐ NO How much? $________ How far behind? ________

** Provide copy of mortgage statement*

Any Second Trusts or other liens: ☐ YES ☐ NO

Name and Address of Mortgage Company: ____

____

Account Number: ___________________ Balance on Mortgage: $______________

Amount of Monthly Mortgage Payment: $______

Are payments behind? ☐ YES ☐ NO How much? $________ How far behind? ________

** Provide copy of mortgage statement*

______________________________ ______________________________

Debtor Signature Date Joint Debtor Signature Date

PERSONAL PROPERTY

☐ Total of ALL cash on hand? $__________________ Debtor

$__________________ Spouse

The Bankruptcy Code requires you to provide statements for ALL accounts for the past six (6) months

☐ Identify each and every account you have the ability to withdraw funds from.
☐ **If NONE, check here**

Name of Bank ____

Address of Bank ____

Type of account ☐ Checking ☐ Savings Account No. _______________

Who owns the account? ______________________

Balance in this account $________________ As of what date? ____________

Name of Bank ____

Address of Bank ____

Type of account ☐ Checking ☐ Savings Account No. _______________

Who owns the account? ______________________

Balance in this account $________________ As of what date? ____________

Name of Bank ____

Address of Bank ____

Type of account ☐ Checking ☐ Savings Account No. _______________

Who owns the account? ______________________

Balance in this account $________________ As of what date? ____________

The Bankruptcy Code requires you to provide statements for ALL accounts for the past six (6) months

☐ Identify each and every stock, bond, mutual fund, or brokerage account.
☐ **If NONE, check here**

Name of account ____

Address ____

Type of account ______________________ Account No. ______________________

Who owns the account? ______________________

Balance in this account $________________ As of what date? ____________

Debtor Signature Date Joint Debtor Signature Date

Name of account ____
Address ____
Type of account ____________________ Account No. ____________________
Who owns the account? ____________________
Balance in this account ____$________________ As of what date? __________

☐ Identify each and every unrefunded deposit with public utilities, telephone companies, landlords and others. (use additional sheet if necessary)
☐ **If NONE, check here**

Name of Holder ____
Address ____
Type of account (landlord, utility, etc.) ____________________
Who deposited funds? ____________________
Balance in account? __$________________ As of what date? ________________

Name of Holder ____
Address ____
Type of account (landlord, utility, etc.) ____________________
Who deposited funds? ____________________
Balance in account? __$________________ As of what date? ________________

☐ Life Insurance Policies with cash surrender value
☐ **If NONE, check here**

Company Name ____
Address ____
Policy Number ______________ Date of Purchase ________________
Face amount of policy? $______________ Cash Sum Value $________________
Premium amount and date payable________________________
Policy Loans outstanding ______________________________

☐ Annuities. Itemize and name each issuer.
☐ **If NONE, check here**
Owner of annuity: ______________________________
Name of issuer: ________________________________
Account number: ________________________________
Value of annuity: $__________________ as of what date? __________

____________________________________ ____________________________________
Debtor Signature Date Joint Debtor Signature Date

☐ Interests in IRA, ERISA, Keogh or other pension or profit sharing plans
☐ **If NONE, check here**

Name and/or type of retirement plan: ________________________________
Account number: ____
Is the plan "ERISA" qualified? (Employee Retirement Income Security Act of 1974)
____
(Your employer, trustee, or plan administrator will be able to answer this question)
What is the accumulated value of the plan? $_____________; as of what date? ____________

Name and/or type of retirement plan: ________________________________
Account number: ____
Is the plan "ERISA" qualified? (Employee Retirement Income Security Act of 1974)
____
(Your employer, trustee, or plan administrator will be able to answer this question)
What is the accumulated value of the plan? $_____________; as of what date? ____________

☐ Stock and interests in incorporated and unincorporated businesses
☐ **If NONE, check here**

Name of business: ___________________________ as of what date? _____________
Name of business: ___________________________ as of what date? _____________

☐ Equitable or future interests, life estates, and rights or powers exercisable for the benefit of the debtor, other than those listed in Schedule of Real Property. *(If uncertain, leave blank and ask us to explain)*
☐ **If NONE, check here**

