

# 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 six years?  No  Yes *If Yes, list other names:* \_\_\_\_\_

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

Address: \_\_\_\_\_

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

County: \_\_\_\_\_ Have you lived at this address for at least 180 days?  No  Yes

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 six years?  No  Yes

*If Yes, list other names:* \_\_\_\_\_

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

Address (*if different from your address*): \_\_\_\_\_

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

If your spouse has a different mailing address, please list:

Address: \_\_\_\_\_

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

### Part C. Prior/Pending Bankruptcy Cases

Has a bankruptcy case been filed by you or against you in the last 6 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? \_\_\_\_\_

## 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, both or community?	Market Value	Your % ownership, or \$ amount of equity, 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? Who issued the lien, loan or mortgage? (Name, Address of Institution)	Office Use Only Exemptions?

## 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 market value as the *resale* value.

Type of Property	Do you have any? Yes/No	Description & Location	Owned by husband, wife, both or community?	Market Value	Office Use Only Exemptions?
1. Cash on hand					
2. Checking/savings account, certificates of deposit, other bank accounts					
3. Security deposits held by utility companies, landlord, or others					
4. Household goods, furniture, including audio, video, and computer equipment					
5. Books, pictures, art objects, records, compact discs, collectibles					

Type of Property	Do you have any? Yes/No	Description & Location	Owned by husband, wife, both or community?	Market Value	Office Use Only Exemptions?
6. Clothing					
7. Furs and jewelry					
8. Sports, photographic, hobby equipment, firearms					
9. Interest in insurance policies-specify refund or cancellation value					
10. Annuities					
11. Interests in pension or profit sharing plans					
12. Stock and interests in incorporated/unincorporated business					
13. Interests in partnerships/joint ventures					
14. Bonds					
15. Accounts receivable					

Type of Property	Do you have any? Yes/No	Description & Location	Owned by husband, wife, both or community?	Market Value	Office Use Only Exemptions?
16. Alimony/family support to which you are entitled					
17. Other liquidated debts owed to you, including tax refunds					
18. Equitable or future interests or life estates					
19. Interests in estate of decedent or life insurance plan or trust					
20. Other contingent/unliquidated claims, including tax refunds, counterclaims					
21. Patents, copyrights, other intellectual property					
22. Licenses, franchises					
23. Automobiles, trucks, trailers, and accessories.					
24. Boats, motors, and accessories					

Type of Property	Do you have any? Yes/No	Description & Location	Owned by husband, wife, both or community?	Market Value	Office Use Only Exemptions?
25. Aircraft and accessories					
26. Office equipment, supplies					
27. Machinery, fixtures etc. for business					
28. Inventory					
29. Animals					
30. Crops-growing or harvested					
31. Farming equipment and implements					
32. Farm supplies, chemicals, feed					
33. Other personal property of any kind not listed.					

## Section 3 - Debts

List below all debts that you owe, or that creditors claim that you owe.

		<i>Office Use Only</i>					
Type of Debt	1. Creditor Name and Address 2. Date/Range of dates when debt was incurred 3. Account Number, if any 4. Contact person's name and address, if different	Amount owed	What is the debt for? Describe the collateral for this loan, if any. What is the estimated value of the collateral?	Is there a codebtor, someone else who can be held responsible for the debt? If so, his/her name and address:	Do you dispute the debt?	Sched. D, E or F?	Notes: lawsuit pending? Collection agency or attorney assigned?
Home loans/ Mortgages							
Car/vehicle loans							
Other bank loans							

<i>Office Use Only</i>							
Type of Debt	1. Creditor Name and Address 2. Date/Range of dates when debt was incurred 3. Account Number, if any 4. Contact person's name and address, if different	Amount owed	What is the debt for? Describe the collateral for this loan, if any. What is the estimated value of the collateral?	Is there a codebtor, someone else who can be held responsible for the debt? If so, his/her name and address:	Do you dispute the debt?	Sched. D, E or F?	Notes: lawsuit pending? Collection agency or attorney assigned?
Personal (non-bank) loans							
Student Loans							
Major credit card debts (Visa, Am Ex, MasterCard, Discover)							

		<i>Office Use Only</i>					
Type of Debt	1. Creditor Name and Address 2. Date/Range of dates when debt was incurred 3. Account Number, if any 4. Contact person's name and address, if different	Amount owed	What is the debt for? Describe the collateral for this loan, if any. What is the estimated value of the collateral?	Is there a codebtor, someone else who can be held responsible for the debt? If so, his/her name and address:	Do you dispute the debt?	Sched. D, E or F?	Notes: lawsuit pending? Collection agency or attorney assigned?
Department store credit card debts							
Other credit card debts (Gas cards, phone cards, etc.)							
Unpaid utility bills							

<i>Office Use Only</i>							
Type of Debt	1. Creditor Name and Address 2. Date/Range of dates when debt was incurred 3. Account Number, if any 4. Contact person's name and address, if different	Amount owed	What is the debt for? Describe the collateral for this loan, if any. What is the estimated value of the collateral?	Is there a codebtor, someone else who can be held responsible for the debt? If so, his/her name and address:	Do you dispute the debt?	Sched. D, E or F?	Notes: lawsuit pending? Collection agency or attorney assigned?
Unpaid rent							
Unpaid taxes							
Unpaid alimony or child support							
Unpaid service fees (to attorneys, accountants, etc.)							
All other unpaid debts/bills							

## Section 4 - Unexpired Leases and Contracts (Schedule G)

List below any lease or contracts that are still current that you are party to. Include residential, car and business leases, and service or business contracts.

