

Client Questionnaire For Non-Business Debtor

Basic Information

Note: Complete each question – If an answer is no or does not apply, put “No” or “NA”.

The information requested will remain confidential. It will be used by the Law Firm of Kevin D. Judd, P.L.L.C. for internal record keeping purposes only.

How Did You Learn About Us? _____

Filing Status: CHAPTER ____ 7 CHAPTER ____ 13

- Individual and unmarried
- Individual, married and living apart
- Individual, married and living together
- Joint and living together
- Joint and living apart

Marital Status: Never married

- Divorced
- Widowed
- Married and living together
- Married and living apart

Gender: Male Female

Part A. Name and Address

Name: _____ *Last* _____ *First* _____ *Middle* _____

Telephone Number Home: _____ Work: _____

Cellular: _____ E-mail: _____

Have you used any other names in the past six years? No Yes *If yes, list other names:* _____

Social Security Number: _____ - _____ - _____ Date of Birth: _____

Driver's License No. _____

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: _____

Have you moved within last 2 years? _____ Yes _____ No

If yes, state prior address and dated moved: _____

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* _____

Telephone Number Home: _____ Work: _____
Cellular: _____ E-mail: _____

Has your spouse used any other names in the past six years? No Yes **If yes, list other names:** _____

Social Security Number: _____ - _____ - _____ Date of Birth: _____

Driver's License No. _____

Address: _____

City: _____ State: _____ Zip: _____ County: _____

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

Mailing Address: _____

City: _____ State: _____ Zip: _____

Have you moved within last 2 years? _____ Yes _____ No

If yes, state prior address and dated moved: _____

Prior/Pending Bankruptcy Cases

Has a bankruptcy case been filed by you or against you in the last 8 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? _____

Exhibit "C" to the Voluntary Petition

Do you own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety? No Yes (If yes, please list and describe the property.)

Real Estate

List all real estate which you own or are a joint owner of, even if you still owe money on the property.

PROPERTY ADDRESS: _____

Purchase Date: _____ Purchase Price: _____ Current Value: _____

Owners: _____

Keep/Surrender Property

MORTGAGE INFORMATION:

First Mortgage Name & Address: _____

If co-owners or co-signers on the note, please list name and address and relationship: _____

Account Number: _____ Interest Rate: _____ Payment Due Date: _____

Balance Due: _____ Monthly Payment: _____ No. of months delinquent: _____

Is Property in Foreclosure? Yes No If yes, date of sale: _____

Name, address & phone number of attorney for mortgage company? _____

SECOND MORTGAGE:

2ND Mortgage Co Name & Address: _____

If co-owners or co-signers on the note, please list name and address and relationship: _____

Account Number: _____ Interest Rate: _____ Payment Due Date: _____

Balance Due: _____ Monthly Payment: _____ No. of months delinquent: _____

Is property in foreclosure? Yes No If yes, date of sale: _____

Name, address & phone number of attorney for mortgage company? _____

HOMEOWNERS OWNERS OR CONDOMINIUM FEE:

Do you have a Homeowners or Condominium Association monthly fee? If yes, please provide the following information:

Monthly Payment: _____

No. of months delinquent: _____

Name & Address: _____

IF YOU OWN ANY ADDITIONAL REAL PROPERTY (such as rental properties) LIST THEM BELOW OR ON ADDITIONAL PAPER INCLUDING ALL OF THE ABOVE INFORMATION

RENTERS

If you rent property, such as an apartment or house, please fill in all questions listed below:

Landlord: _____
Address: _____

How long is lease: _____ Monthly Payment: _____

Personal Property

AUTOMOBILE Date Purchased: _____ Loan Amount: _____
Year: _____ Make: _____ Model: _____
Interest Rate: _____ Years Financed: _____ Purchase Price: _____
Mileage: _____ Current Value: _____

LENDER

Lender's Name: _____
Lender's Address: _____

Account Number: _____ Balance of Loan: _____ No. of months delinquent: _____
Monthly Payment: _____ Due date every month: _____ Keep/Surrender Car
Any co-signers? _____ No _____ Yes
Co-signers name, address and relationship.. _____

2ND AUTOMOBILE Date of Purchase: _____ Loan Amount: _____
Year: _____ Make: _____ Model: _____
Interest Rate: _____ Years Financed: _____ Purchase Price: _____
Mileage: _____ Current Value: _____

LENDER

Lender's Name: _____
Lender's Address: _____

Account Number: _____ Balance of Loan: _____ No. of months delinquent: _____
Monthly Payment: _____ Due date every month: _____ Keep/Surrender Car
Any co-signers? _____ No _____ Yes
Co-signers name, address and relationship: _____

IF YOU OWN ANY ADDITIONAL AUTOMOBILES, LIST THEM BELOW AND INCLUDE ALL INFORMATION LISTED ABOVE

Personal Property (continued)

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 yard sale value.

