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CLIENT INFORMATION QUESTIONNAIRE

If you are not sure or have questions about some of the information requested, circle it and we will discuss it at our consultation. If you are completely confused, fill out what you can and we will fill it out together in my office.

Date _____

Full Name: _____

Spouse's Full Name: _____

Home Address: _____

Home/Mailing Address (If Different): _____

How Long at This Address? _____

How Long at This Address? _____

Home Phone: () _____

Home Phone: () _____

Work Phone: () _____

Work Phone: () _____

Cell/Other: () _____

Cell/Other: () _____

SS Number: _____

SS Number: _____

Driver's License Number: _____

Driver's License Number: _____

Date of Birth: _____

Date of Birth: _____

Other Names Used in the Last Six Years: _____

Other Names Used in the Last Six Years: _____

What is your marital status? Single ___ Married ___ Divorced ___ Widowed ___

Do you have any dependents? Yes ___ No ___

If yes, write their names, ages, and relationships to you below.

Who is your nearest relative that doesn't live with you? _____

What is their relationship to you? _____

What is their address and phone number? _____

How did you hear about me? Letter _____ Internet _____ Referral _____ Yellow Pages _____
Other (please specify): _____

Do you have any prior bankruptcy cases? Yes _____ No _____ If yes, please list case number,
date, and location of filing:

Case Number _____ Date _____ Location _____

Case Number _____ Date _____ Location _____

EMPLOYMENT INFORMATION

Occupation: _____
Employer: _____
Employer's Address: _____

Spouse's Occupation: _____
Employer: _____
Employer's Address: _____

Employer's Phone: () _____
How long with employer? _____

Employer's Phone: () _____
How long with this employer? _____

Monthly Income: \$ _____
Less Deductions
Taxes and social security: \$ _____
Insurance: \$ _____
Union dues: \$ _____
Other (please specify): \$ _____
Take Home Pay: \$ _____

Monthly Income: \$ _____
Less Deductions
Taxes and social security: \$ _____
Insurance: \$ _____
Union dues: \$ _____
Other (please specify): \$ _____
Take Home Pay: \$ _____

Other Income
Child support: \$ _____
Disability: \$ _____
Retirement: \$ _____
Other: \$ _____

Other Income
Child support: \$ _____
Disability: \$ _____
Retirement: \$ _____
Other: \$ _____

Net Income: \$ _____

Net Income: \$ _____

Describe any changes to your income which will take place in the next six months:

Have you owned all or part of a business in the last six years? Yes _____ No _____

If yes: What is the name of the business? _____

What type of business is/was it? _____

When did you begin business? _____

When did it end? _____

MONTHLY EXPENDITURES

Rent or house payment \$ _____

Are real estate taxes included? Yes _____ No _____

Is property insurance included? Yes _____ No _____

Utilities

Electricity and heating fuel

\$ _____

Water and sewer

\$ _____

Telephone

\$ _____

Other (please specify) _____

\$ _____

Home Maintenance (repairs and upkeep)

\$ _____

Food

\$ _____

Clothing

\$ _____

Laundry and dry cleaning

\$ _____

Medical and dental expenses

\$ _____

Transportation (not including car payments)

\$ _____

Recreation, clubs and entertainment, newspapers, magazines, etc.

\$ _____

Charitable contributions

\$ _____

Insurance (not deducted from wages or included in home mortgage payments)

Homeowner's or renter's

\$ _____

Life

\$ _____

Health

\$ _____

Auto

\$ _____

Other (please specify) _____

\$ _____

Taxes (not deducted from wages or included in home mortgage payments)

\$ _____

Specify _____
 \$ _____ Installment payments
 Auto
 \$ _____ Other (please specify) _____
 \$ _____
 Alimony, maintenance or support paid to others
 \$ _____
 Payments for support of dependents not living at your home \$ _____
 Other (please specify) _____
 \$ _____
 Other (please specify) _____ \$ _____

 Other (please specify) _____ \$ _____

 Total monthly expenses \$ _____

FINANCIAL HISTORY

Please list you and your spouse's incomes (separately) from employment or business so far this year and for the last two years.

This year: \$ _____	Employer: _____
Last year: \$ _____	Employer: _____
Year before last: \$ _____	Employer: _____

This year: \$ _____	Employer: _____
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Last year: \$ _____
Year before last: \$ _____

Employer: _____
Employer: _____

Please list income received from sources other than work (i.e. unemployment, child support, social security) over the last three years.

This year: \$ _____
Last year: \$ _____
Year before last: \$ _____

Source: _____
Source: _____
Source: _____

Please list any creditors to whom you made any payments of \$600 or more within the last 90 days, the dates of the payments, the amounts paid, and the amounts still owed to those creditors.

Creditor: _____ Date: _____ Amount paid: \$ _____ Still owed: \$ _____
Creditor: _____ Date: _____ Amount paid: \$ _____ Still owed: \$ _____
Creditor: _____ Date: _____ Amount paid: \$ _____ Still owed: \$ _____

Please list all payments you made to insiders (family, friends, or business associates) within the last year with the name of the creditor, their relationship to you, the dates of the payments, and the amounts you paid.

Creditor: _____ Date: _____ Relationship: _____ Amount paid: \$ _____
Creditor: _____ Date: _____ Relationship: _____ Amount paid: \$ _____
Creditor: _____ Date: _____ Relationship: _____ Amount paid: \$ _____

Please list any law suits (including divorces) that you have been part of in the last year, the captions or case numbers, the nature of the proceeding, the court, and the status of the suit.

