

OREGON FRESH START

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BANKRUPTCY QUESTIONNAIRE - MARRIED

This questionnaire is for use by debtors who are married even if your spouse is not filing.

I have attempted to make this questionnaire as simple as possible to complete. The information required in this form is information that is required to prepare a bankruptcy petition for filing with the court. You must make a full disclosure of all of your financial affairs. If you do not and I find out about it, I am required to notify the court and you will be required to sign corrected documents for filing with the court. Depending upon the nature of the corrected information, the court may do nothing or the court may dismiss your bankruptcy. In addition, the FBI investigates bankruptcy crimes. Federal law provides severe penalties for bankruptcy crimes, which include bribery, hiding assets, making false statements, making fake claims, filing under a false name and perjury. Title 18, United States Code, Sec. 152, et. seq. provides penalties of up to 5 years imprisonment or a fine of not more than \$250,000 or both. The bottom line - **FILL THIS FORM OUT ACCURATELY!**

In completing this questionnaire, you will be asked for information concerning yourself, your assets, your debts, your income, your expenses and your general finances. If any section requests information that does not pertain to you, skip that section.

GENERAL INFORMATION

If both husband and wife are filing, the information for "FIRST DEBTOR" is for the husband. The "JOINT DEBTOR" is for the wife. If both husband and wife are not filing, complete the "FIRST DEBTOR" information for the person filing and leave the "JOINT DEBTOR" information blank.

FIRST DEBTOR

Name	
Other names used in the last 8 years	
Social Security Number	
Street address	
City, State, Zip	
Mailing address (if different)	
City, State, Zip	
Home phone	
Email address	
Name of employer	
Mailing address	
City, State, Zip	
Work phone	
Occupation	
How long employed	

JOINT DEBTOR

Name	
Other names used in the last 8 years	
Social Security Number	
Street address	
City, State, Zip	
Mailing address (if different)	
City, State, Zip	
Home phone	
Email address	
Name of employer	
Mailing address	

City, State, Zip	
Work phone	
Occupation	
How long employed	

Other people who live with you

Did you claim as dependant on last year's tax return?

Name	Age	Relationship	Yes	No

Have either the first debtor and joint debtor ever filed bankruptcy?

Yes _____ No _____

If "yes," complete the following

Name	Year	State	Chapter	Case No

ASSETS

BANKRUPTCY LAW REQUIRES YOU TO **LIST EVERYTHING** YOU OWN OR ARE BUYING EVEN IF YOUR NAME IS NOT ON THE TITLE

The asset section is divided into three parts:

1 - Real estate –this includes the following

A - land you own or are buying

B - a house on land you own or are buying

C- a lease with an option to buy

2 - Vehicles – this includes cars, trucks, motorcycles, ATVs, mobile homes on land you rent and manufactured homes on land you rent

3 - Other personal property – this includes all other property like clothes, furniture, bank accounts, etc

REAL PROPERTY

List below all of the real estate (land) in which you have any interest. The value is the “market value” - what you think you could sell it for in its present condition taking into consideration the present real estate market.

Property 1

Street address	
City, State, Zip	
Is this property owned or being purchased by husband, wife or joint	
Market value	
Balance of 1 st mortgage	
Balance of 2 nd mortgage	
Amount behind on payments	
Do you want to keep this property	
Names of other owners	

Property 2

Street address	
City, State, Zip	
Is this property owned or being purchased by husband, wife or joint	
Market value	
Balance of 1 st mortgage	
Balance of 2 nd mortgage	
Amount behind on payments	
Do you want to keep this property	
Names of other owners	

Property 3

Street address	
City, State, Zip	
Is this property owned or being purchased by husband, wife or joint	
Market value	
Balance of 1 st mortgage	
Balance of 2 nd mortgage	
Amount behind on payments	
Do you want to keep this property	
Names of other owners	

Property 4

Street address	
City, State, Zip	
Is this property owned or being purchased by husband, wife or joint	
Market value	
Balance of 1 st mortgage	
Balance of 2 nd mortgage	
Amount behind on payments	
Do you want to keep this property	
Names of other owners	

VEHICLES

Bankruptcy law requires you to list all vehicles you own or are buying even if the title is under someone else's name. For value, list what you think you would pay for the car in its present condition which includes dents, scratches, upholstery damage, mechanical problems, dirt, faded paint, etc.

Vehicle 1

Year	
Make	
Model	
Value	
Name(s) on title	
Name of lender if you owe money	
Amount owed	
Amount behind on payments	
Do you want to keep this vehicle	

Vehicle 2

Year	
Make	
Model	
Value	
Name(s) on title	
Name of lender if you owe money	
Amount owed	
Amount behind on payments	
Do you want to keep this vehicle	

Vehicle 3

Year	
Make	
Model	
Value	
Name(s) on title	
Name of lender if you owe money	
Amount owed	
Amount behind on payments	
Do you want to keep this vehicle	

Vehicle 4

Year	
Make	
Model	
Value	
Name(s) on title	
Name of lender if you owe money	
Amount owed	
Amount behind on payments	
Do you want to keep this vehicle	

Vehicle 5

Year	
Make	
Model	
Value	
Name(s) on title	
Name of lender if you owe money	
Amount owed	
Amount behind on payments	
Do you want to keep this vehicle	

PERSONAL PROPERTY

Bankruptcy law requires that you list **all personal property** you own or are buying even if the title is in the name of someone else. For value, you need to list what you think it would cost you to buy the property in its present condition from a person who sells that kind of property. For example, for furniture or clothing, you could use the cost of buying the furniture/clothing at Goodwill. Remember, everything you own is used. Some of it may be in need of repair so make sure you take into consideration the condition of the property. Used stuff is not worth much.