Nature and Description of Contract	Name and Address of Other Party or Parties	Date that Contract Expires

## 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 \_\_\_\_\_
  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 . . .
- 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?

### 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 \_\_\_\_\_
  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 . . .
- 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?

Are you or your spouse expecting any increase or decrease in salary of more than 10% in the next year? If so, explain.

## Section 6 - 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 household.

The following questions ask for your expenses each month. If you are unsure of the amount you pay each month, but know the amount for a different period (per week, per day, every 2 months, etc.), write in the amount and the frequency that you pay the amount.

### 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 contributions \$ \_\_\_\_\_
- 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 \$ \_\_\_\_\_
- 20 Other expenses not listed above \_\_\_\_\_  
\_\_\_\_\_

## Section 7 - Statement of Financial Affairs

If you are filing jointly with your spouse, include information about both you and your spouse. If you are filing under chapter 12 or 13, and you are married and not separated, you must provide information about your spouse even if you are not filing jointly.

If you have no information to report for a question, check the "NONE" box.

**If you have no information to report for a question, check the "NONE" box.**

### 1. Income from employment or operation of business

State your gross income from employment or operation of a business: If you have not received an income from employment during the **two years** immediately preceding this calendar year, check this box:

NONE

Period	\$ Amount	Source	Husband/Wife
January 1 of this year through date of commencement of case			
Last year (Jan 1-Dec 31)			
The year before last (Jan 1 - Dec. 31)			

### 2. Income other than from employment or operation of business

State the amount of income received other than from employment or operation of business during the **two years** immediately preceding the commencement of this case:

NONE

Period	\$ Amount	Source	Husband/Wife
During the last year			
Year before last			

**3. Payments to creditors**

a) List all payments on loans, installment purchases of goods or services, and other debts, aggregating more than \$600 to any creditor made within **90 days** immediately preceding the commencement of this case.

NONE

<b>Name and Address of Creditor</b>	<b>Dates of Payments</b>	<b>Amount Paid</b>	<b>Amount Still Owed</b>
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b) List all payments made within **one year** immediately preceding the commencement of this case to creditors who were “insiders”. (“Insiders” include your relatives, your business partners and their relatives, your corporations, or your affiliates.)

NONE

<b>Name and Address of Creditor and Relationship to You</b>	<b>Dates of Payment</b>	<b>Amount Paid</b>	<b>Amount Still Owed</b>
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**4. Suits, executions, garnishments and attachments**

a) List all suits and administrative proceedings to which you are or were a party within **one year** preceding the filing of this case.

NONE

<b>Caption of Suit and Case Number</b>	<b>Nature of Proceeding</b>	<b>Court of Agency and Location</b>	<b>Status or Disposition</b>
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b) Describe all property that has been garnished, seized, or attached under any legal or equitable process within **one year** immediately preceding the commencement of this case.

NONE

<b>Name and Address of Person/Company for Whom the Property Was Seized (Creditor)</b>	<b>Date of Seizure</b>	<b>Description and Value of Property</b>
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**5. Repossessions, foreclosures, and returns**

List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure, or returned to the seller, within **one year** immediately preceding the commencement of this case.

NONE

<b>Name and Address of Creditor</b>	<b>Date of Repossession, Foreclosure, Transfer or Return</b>	<b>Description and Value of Property</b>
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**6. Assignments and receiverships**

a) Describe any assignment of property for the benefit of creditors made within **120 days** immediately preceding the commencement of this case.

NONE

<b>Name and Address of Assignee</b>	<b>Date of Assignment</b>	<b>Terms of Assignment/Settlement</b>
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b) List all property which has been in the hands of a custodian, receiver, or court-appointed official within one year immediately preceding the commencement of this case.

NONE

<b>Name and Address of Custodian</b>	<b>Name and Location of Court, Case Title and Number</b>	<b>Date of Order</b>	<b>Description and Value of Property</b>
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### 7. Gifts

List all gifts or charitable contributions made within **one year** immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient.

NONE

<b>Name and Address of Recipient</b>	<b>Relationship to You, if Any</b>	<b>Date of Gift</b>	<b>Description and Value of Gift</b>
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### 8. Losses

List all losses from fire, theft, gambling or other casualty within **one year** immediately preceding the commencement of this case **or since the commencement of this case**.

NONE

<b>Description and Value of Property</b>	<b>Description of Circumstances and Amount Covered by Insurance, if Any</b>	<b>Date of Loss</b>
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**9. Payments related to debt counseling or bankruptcy**

List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consultation, relief under the bankruptcy law or preparation of the petition in bankruptcy within **one year** immediately preceding the commencement of the case.

