

Client Questionnaire

Date: _____ E-MAIL ADDRESS _____

Full Name: _____

Date of birth: _____ Social Security Number: _____

Spouse's Full Name: _____

Date of birth: _____ Social Security Number: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Previous address _____

Home Phone: _____ Business Phone: _____

Where do you wish to be contacted during the day? _____

Were you referred to me? _____ If yes, by whom? _____

What is the reason for your visit? _____

Has a bankruptcy case been filed by you or against you in the last eight (8) years?

If yes, in which district of which state was the case filed? _____

Case Number: _____ Date Filed: _____

How many people live at your address? Please list them with names, ages and relation to you.

_____, _____

Please 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, Joint or Community	Approximate Tax Value	List mortgages, home equity loans, and liens	
			What is the value of the loan, lien, or mortgage?	Who Issued the lien, loan or mortgage?

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

Type of Debt	Creditor	Amount owed	Name of anyone else on the debt
Home loans/ Mortgages			
Car Loans			
Other bank loans			
Personal loans			
Student loans			
Major credit card debts (bank cards, department stores, gas cards, etc.)			
Unpaid rent or house payment			
Unpaid taxes			
Unpaid alimony or child support			
Law suits and judgments			

Tax Debts

Please list below all unpaid tax debts that you owe OR that creditors claim you owe.

Type of Debt	Creditor Information:	Codebtor	Do you dispute the debt?	Office Use Only
Unpaid taxes	1. Amount Owed (<i>amount of claim</i>): 2. Creditor Name and Address: 3. Account Number, if any: 4. Date/range of dates when debt was incurred: 5. Contact person's name and address if different: 6. Any additional information about the debt:	Is there a codebtor or cosigner on this loan? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please provide name and address:	<input type="checkbox"/> No <input type="checkbox"/> Yes	
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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

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 this amount? once a week every two weeks twice a month once a month other _____

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? Do any of your dependents receive any income, how much a month?

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 are taken out? \$ _____
5. How often does your spouse get paid? once a week every two weeks twice a month once a month other _____

Does your spouse 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 \$ _____

Does your spouse have any other sources of income not listed?

Current Expenses

Please estimate this - we will review it

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, 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?
 (eg. Cell phone, Internet, Cable/Satellite, Security system) \$ _____
 _____ \$ _____
 _____ \$ _____
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 payment for car, furniture, etc. (Specify) \$ _____
 _____ \$ _____
 _____ \$ _____
17. Alimony, maintenance, support paid to others \$ _____
18. Payments for support of dependents not living at home \$ _____
19. Expenses form operation of business \$ _____
20. Other expenses not listed above _____ \$ _____
 _____ \$ _____