

BANKRUPTCY QUESTIONNAIRE

In order to properly complete your bankruptcy, it is necessary to obtain certain information from you, especially concerning the names and **complete** addresses of all creditors,* and certain information about you pertaining to your employment and living expenses. Since this is personal information about you, rather than legal information, we must ask that you provide this information to us as completely and accurately as possible. ***If providing a credit report, skip this step.**

You must list all your debts even though some debts may not be dischargeable in your bankruptcy (such as taxes, child support or spousal maintenance, student loans, criminal restitution). We will give you greater explanation as to which debts are not dischargeable.

You cannot leave out or "exempt" any creditor from your bankruptcy.

Please answer the following questions about you (and your spouse if s/he is also filing):

a. **Yourself:**

(1) Full name: _____

(2) Address: _____

(3) City, state, zip: _____

(4) Telephone () _____ — _____

(5) County: _____

(6) Length of time at residence: _____

(7) Other addresses in the last two years (**dates of occupancy**): _____

(8) Social Security No. _____ - _____ - _____

(9) Marital status (check one):
Single: _____; Married: _____;
Separated: _____ Divorced: _____.

(10) Other names used by you in the last six years:

a. **Your spouse:**

(1) Full name: _____

(2) Address: _____

(3) City, state, zip: _____

(4) Telephone () _____ — _____

(5) County: _____

(6) Length of time at residence: _____

(7) Other addresses in the last two years (**dates of occupancy**): _____

(8) Social Security No. _____ - _____ - _____

(9) Marital status (check one):
Single: _____; Married: _____;
Separated: _____ Divorced: _____.

(10) Other names used by you in the last six years:

Please answer the following questions regarding employment (include spouse information):

Yourself:

(1) Employer name: _____

(2) Employer address: _____

(3) Phone () _____ - _____

(4) Position with employer: _____

(5) Length of time with job: _____

(6) Are you self-employed: Yes: ___; No: ___;

Your spouse:

(1) Employer name: _____

(2) Employer address: _____

(3) Phone () _____ - _____

(4) Position with employer: _____

(5) Length of time with job: _____

(6) Are you self-employed: Yes: ___; No: ___;

Please answer the following questions regarding your earnings at work (include spouse information):

Yourself:

(1) How often are you paid: (check one)

___ weekly? ___ every other week?

___ twice each month? ___ monthly?

(2) How much are you paid?

\$ _____ per pay period (gross -- that is, before taxes are taken out)

Deductions:

\$ _____ Tax withholding & social security

\$ _____ Insurance (health, life, other)

\$ _____ Retirement

\$ _____ Other (describe): _____

\$ _____ per pay period (after deductions)

\$ _____ Other income (spousal support, part-time employment, child support, etc.)

Do you anticipate in the near future, any change in your income: ___ Yes ___ No

Please list your total gross income for the previous three years, along with your income to date for:

This year to date _____

Last year _____

Two years ago _____

Your spouse:

(1) How often are you paid: (check one)

___ weekly? ___ every other week?

___ twice each month? ___ monthly?

(2) How much are you paid?

\$ _____ per pay period (gross -- that is, before taxes are taken out)

Deductions:

\$ _____ Tax withholding & social security

\$ _____ Insurance (health, life, other)

\$ _____ Retirement

\$ _____ Other (describe): _____

\$ _____ per pay period (after deductions)

\$ _____ Other income (spousal support, part-time employment, child support, etc.)

Do you anticipate in the near future, any change in your income: ___ Yes ___ No

Please list your total gross income for the previous three years, along with your income to date for:

This year to date _____

Last year _____

Two years ago _____

Did you receive a tax refund last year? If so, how much _____

Please answer the following questions regarding your monthly expenses. Include spouse expenses, even if your spouse is not filing.

List the name, age, and relationship of all minor children living with you whose expenses are included below: _____

	<u>Amount</u>
Rent/mortgage	_____

(are property taxes and insurance included in this payment):

_____ Yes _____ No

Electric & Heating	_____
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Water & Sewer	_____
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Telephone	_____
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Garbage	_____
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Cable	_____
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Other utilities	_____
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Home Maintenance	_____
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Food	_____
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Clothing	_____
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Laundry/dry clean	_____
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Medical/dental exp	_____
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Transportation	_____
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Recreation	_____
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Charitable contributions	_____
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Insurance (only those not deducted from wages or included in home mortgage payments)

Homeowner/renters insurance	_____
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Life insurance	_____
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Health insurance	_____
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Auto insurance	_____
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Other insurance	_____
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Real estate property taxes	_____
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Personal property taxes	_____
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Auto payments	_____
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Other installment payments	_____
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Child support paid	_____
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Spousal support paid	_____
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Payments for dependents	_____
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not living at home	_____
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Misc. expenses (specify)	_____
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School expenses	_____
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TOTAL	_____
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(Note: if you and your spouse are separated, provide information for each household, using the blank space to the right of each expense item shown above.)