1. How much cash do you have on hand: \$ _____

2. List all bank and/or credit unions' checking and savings accounts, certificates of deposits, etc:

Name of institution/location: _____
Account No. _____ Type of account: _____ Balance: \$ _____
Credit card balances with this institution \$ _____

Name of institution/location: _____
Account No. _____ Type of account: _____ Balance: \$ _____
Credit card balances with this institution \$ _____

(Use reverse side to list additional institutions)

3. Do you have any security deposits with landlords, public utilities, telephone company, etc? State the name and address of the institute holding the deposit and the amount of the deposit being held: _____

4. HOUSEHOLD GOODS AND FURNISHINGS:

Please check off all household goods that you own. If you own more than one of these items, place a number on the right side of the item. List the yard sale value of each item listed.

EXAMPLE:

LIVING ROOM:

Couch	1	\$ 150.00	Love Seat	_____	\$ _____
Chair	3	\$ 75.00	Tables	1	\$ 50.00
Lamps	2	\$ 25.00	TV	1	\$ 175.00
Stereo	_____	\$ _____			

LIVING ROOM:

Couch	_____	\$ _____	Love Seat	_____	\$ _____
Chair	_____	\$ _____	Tables	_____	\$ _____
Lamps	_____	\$ _____	TV	_____	\$ _____
Stereo	_____	\$ _____			

DINING ROOM:

Table	_____	\$ _____	Chairs	_____	\$ _____
China	_____	\$ _____	Buffet	_____	\$ _____
Cabinet	_____	\$ _____			

KITCHEN:

Table	_____	\$ _____	Chairs	_____	\$ _____
Misc	_____	\$ _____	Misc	_____	\$ _____
Cooking &	_____	\$ _____			
Eating Utensils	_____	\$ _____			

DEN/FAMILY ROOM/BASEMENT:

Couch	_____	\$	_____	\$	_____
Chair	_____	\$	_____	\$	_____
Lamps	_____	\$	_____	\$	_____
TV	_____	\$	_____	\$	_____

BEDROOMS:

Beds	_____	\$	_____	\$	_____
Ch/Dwr	_____	\$	_____	\$	_____
Lamps	_____	\$	_____	\$	_____
TVs	_____	\$	_____	\$	_____

MISC:

Computers	_____	\$	_____	\$	_____
Fax Machine	_____	\$	_____	\$	_____
Bookshelves	_____	\$	_____	\$	_____
Art Objects	_____	\$	_____	\$	_____

ANY OTHER MISC ITEMS NOT LISTED ABOVE: _____

6. WEARING APPAREL (YARD SALE VALUE): \$ _____

7. Jewelry, including **Costume Jewelry** (list each item set with yard sale value)

8. List all firearms, sport equipment and hobby equipment with yard sale value:

9. Do you have any life insurance policies: _____ Yes _____ No Term policy: _____ Yes _____ No
If yes, state with whom you have policy with, the type of policy, face and cash value of policy:

10. Do you have any interest in 401(k), IRA, ERISA, Keogh or any other pension or profit sharing plans? If yes, list type and value of each: _____

11. Do you own any stock or interest in incorporated and unincorporated business? If yes, list name, address, value and state your interest: _____

12. Do you have any interests in partnerships or joint ventures? If yes, Itemize and give value: _____

13. Do you own any government and corporate bonds or other negotiable and nonnegotiable instruments? If yes, list them and give value: _____

14. Does anyone owe you any money? If yes, list them and amount owed: _____

15. Any alimony, maintenance, support or property settlements to which you are entitled. If yes, explain and give amount: _____

16. Any federal or state tax refunds due this year: If yes, itemize and give value: _____

17. Do you own any patents, copyrights, or other intellectual property? Give description and value: _____

18. Any licenses, franchises or other general intangibles? Give description and value: _____

19. Do you own any boats, motors and/or accessories? If yes list make, model, year and value: _____

20. Do you own any trailers, tractors or other vehicles and accessories other than those listed under "Automobiles", If so, please describe and list value: _____

21. Do you own any aircraft and accessories? If yes, describe and give value: _____

22. Do you own any machinery, fixtures, equipment, and supplies used in your business? If yes, describe and give value: _____

23. List all animals you own and the value of each animal: _____

24. Do you grow any crops? Give description and value: _____

25. Do you own any farming equipment and implements? If yes, describe and give value: _____

26. Do you own any farming supplies, chemicals and feed? If yes, describe and give value: _____

27. Do you own any other personal property of any kind not already listed? If yes, describe and give value: _____

28. Has anyone died from whom you are going to inherit? If yes, describe cash, property and value: _____

29. Do you own any time shares? If yes, please provide the following information:

Time Share Address: _____

Purchase Date: _____ Purchase Price: _____ Current Value: _____
Owners: _____

Finance Co. Information:

Finance Co. Name & Address: _____

If co-owners or co-signers on the note, please list name and address and relationship: _____

Account Number: _____ Interest Rate: _____ Payment Due Date: _____

Balance Due: _____ Monthly Payment: _____ No. of months delinquent: _____

Is Property in Foreclosure? _____ Yes _____ No _____ If yes, date of sale: _____

Name, address & phone number of attorney for mortgage company? _____

STATEMENT OF FINANCIAL AFFAIRS

Income from your employment or operation of business:

State your gross income from your employment or operation of a business.