____ Debtor
____ Spouse
____ Joint

☐ Other contingent and unliquidated claims of every nature, including tax refunds (prorated tax refund), counterclaims of the debtor, and rights to setoff claims. Give estimated value of each. *(If uncertain, leave blank and ask us to explain)*
☐ **If NONE, check here**

____
____
____

☐ Possible Inheritance (Briefly Describe) _________________________________ Debtor
☐ **If NONE, check here**
☐ Possible Inheritance (Briefly Describe) _________________________________ Spouse
☐ **If NONE, check here**

☐ Machinery, tools, fixtures, equipment and supplies used in work ________________________
____
☐ **If NONE, check here**

_____________________________ _____________________________
Debtor Signature Date Joint Debtor Signature Date

PERSONAL POSSESSIONS

Please note that these are almost always exempt from liquidation.
However, they must be listed in detail.

Check the box next to the items that you own and indicate how many of each item, hold old each of the item(s) are, with a replacement value for each item checked.
Check "None" if you do NOT own this item

Show ownership: D = Debtor, S = Spouse, J = Joint

NONE	ITEM	If more than one how many?	How Old?	Replacement Value	Who owns?
	LIVING ROOM				
☐	☐ Couch(es)	#_________	_____________	$_________	D S J
☐	☐ Chairs	#_________	_____________	$_________	D S J
☐	☐ End Tables	#_________	_____________	$_________	D S J
☐	☐ Coffee Tables	#_________	_____________	$_________	D S J
☐	☐ Television Stand	#_________	_____________	$_________	D S J
☐	☐ Other Furniture	#_________	_____________	$_________	D S J
	_____________________________			$_________	D S J
	_____________________________			$_________	D S J

NONE	KITCHEN/ DINING ROOM				
☐	☐ Kitchen Table/Chairs	#________	_____________	$_________	D S J
☐	☐ Oven/Range	#________	_____________	$_________	D S J
☐	☐ Microwave/Convection Oven	#_________	_____________	$_________	D S J
☐	☐ Refrigerator	#________	_____________	$_________	D S J
☐	☐ Freezer	#________	_____________	$_________	D S J
☐	☐ Coffee Maker	#________	_____________	$_________	D S J
☐	☐ Espresso/Cappuccino	#________	_____________	$_________	D S J
☐	☐ Toaster/Toaster Oven	#________	_____________	$_________	D S J
☐	☐ Food Processor/Blender	#________	_____________	$_________	D S J
☐	☐ Pots, Pans, Utensils	#________	_____________	$_________	D S J
☐	☐ Plates, Glassware	#________	_____________	$_________	D S J
☐	☐ Other: _______________	#________	_____________	$_________	D S J
	____________________________		________________	$_________	D S J
	____________________________		________________	$_________	D S J
☐	☐ Dining Room Table/Chairs	#____	_____________	$_________	D S J
☐	☐ Hutch	#______	_____________	$_________	D S J
☐	☐ China Cabinet/closet	#______	_____________	$_________	D S J
☐	☐ China /Silver	#______	_____________	$_________	D S J
☐	☐ Washer	#______	_____________	$_________	D S J
☐	☐ Dryer	#______	_____________	$_________	D S J
☐	☐ Window dressings/curtains	#____	_____________	$_________	D S J
☐	☐ Lamps	#______	_____________	$_________	D S J
☐	☐ Other: _______________		__	$_	D S J
	_______________________________		__	$_	D S J
	_______________________________		__	$_	D S J

______________________________ ______________________________
Debtor Signature Date Joint Debtor Signature Date

NONE	ITEM	If more than one how many?	How Old?	Replacement Value	Who owns?
	BEDROOMS				
☐	☐ Bed(s)	#_________	__________	$_______	D S J
☐	☐ Dresser(s)	#_________	__________	$_______	D S J
☐	☐ Tables/Nightstands	#_________	__________	$_______	D S J
☐	☐ Lamps	#_________	__________	$_______	D S J
☐	☐ Alarm Clock	#_________	__________	$_______	D S J
☐	☐ Telephone	#_________	__________	$_______	D S J
☐	☐ Cell Phone	#_________	__________	$_______	D S J
☐	☐ Other ________________	#_________	__________	$_______	D S J
	____________________________________		__________	$_______	D S J