Please place an X in front of the following questions if it pertains to property you own (please list present value not replacement cost):

_____ Residence: Value \$ _____

_____ Household goods - how much do you think your household furnishings are worth (not replacement cost, but present value): Value \$ _____

_____ Wearing apparel - how much do you think your wearing apparel is worth (not replacement cost, but present value): Value \$ _____

_____ Jewelry - how much do you think your jewelry is worth, (not replacement cost, but present value), please itemize: _____ Value \$ _____

_____ Bank accounts - (list name and address of financial institution where accounts are located, and specify checking or savings account): _____

_____ Value (of each account) \$ _____

NOTE: Any money in checking or savings on the day you file your bankruptcy may have to be turned over to the trustee in chapter 7 cases. (I.E. WHAT THE BANK SHOWS AS YOUR BALANCE AFTER ALL CHECKS AND WITHDRAWALS HAVE CLEARED, NOT WHAT YOUR CHECK REGISTER SHOWS).

If you have a share account with a credit union which is also a creditor in your bankruptcy, that credit union will usually take any money in that account on the day you file your bankruptcy.

_____ Firearms, sports, and other hobby equipment - please list): _____ Value \$ _____

_____ Interest in life insurance policies, (cash value): Value \$ _____
(list name and address of company below)

_____ Interests in retirement account or pension plans, Value \$ _____
(list what type of retirement account, as well as name and address of company whom the account is being handled by. List below).

_____ Vehicles, please list (include year, make, and model): _____

Please place an X in front of the following property descriptions in which you have any ownership interest. (Please describe)

- Books, pictures, art objects, collections, etc.
- Stock, interests in incorporated and unincorporated businesses
- Interests in partnerships or joint ventures
- Government, corporate, negotiable, and non-negotiable instruments
- Accounts receivable
- Alimony, maintenance, support payments debtor is or may be entitled (arrearages)
- Other liquidated debts owing debtor (include tax refunds)
- Equitable, future, or life estates, etc.
- Contingent and noncontingent interests in estate of a decedent
- Other contingent and unliquidated claims of every nature
- Patents, copyrights, and other intellectual property
- Licenses, franchises, and other general intangibles
- Boats, motors, and accessories
- Aircraft and accessories
- Office equipment, furnishings, and supplies
- Machinery, fixtures, equipment, and other business supplies
- Inventory
- Farm animals
- Crops - growing or harvested
- Farming equipment and implements
- Farm supplies, chemicals, and feed
- Other real or personal property of any kind not already listed

State the name of the insurance company which insures your car, and if applicable, the name of the insurance company which insures your home. Further, state the name and address of your local insurance agent.

Name of car insurance carrier and agent: _____

Name of homeowners insurance carrier and agent: _____

Please answer the following questions regarding your creditors:

Note: **WE MUST HAVE COMPLETE NAME AND ADDRESS OF EACH OF YOUR CREDITORS.** If you fail to list a creditor, that creditor is not affected by the bankruptcy, and the debt owed is not discharged. The law requires you to list everyone you owe money to and none can be left out.

SECURED DEBTS: These include home mortgages, car loans, finance company loans, contracts for deed, or any credit transaction where the creditor has a lien, mortgage, or security interest in property owned by you.

<u>Name and address of creditor</u>	<u>Collateral</u>	<u>Account # (if known)</u>	<u>Amount owed</u>	<u>Year incurred</u>

Monthly payment \$ _____ Are payments current: yes no

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Monthly payment \$ _____ Are payments current: yes or no

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Monthly payment \$ _____ Are payments current: yes or no

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Monthly payment \$ _____ Are payments current: yes or no

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Monthly payment \$ _____ Are payments current: yes or no

(CONTINUE ON SEPARATE SHEET IF MORE SPACE IS NEEDED)

TAX DEBTS: These include any money owed to any taxing authority, including the IRS, state of Kansas (or any other state) and personal or real property taxes.

Name and address of creditor (what is debt for)	Account number (if known)	Amount owed	Year incurred

Please list any collection agencies, or attorney's names, collecting for any of the above mentioned creditors (include their complete address)

List Agency, or Attorney, with address	List creditor debt is being collected for	Lawsuit (if applicable): Location and date filed, Case No.

PLEASE LIST NAMES AND ADDRESSES OF ANY PERSON WHO HAS CO-SIGNED WITH YOU ON ANY OF YOUR DEBTS, AND HOW THEY ARE RELATED TO YOU (if they are):

Please send the completed form to:

crmlawoffice@gmail.com + ncassparalegal@gmail.com

Thank you!

LAW OFFICES OF
CAMILLE R. MCBRIDE
DISTRICT OF COLUMBIA | MARYLAND