2026 You \$ _____
2025 You \$ _____
2024 You \$ _____
2026 Spouse\$ _____
2025 Spouse\$ _____
2024 Spouse\$ _____

Source of income: _____
Source of income: _____
Source of income: _____
Source of income: _____
Source of income: _____
Source of income: _____

Income other than from employment or operation of business: (Social Security, Pension, Rental, etc)

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.

2026 \$ _____ Source: _____ Husband/Wife (circle one)
2025 \$ _____ Source: _____ Husband/Wife (circle one)

1. List each creditor who was paid more than \$600.00 within the last 90 days and amount paid: _____
2. 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 the last year. _____
3. List the name of charities, including religious institutions and date of all gifts or charitable contributions made within the two (2) years worth more than \$600.00: _____
4. List all losses from fire, theft or other casualty or gambling within the last year: _____
5. List all other property, including cash that you have transferred or sold within the three (3) years, to whom it was transferred and the date of transfer: _____
6. Have you closed or transferred any bank accounts within the last year? If so, list where they were closed or transferred from and where they were transferred to: _____
7. List each safe deposit box or other box or depository in which you have or had securities, cash or other valuables within the last year: _____
8. List all property owned by another person in your possession, including custodial accounts (for children) _____
9. List all business which you were involved with as an owner, officer, director, or partner within the last two years (include nature of business, business addresses and dates of operation): _____
10. List all bookkeepers and accountants and their addresses you have employed within the last six years: _____

11. List all judgments or lawsuits that have been filed by or against you.

Name of Plaintiff _____
Case Number _____
Name & Address _____

Plaintiff's Attorney _____
Attorney Address _____

Date of Judgement _____
Amount of Judgment _____

Fill out the above information for each additional law suit below.

12. Have you been in a car accident within the past 3 years? _____

13. Do you have any tax liabilities with the IRS or the State? If the answer is yes, state the year(s), the government entities and the amount owed for each year.

14. Has the IRS or the State filed a tax lien against you? If the answer is yes, state the year(s) the lien(s) were filed, the amount of the lien and where the lien was recorded (court filed in).

15. List all Domestic Support Obligations Recipients and their addresses (Alimony and/or Child Support):

Current Income

WE MUST HAVE THE LAST 6 MONTHS PAY STUBS OR PROOF OF 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

Debtor's Income

What is your occupation? _____

How long employed? _____

Name and address of your employer:

How often are you paid? Monthly,
 Weekly, Every Two Weeks,
 Twice a Month, Other

Joint Debtor's Income

What is your spouse's occupation? _____

How long employed? _____

Name and address of your spouse's employer:

How often are you paid? Monthly,
 Weekly, Every Two Weeks,
 Twice a Month, Other

Do you or your spouse receive part-time work, retirement, social security, disability, or any other income? List from where income is received, how often income is received and who receives the income: _____

Do you or your spouse receive child support and/or alimony? If so, state how much is received per month and who receives it: _____

Did you pull any money out from a retirement plan within the last six months? If so, how much and dates?: _____

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.

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.

How many people in household included in your monthly expenses _____

Indicate how much you pay for each item each month...

your rent or your home mortgage	\$ _____
Does that amount include real estate taxes? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Does it include property insurance? <input type="checkbox"/> No <input type="checkbox"/> Yes	
homeowners association or condominium fee	\$ _____
electricity \$ _____ and gas \$ _____	\$ _____
water and sewage	\$ _____
land line telephone service/internet/cable/satellite	\$ _____
cell phones	\$ _____
Do you have any other utility bills? If so, what, and how much per month?	\$ _____ \$ _____ \$ _____
home maintenance, including repairs and general upkeep	\$ _____
food	\$ _____
clothing	\$ _____
laundry and dry cleaning	\$ _____
medical and dental expenses	\$ _____
personal care	\$ _____
transportation (not including car payments)	\$ _____
vehicle maintenance	\$ _____
entertainment, recreation, newspapers, magazines	\$ _____
charitable contributions/religious donations	\$ _____
insurance not deducted from paycheck	
homeowner's or renter's insurance	\$ _____
life insurance	\$ _____
health insurance	\$ _____
auto insurance	\$ _____
other insurance _____	\$ _____
tax payments not deducted from paycheck (explain)	\$ _____ \$ _____ \$ _____
installment payments for car, furniture, etc. (Specify)	\$ _____ \$ _____ \$ _____
alimony, maintenance, support paid to others	\$ _____
payments for support of dependents not living at home	\$ _____
expenses from operation of business	\$ _____
student loans	\$ _____
child care	\$ _____
pet care	\$ _____
other expenses not listed above	\$ _____