NONE	OTHER ITEMS			
☐	☐ Books	#_________	$___________	D S J
☐	☐ Pictures	#_________	$___________	D S J
☐	☐ Artwork	#_________	$___________	D S J
☐	☐ Antiques	#_________	$___________	D S J
☐	☐ Collectibles	#_________	$___________	D S J
☐	☐ Collections (stamp, coin, etc.)	#_____	$___________	D S J
☐	☐ Clocks, Wall Hangings	#_________	$___________	D S J
☐	☐ CD's, tapes	#_________	$___________	D S J
☐	☐ Furs – describe in detail			
	____		$___________	D S J
	____		$___________	D S J
☐	☐ Jewelry – describe in detail			
	____		$___________	D S J
	____		$___________	D S J
	____		$___________	D S J
	____		$___________	D S J
☐	☐ Wedding Rings	_______________	$___________	D S J
☐	☐ Firearms – describe			
	____		$___________	D S J
☐	☐ Hobby equipment (e.g. golf clubs, fishing equip., hunting equip., photo equip.)			
	____		$___________	D S J
	____		$___________	D S J
	____		$___________	D S J
	____		$___________	D S J
☐	☐ Office furnishings	_______________	$___________	D S J
	____		$___________	D S J
	____		$___________	D S J

NONE

☐ ☐ Animals

Are they pets? _______________

If not pets, describe and provide replacement value and basis of valuation:

____ $___________ D S J

☐ ☐ Clothes (Describe any unique items)

____ $___________ Debtor

____ $___________ Spouse

NONE	ELECTRONICS	Detailed Description (Make, Model, Year, When Purchased, How Much)		
☐	☐ Television(s)	____________________	$___________	D S J
		____________________	$___________	D S J
		____________________	$___________	D S J
☐	☐ VCR(s)	____________________	$___________	D S J
		____________________	$___________	D S J
☐	☐ DVD Player(s)	____________________	$___________	D S J
		____________________	$___________	D S J
☐	☐ Stereo(s)	____________________	$___________	D S J
		____________________	$___________	D S J
☐	☐ Computer(s)	____________________	$___________	D S J
		____________________	$___________	D S J
☐	☐ Printer(s)	____________________	$___________	D S J
		____________________	$___________	D S J
☐	☐ Peripheral(s)	____________________	$___________	D S J
		____________________	$___________	D S J

OTHER PERSONAL PROPERTY
Note here any item not covered in Previous Sections

____ $___________ D S J

____ $___________ D S J

____ $___________ D S J

____ $___________ D S J

____ $___________ D S J

____ $___________ D S J

_______________________________ _______________________________

Debtor Signature Date Joint Debtor Signature Date

AUTOMOBILES, TRUCKS, TRAILERS, BOATS, ETC.

(List ALL vehicles that you own. List the description of the vehicle and the lienholder for each vehicle, if any). **Provide a copy of title or registration card & most recent statement from loan on vehicle, if any**

☐ **If you do not own any vehicles, check here**

1) Description: (*Details*: Year, Make, Model) ___________________________

Date Purchased (month and year) __________ Purchase Price: $__________

VIN: ____

Mileage: ________________________

General Condition of the vehicle: ______________________________

Who owns it (whose name(s) is it registered in):____________________

Is there a lien on the vehicle? __________

Current Balance: $____________ Monthly Payment: $________

Are payments behind? ☐ YES ☐ NO How much? $____________

Was the lien/ money used to purchase the vehicle? __________________

If there is a lien, provide name and address of the creditor: (Include statement to verify)

____

Account Number: __________________ Book Value: $____________

----

2) Description: (*Details*: Year, Make, Model) ___________________________

Date Purchased (month and year) __________ Purchase Price: $__________

VIN: ____

Mileage: ________________________

General Condition of the vehicle: ______________________________

Who owns it (whose name(s) is it registered in):____________________

Is there a lien on the vehicle? __________

Current Balance: $____________ Monthly Payment: $________

Are payments behind? ☐ YES ☐ NO How much? $____________

Was the lien/ money used to purchase the vehicle? __________________

If there is a lien, provide name and address of the creditor: (Include statement to verify)

____

Account Number: __________________ Book Value: $____________

USE ADDITIONAL SHEETS FOR OTHER AUTOMOBILES, IF NECESSARY
Trucks, Boats, etc.