NONE

<b>Name and Address of Payee</b>	<b>Date of Payment</b>	<b>Name of Person Who Paid, if Not You</b>	<b>Amount of Money/Description and Value of Property</b>
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**10. Other transfers, (including sale of your property)**

List all other property, other than property transferred in your ordinary course of business or financial affairs, transferred either absolutely or as a security within **one year** immediately preceding the commencement of this case.

NONE

<b>Name and Address of Transferee and Relationship to You</b>	<b>Date of Transfer</b>	<b>Description of Property Transferred and Value Received</b>
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**11. Closed financial accounts**

List all financial accounts and instruments held in your name or for your benefit which were closed, sold, or otherwise transferred within **one year** immediately preceding the commencement of this case.

NONE

<b>Name and Address of Institution</b>	<b>Type and Number of Account &amp; Final Balance</b>	<b>Amount and Date of Sale or Closing</b>
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**12. Safe deposit boxes**

List each safe deposit or other box or depository in which you have or have had securities, cash, or other valuables within **one year** immediately preceding commencement of this case.

NONE

<b>Name and Address of Bank or Other Depository</b>	<b>Name and Address of Those With Access to Box or Depository</b>	<b>Description of Contents</b>	<b>Date of Transfer, if Any</b>
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**13. Setoffs**

List all setoffs made by any creditor, including a bank, against a debt or deposit of yours within **90 days** preceding the commencement of this case.

NONE

<b>Name and Address of Creditor</b>	<b>Date of Setoff</b>	<b>Amount of Setoff</b>
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**14. Property held for another person**

List all property that you hold or control that is owned by another person.

NONE

<b>Name and Address of Owner</b>	<b>Description and Value of Property</b>	<b>Location of Property</b>
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**15. Prior address of debtor**

If you have moved within the two years immediately preceding the commencement of this case, list all residences during the last two years, excluding your present address.

NONE

<b>Address</b>	<b>Your Name at the Time</b>	<b>Dates of Occupancy</b>
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*The following questions, #16-21, are only to be answered if you are a corporation or partnership or if you have been, in the two years immediately preceding this case, an officer, director, managing executive, or owner of more than 5% of the voting securities of the corporation; a partner, other than a limited partner, of a partnership; a sole proprietor, or otherwise self-employed.*

**16. Nature, location and name of business in which you were an officer, director, partners, managing executive, or sole proprietor, or in which you owned 5% or more of voting or equity securities within the two years immediately preceding the commencement of this case.**

NONE

<b>Name and Address</b>	<b>Nature of Business</b>	<b>Dates of Operation - Beginning and End</b>
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**17. Books, records, and financial statements**

a) List all bookkeepers and accountants who, within the **six years** immediately preceding the filing of this bankruptcy case, kept or supervised the keeping of books of account and records.

NONE

<b>Name and Address</b>	<b>Dates Services Rendered</b>
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b) List all firms or individuals who, within the **two years** immediately preceding the filing of this bankruptcy case, have audited the books of account and records, or prepared a financial statement of the debtor.

NONE

Name and Address	Dates Services Rendered
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c) List all firms or individuals who, at the time of the commencement of this case, were in possession of your books of account and records. If the records are not available, explain.

NONE

Names and Address	Comments
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d) List all financial institutions, creditors and other parties, including mercantile and trade agencies, to whom a financial statement was issued by the debtor within **two years** immediately preceding the commencement of this case.

NONE

Name and Address	Date Issued
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**18. Inventories**

a) List the dates of the last two inventories taken of your property, the name of the person who supervised the taking of each inventory, and the dollar amount and basis of each inventory.

NONE

Date of Inventory	Inventory Supervisor	Dollar Amount of Inventory (specify cost, market, or other basis)
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b) List the name and address of the person possessing the records of each of the two inventories reported in a.) above.

NONE

Date of Inventory	Name and Address of Custodian of Inventory Records
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**19. Current partners, officers, directors, and shareholders**

a) If your business is a partnership, list the nature and percentage of partnership interest of each member of the partnership.

NONE

Name and Address	Nature and Percentage of Interest
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b) If your business is a corporation, list all officers and directors of the corporation, and each stockholder who directly or indirectly owns, controls, or holds 5 % or more of the voting securities of the corporation.

NONE

Name and Address	Title	Nature and Percentage of Stock Ownership
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**20. Former partners, officers, directors and shareholders**

a) If your business is a partnership, list each member who withdrew from the partnership within **one year** immediately preceding the commencement of this case.

NONE

Name and Address	Date of Withdrawal
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b) If your business is a corporation, list all officers or directors whose relationship with the corporation terminated within **one year** immediately preceding the commencement of this case.

NONE

Name and Address	Title	Date of Termination
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**21. Withdrawals from a partnership or distributions by a corporation**

If your business is a partnership or corporation, list all withdrawals or distributions credited or given to an insider, including compensation in any form, bonuses, loans, stock redemptions, options exercised and any other perquisite during one year immediately preceding the commencement of this case.

NONE

Name and Address of Recipient, and Relationship to you	Date and Purpose of Withdrawal	Amount of Money or Description and Value of Property
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