

Debtor Questionnaire

Debtor 1:

Name

Phone number

(____) _____ - _____

Email

Birthday ____ - ____ - _____

Last 4 of SSN _____

Prior Bankruptcies?

(Past 8 years)

_____ Yes

_____ No

Marital status *(check one)*

_____ Single

_____ Married

_____ Divorced

_____ Separated

Debtor 2:

Name

Phone number

(____) _____ - _____

Email

Birthday ____ - ____ - _____

Last 4 of SSN _____

Prior Bankruptcies?

(Past 8 years)

_____ Yes

_____ No

How many people in the household?

List all dependents

Relationship Age

Debtor 1:

Residential Address

City, State Zip

How long have you lived here?

Do you own or rent?

_____ Own

_____ Rent

Debtor 2 (if different):

Residential Address

City, State Zip

How long have you lived here?

Do you own or rent?

_____ Own

_____ Rent

1st mortgage company

Monthly mortgage payment

Current balance

Arrearage

Foreclosure pending?

_____ Yes

_____ No

Sheriff sale date
_____-_____-_____

2nd mortgage company

Monthly mortgage payment

Current balance

Arrearage

Foreclosure pending?

_____ Yes

_____ No

Sheriff sale date
_____-_____-_____

Vehicle 1

Year Make Model

Mileage _____

Condition

Finance or Lease Company

Monthly payment _____

Balance _____

Vehicle 2

Make Model Year

Mileage

Condition

Finance or Lease Company

Monthly payment _____

Balance _____

Vehicle 3

Year Make Model

Mileage _____

Condition

Finance or Lease Company

Monthly payment _____

Balance _____

Vehicle 4

Make Model Year

Mileage

Condition

Finance or Lease Company

Monthly payment _____

Balance _____

Personal Items

Household goods

Description

Value

Electronics

Description

Value

Collectibles of value

Description

Value

Jewelry

Description

Value

Clothing

Description

Value

Pets

Description

Value

Sporting & hobby equipment

Description

Value

Firearms

Description

Value

Add all open accounts and accounts closed within the last year.

Checking account 1

Bank

Account number _____

Balance _____

Date closed *(if applicable)*

____ - ____ - _____

Checking account 2

Bank

Account number _____

Balance _____

Date closed *(if applicable)*

____ - ____ - _____

Savings account 1

Bank

Account number _____

Balance _____

Date Closed *(if applicable)*

____ - ____ - _____

Savings account 2

Bank

Account number _____

Balance _____

Date closed *(if applicable)*

____ - ____ - _____

Money market account

Bank

Account number _____

Balance _____

Date closed *(if applicable)*

____ - ____ - _____

Brokerage account

Bank

Account number _____

Balance _____

Date closed *(if applicable)*

____ - ____ - _____

Cash on hand _____

Retirement or pension account 1

Type

Institution name

Value _____

Retirement or pension account 2

Type

Institution name

Value _____

Life insurance 1

Type

Institution name

Value _____

Life insurance 2

Type

Institution name

Value _____

List amounts for any of the following that you're owed:

_____ **Expected tax refund**

_____ **Past due alimony**

_____ **Past due child support**

_____ **Past due spousal support**

_____ **Property settlement**

_____ **Divorce settlement**

_____ **Unpaid wages**

_____ **Unpaid wages**

Debtor 1 Income:

Type of employment income

- Full or part time
- Seasonal/contract
- Self employment

Occupation

Length of employment

Company name

Company address

City, State Zip

How often are you paid?

Net income per pay _____

Type of non employment income

- Unemployment
- Pension
- Retirement
- Child/family support
- Social Security
- Disability (from employer)
- Interest or dividends
- Royalties
- Property/rental
- Alimony/ maintenance

How often are you paid?

Net income per pay _____

Debtor 2 income:

Type of employment income

- Full or part time
- Seasonal/contract
- Self employment

Occupation

Length of employment

Company name

Company address

City, State Zip

How often are you paid?

Net income per pay _____

Type of non employment income

- Unemployment
- Pension
- Retirement
- Child/family support
- Social Security
- Disability (from employer)
- Interest or dividends
- Royalties
- Property/rental
- Alimony/ maintenance

How often are you paid?

Net income per pay _____

Monthly Expenses

Add all expenses that are not deducted from your pay.

- | | |
|------------------------------|-------------------------------|
| _____ Home insurance | _____ Dental expenses |
| _____ Property taxes | _____ Dental prescriptions |
| _____ Condo/HOA fees | _____ Vision expenses |
| _____ Home repairs/upkeep | _____ Vision prescriptions |
| _____ Electric | _____ Glasses |
| _____ Heat/gas | _____ Contacts |
| _____ Water/sewer/trash | _____ Health insurance |
| _____ Phone/cable/internet | _____ Tax payments |
| _____ Cell phone | _____ Life insurance |
| _____ Groceries | _____ 401(k) payments |
| _____ Personal care products | _____ Car Insurance |
| _____ Hair cuts | _____ Gas (for vehicle) |
| _____ Cleaning/laundry | _____ Oil changes/maintenance |
| _____ Clothing | _____ Daycare/babysitter |
| _____ Recreation | _____ School expenses |
| _____ Medical expenses | _____ Child support/alimony |
| _____ Medical prescriptions | _____ Charity/tithes |

Document Checklist

This checklist is a handy tool that will help you keep track of the required documents that you submit to your attorney's office. Any missing information may delay your bankruptcy filing. Original documents should always be kept in a safe place where you can easily find them.

Submitted to Attorney			Documents
YES	NO	N/A	
			Six months of paycheck stubs. <i>Continue to send new pay stubs up until the day your case is filed</i>
			Other income documents: rental income statements, 401K distributions, Insurance Claims, Workers' Compensation, Unemployment, Contributions to Household, Pensions, etc.
			Recorded Mortgage and deeds for all property
			Most recent mortgage statement and lender address
			Property tax bill (if not included in mortgage payment) and Homeowners' Association statement
			Titles and registrations for all vehicles
			Most recent auto loan/lease statements
			Copies of any lawsuits filed within the past two years
			Any documents relating to a "disabled veteran" status

Submitted to Attorney			Documents
YES	NO	N/A	
			Most recent statements from all creditors and collection agencies
			Most recent statements from all student loans
			All personal and business contracts and agreements: Security agreements, rental agreements, lease agreements, auto loan contracts, etc.
			Itemized list of all business assets with estimated market values
			All documents relating to retirement accounts showing account administrator, current balance and enrollment date: IRAs, 401Ks, etc.
			Driver's license or state identification card and social security card
			Copies of all life insurance policies
			Separation agreements or decrees of divorce within the past year
			Appraisals made within the past year for all real property or printout of fair market values available online at Zillow.com
			Documents verifying interest in any future property such as a Will or Probate Case
			Stock certificates, bonds, credit union and passbook savings accounts and statements showing current balance or value
			Current appraisals for jewelry, collectables or other valuable assets