____________________________ ____________________________
Debtor Signature Date Joint Debtor Signature Date

LIABILITIES

Please list ALL your creditors and ALL collection agencies for those creditors. This includes credit cards, all loans (including student loans and loans from family and friends), bank overdrafts, medical bills, and all others. If you are not sure, please ask.
**** You must list ALL companies, persons, or entities that you owe money to. We will discuss them in detail when we meet.**
FOR EACH CREDITOR, PROVIDE STATEMENTS FOR THE LAST THREE (3) MONTHS AND ALL COLLECTION NOTICES INCLUDING LAWSUITS.
If you do not have these, provide what you have. We will help you obtain the correct information.

Name of Creditor	Address of Creditor	Total Amount Owed	Account Number	Type of Debt (Credit Card, Loan, etc.)	Date Last Used	Joint? Any Authorized Users?

Page 1 of _________

Debtor Signature Date Joint Debtor Signature Date

LIABILITIES, continued

Name of Creditor	Address of Creditor	Total Amount Owed	Account Number	Type of Debt (Credit Card, Loan, etc.)	Date Last Used	Joint? Any Authorized Users?

Page 2 of _________

Use additional sheets if necessary

Debtor Signature Date

Joint Debtor Signature Date

INCOME

****Please attach your pay stubs from the last six (6) months****
If self employed, please provide a summary of income – we will discuss

Do you get paid:

- ☐ Every month?
- ☐ Every 2 weeks?
- ☐ Twice a month (i.e. the 1st and 15th)?
- ☐ Every week?

Do you receive income from:

- ☐ Your business?
- ☐ Real property?
- ☐ Interest & Dividends?
- ☐ Alimony and/or child support?
- ☐ Social Security/ Government O Assistance?
- ☐ Pension or Retirement?

For each pay period:
Approximate Gross Pay: $____________ Approximate Net (Take Home) Pay $_________
☐ Or check here if pay varies with each pay period

MONTHLY EXPENSES

Please check all of your monthly expenses and the amounts you spend each month
(Use your best estimate. We understand that some amounts vary from month to month.)
Please provide copies of utility bills, etc. to assist us

☐ Rent or ☐ Mortgage $____________
☐ Real Estate Taxes $____________

Utilities

☐ Electric & Heat $____________
☐ Gas $____________
☐ Water/Sewer $____________
☐ Telephone $____________
☐ Cell Phone $____________
☐ Cable/Satellite $____________
☐ Internet $____________

☐ Home Maintenance $____________
☐ Food $____________
☐ Clothing $____________
☐ Laundry/ Cleaning $____________
☐ Charitable Contrib. $____________
☐ Medical/Dental Exp. $____________
☐ Transportation (does not include car payments) $____________
☐ Recreation $____________
☐ Insurance
(Amount that is not already deducted from income)
Homeowner's $____________
Life $____________
Health $____________
Auto $____________
Other, please specify
______________$____________
☐ Taxes (not deducted from regular pay) $___________
☐ Installment Payments
Auto $____________
Other, please specify ____________________
☐ Alimony, support $____________
☐ Payments for Dependents (not living at home) $___________
☐ Other Expenses, please specify____

ALL OTHER INFORMATION OR QUESTIONS:

____

____

____

____

____

____

I/We certify that the information provided herein is true and correct
to the best of my/our knowledge.

DATE:______________ _______________________________________
Debtor Signature

DATE:______________ _______________________________________
Joint Debtor Signature

Checklist of Documents needed to provide to our office

- ☐ Credit Counseling Certificate
- ☐ Six months pay stubs/income information
- ☐ Six months bank and/or other financial account statements
- ☐ Last three years tax returns filed (Federal and State)
- ☐ Three months of bills/collection notices
- ☐ Copies of any court papers/lawsuits
- ☐ Car Titles/Registration
- ☐ Paperwork for real property (house, timeshare, etc.)

WE ARE A DEBT RELIEF AGENCY
WE HELP PEOPLE FILE FOR BANKRUPTCY RELIEF UNDER THE BANKRUPTCY CODE.