

Client Questionnaire For Non-Business Debtor

Basic Information

Note: 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 (Circle one)

### **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:**

2<sup>ND</sup> Mortgage Co Name & Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If co-owners of 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: \_\_\_\_\_

Mileage: \_\_\_\_\_

Years Financed: \_\_\_\_\_

Purchase Price: \_\_\_\_\_

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 (Circle one)

Any co-signers? \_\_\_\_\_ No \_\_\_\_\_ Yes

Co-signers name, address and relationship: \_\_\_\_\_

**2<sup>ND</sup> AUTOMOBILE**

Date of Purchase: \_\_\_\_\_

Loan Amount: \_\_\_\_\_

Year: \_\_\_\_\_

Make: \_\_\_\_\_

Model: \_\_\_\_\_

Mileage: \_\_\_\_\_

Years Financed: \_\_\_\_\_

Purchase Price: \_\_\_\_\_

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 (Circle one)

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 bank checking and savings accounts, cert of deposits, credit unions, etc:

Name of institution/location: \_\_\_\_\_  
 Account No. \_\_\_\_\_ Type of account: \_\_\_\_\_ Balance: \$ \_\_\_\_\_

Name of institution/location: \_\_\_\_\_  
 Account No. \_\_\_\_\_ Type of account: \_\_\_\_\_ Balance: \$ \_\_\_\_\_  
 (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	<u>1</u>	\$ <u>150.00</u>	Love Seat	_____	\$ _____
Chair	<u>3</u>	\$ <u>75.00</u>	Tables	<u>1</u>	\$ <u>50.00</u>
Lamps	<u>2</u>	\$ <u>25.00</u>	TV	<u>1</u>	\$ <u>175.00</u>
Stereo	_____	\$ _____			

#### LIVING ROOM:

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

#### DINING ROOM:

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

#### KITCHEN:

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

**DEN/FAMILY ROOM/BASEMENT:**

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

**BEDROOMS:**

Beds	_____	\$ _____	Dressers	_____	\$ _____
Ch/Dwr	_____	\$ _____	Tables	_____	\$ _____
Lamps	_____	\$ _____	Stereos	_____	\$ _____
TVs	_____	\$ _____			

**MISC:**

Computers	_____	\$ _____	Printers	_____	\$ _____
Fax Machine	_____	\$ _____	Desk	_____	\$ _____
Bookshelves	_____	\$ _____	Pictures	_____	\$ _____
Art Objects	_____	\$ _____	Antiques	_____	\$ _____

ANY OTHER MISC ITEMS NOT LISTED ABOVE: \_\_\_\_\_

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

7. Jewelry, including Costume Jewelry (list each item 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. Any accounts receivables? If yes, list them and give the value: \_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

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.

2017 You	\$ _____	Source of income:	_____
2016 You	\$ _____	Source of income:	_____
2015 You	\$ _____	Source of income:	_____
2017 Spouse	\$ _____	Source of income:	_____
2016 Spouse	\$ _____	Source of income:	_____
2015 Spouse	\$ _____	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.

2017 \$ _____	Source: _____	Husband/Wife (circle one)
2016 \$ _____	Source: _____	Husband/Wife (circle one)

1. List each creditor who was paid more than \$600.00 within the last 90 days: \_\_\_\_\_  
\_\_\_\_\_

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 charity and date of all gifts or charitable contributions made within the last year worth more than \$200.00: \_\_\_\_\_  
\_\_\_\_\_

4. List all losses from fire, theft or other casualty or gambling within the last year: \_\_\_\_\_  
\_\_\_\_\_

5. List all other property that you have transferred or sold within the last year, to whom it was sold and the date of sale: \_\_\_\_\_  
\_\_\_\_\_

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 officer, director, or partner within the last two years: \_\_\_\_\_  
\_\_\_\_\_

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	_____
Of Court	_____
Plaintiff's Attorney	_____
Attorney Address	_____
	_____
Date of Judgement	_____
Amount of Judgment	_____

Fill out the above information for each additional law suit.

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

13. 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).

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

14. 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 other income? (Retirement, social security, part-time job, etc) List from where, income received, how often income is received and who receives the income: \_\_\_\_\_

\_\_\_\_\_

Do you or your spouse **receive** child support? 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?: \_\_\_\_\_

\_\_\_\_\_

## 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?  No  Yes

Does it include property insurance?  No  Yes

homeowners association or condominium fee \$ \_\_\_\_\_

electricity \$ \_\_\_\_\_ and gas \$ \_\_\_\_\_

water and sewage \$ \_\_\_\_\_

telephone service/long distance \$ \_\_\_\_\_

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 \$ \_\_\_\_\_

transportation (not including car payments) \$ \_\_\_\_\_

entertainment, recreation, newspapers, magazines \$ \_\_\_\_\_

charitable contributions \$ \_\_\_\_\_

insurance not deducted from paycheck

homeowner's or renter's insurance \$ \_\_\_\_\_

life insurance \$ \_\_\_\_\_

health insurance \$ \_\_\_\_\_

auto insurance \$ \_\_\_\_\_

other insurance \_\_\_\_\_ \$ \_\_\_\_\_

taxes 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 \$ \_\_\_\_\_