Caption _____	Nature _____	Court _____	Status _____
Caption _____	Nature _____	Court _____	Status _____
Caption _____	Nature _____	Court _____	Status _____

Please describe all property or list the amounts of all money that has been taken by a court order (attached, garnished, or executed upon) within the last year, the date of attachment, and the creditor who requested the seizure.

Money/Property _____	Date _____	Creditor _____
Money/Property _____	Date _____	Creditor _____
Money/Property _____	Date _____	Creditor _____

Please describe and list the value of any of your property that has been repossessed by a creditor, sold

at a foreclosure sale, or voluntarily returned by you to a creditor in the last twelve months, the date of transfer, and the name of the creditor.

Property _____ Value \$ _____ Date _____ Creditor _____
Property _____ Value \$ _____ Date _____ Creditor _____
Property _____ Value \$ _____ Date _____ Creditor _____

Please describe any assignment of property for the benefit of creditors made within the last 120 days. _____

Please list all property which has been in the hands of a custodian, receiver, or court-appointed official with the last year. _____

Please list all gifts or charitable contributions made within the last year that total over \$100. _____

Please list all losses from fire, theft, or gambling with the last year.

Property _____ Value \$ _____ Date _____ Circumstances _____
Property _____ Value \$ _____ Date _____ Circumstances _____
Property _____ Value \$ _____ Date _____ Circumstances _____

Please list all payments made in the past year related to debt counseling or bankruptcy, including payments made to attorneys.

Name of Payee _____ Date _____ Amount of Payment \$ _____
Name of Payee _____ Date _____ Amount of Payment \$ _____

Please list all property transferred to another person, as security or otherwise, within the last year, the person's name, their relationship to you, and the value of that property.

Name _____ Relationship _____ Date _____ Property and Value _____
Name _____ Relationship _____ Date _____ Property and Value _____

Please list all of your financial accounts that have been closed, sold, or transferred to another person in the last year, the institution (such as the bank) that held the account, and the amount of final balance.

Institution Name _____ Account Type _____ Amount \$ _____ Date _____
Institution Name _____ Account Type _____ Amount \$ _____ Date _____

Please list all safe deposit boxes in which you have stored anything within the last year, the contents of the safe deposit boxes, and names of those who have access to the boxes.

Depository Place _____ People with Access _____ Contents _____
Depository Place _____ People with Access _____ Contents _____

Please list all setoffs made by any creditor within the last 90 days.

Creditor _____ Date of Setoff _____ Amount of Setoff _____
Creditor _____ Date of Setoff _____ Amount of Setoff _____

Please list all property owned by another person that is in your control, the name of the owner, and the property's location.

Name of Owner _____ Property and Value _____ Location _____
Name of Owner _____ Property and Value _____ Location _____
Name of Owner _____ Property and Value _____ Location _____

If you have moved in the last two years, please list the addresses and dates of occupancy of your former residences.

Address _____ Dates: From _____ to _____
Address _____ Dates: From _____ to _____
Address _____ Dates: From _____ to _____

Have you been married within the last six years in Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin? Yes ___ No ___

If yes, please list spouse's name _____

Have you been involved in environmental litigation in the last six years? Yes ___ No ___

YOUR PROPERTY

PLEASE LIST EVERYTHING YOU OWN OR ARE BUYING. THE TABLES BELOW ARE USEFUL IN PLACING A VALUE ON YOUR BELONGINGS, BUT THEY ARE ONLY SUGGESTIONS. IF IT'S IN REALLY GOOD OR REALLY BAD SHAPE, FEEL FREE TO MAKE YOUR OWN ESTIMATES. IF YOU STILL OWE MONEY ON THE BELONGING, INDICATE HOW MUCH MONEY IS STILL OWED AND TO WHOM IT IS OWED.

APPLIANCES AND ELECTRONICS

Take a percentage of the cost of the article when new, depending on its current age:

- Less than one year old: 80%
- One year to two years old: 65%
- Two years to four years old: 50%
- More than four years old: 10%

PROPERTY DESCRIPTION	CURRENT MARKET VALUE	AMOUNT STILL OWED	TO WHOM AMOUNT IS OWED
Washer/Dryer			
Refrigerator/Freezer			
Stove/Microwave			
Sewing Machine			
Beds and bedding			
Provisions for twelve months			
Necessary health aids			

Art produced by debtor or family member			
Kitchen table and chairs			
Pots and pans, utensils, dishes			
Dining room set			
Living room set			
Tables			
Chairs			
Chest of drawers			
Lamps			
Other furniture			
Vacuum cleaner			
Mixers, blenders, other small appliances (specify)			
Clothing			
Animals			
Books			
Musical Instruments			
Heirlooms/Items of Sentimental Value (specify)			
Electronic Equipment (Including TV's, Stereos, CD Players, VCR's - please specify)			
Power and Hand Tools (Please specify) Used for work?			

Motor Vehicles (Cars, trucks, motorcycles, trailers, ATV's, boats, airplanes - Please specify make and model) Used for work?			
Computers, typewriters, office equipment (please specify) Used for work?			
Art, antiques, stamps, coins, records, tapes, CD's, videos, DVD's, collectibles			
Furs and jewelry			
Sports, camping, photographic, and other hobby equipment			
Guns (specify)			
Interests in insurance policies with cash values or dividends over \$5000			
Annuities			
Partnership in Business			
Bonds			
Stock in Business			
Accounts Receivable			
Debts owed to you (including tax refunds)			
Equitable or future interests			
Interest in estate of decedent, life insurance, or trust			
All other claims			
Patents/Copyrights			

Licenses/Franchises			
Machinery and other business equipment			
Inventory			
Farm animals			
Crops			
Farming supplies			
All other assets not already listed (please specify)			