Cash

Value

Security deposits

Name of company or landlord	
Names of others owners of deposit	
Amount of deposit	

Name of company or landlord	
Names of others owners of deposit	
Amount of deposit	

Furniture

Value

Who owns it?

Loan balance

(joint, husband, wife)

--	--	--

Books//pictures

Value

Who owns it?
(joint, husband, wife)

Loan balance

--	--	--

Clothing

Value	
-------	--

Jewelry

Value

Who owns it?
(joint, husband, wife)

Loan balance

--	--	--

Life Insurance (complete this only if you can borrow money on the policy)

Value

Who owns it?
(joint, husband, wife)

Loan balance

--	--	--

Annuities

Value

Who owns it?
(joint, husband, wife)

Loan balance

--	--	--

Pension//401K

Value

Who owns it?

Loan balance

(joint, husband, wife)

Interest in partnerships

Value

Name of partnership

Government bonds

Value

Who owns it?

Loan balance

(joint, husband, wife)

--	--	--

Money owed to you (do not include child support or alimony)

Name of person who owes money to you	
Mailing address	
City, State, Zip	
Amount owed to you	

Name of person who owes money to you	
Mailing address	
City, State, Zip	
Amount owed to you	

Alimony or child support owed to you

Name of person who owes you support	
Amount owed	

Name of person who owes you support	
Amount owed	

Tax refunds owed to you

Name of government agency	Year	Amount owed

Interest in an estate of someone who has recently died

Name of person who died	Amount of claim

Claims you have against someone where you could sue them

Name of person you could sue	Amount of claim

Patents//copyrights

Value	Who owns it (joint, husband, wife)

Licenses//franchises

Value	Who owns it (joint, husband, wife)
<input type="text"/>	<input type="text"/>

Airplanes

Value	Who owns it? (joint, husband, wife)	Loan balance
<input type="text"/>	<input type="text"/>	<input type="text"/>

Office equipment

Value	Who owns it? (joint, husband, wife)	Loan balance
<input type="text"/>	<input type="text"/>	<input type="text"/>

Tools used in your employment

Value	Who owns it? (joint, husband, wife)	Loan balance
<input type="text"/>	<input type="text"/>	<input type="text"/>

Tools around the house not used in employment

Value	Who owns it? (joint, husband, wife)	Loan balance
<input type="text"/>	<input type="text"/>	<input type="text"/>

Inventory for any business you own

Value

Who owns it?

Loan balance

(joint, husband, wife)

--	--	--

Animals valued at more than \$300

Value

Who owns it?

Loan balance

(joint, husband, wife)

--	--	--

Growing crops

Value

Who owns it?

Loan balance

(joint, husband, wife)

--	--	--

Farming equipment

Value

Who owns it?

Loan balance

(joint, husband, wife)

--	--	--

Farm supplies

Value

Who owns it?

Loan balance

(joint, husband, wife)

--	--	--

Bank accounts

Name of bank	Balance	Names on accounts

Firearms

Description	Value	Names of owners	Loan balance

Stocks in companies

Name of company	Value	Names of owners	Loan balance

Boats, Motors and trailers

Description	Value	Names of owners	Loan balance

Other personal property

Description	Value	Names of owners	Loan balance

DEBTS

Bankruptcy law requires you to list **ALL** debts. This includes money you owe your father, mother, brother, Aunt Jane and Uncle Joe. There are three different kinds of debts:

SECURED (property is collateral for the debt and can be taken if the debt is not paid). Examples are houses, cars, furniture, tires from Les Schwab, etc

PRIORITY - usually taxes and child support or alimony

UNSECURED - credit cards, medical bills, utility bills, etc.

SECURED DEBT (REAL ESTATE)

Debt 1

Address of property	
City, State, Zip	
Who owns this property (joint, husband, wife)	
Name of creditor	
Mailing address	
City, State, Zip	
Value of property	
Balance owed	
Name(s) of co-signers	
Mailing address	
City, State, Zip	
How much behind on payments	
Do you want to keep this property	

Debt 2

Address of property	
City, State, Zip	
Who owns this property (joint, husband, wife)	
Name of creditor	
Mailing address	
City, State, Zip	
Value of property	
Balance owed	
Name(s) of co-signers	
Mailing address	
City, State, Zip	
How much behind on payments	
Do you want to keep this property	

Debt 3

Address of property	
City, State, Zip	
Who owns this property (joint, husband, wife)	
Name of creditor	
Mailing address	
City, State, Zip	
Value of property	
Balance owed	
Name(s) of co-signers	
Mailing address	
City, State, Zip	
How much behind on payments	
Do you want to keep this property	

Debt 4

Address of property	
City, State, Zip	
Who owns this property (joint, husband, wife)	
Name of creditor	
Mailing address	
City, State, Zip	
Value of property	
Balance owed	
Name(s) of co-signers	
Mailing address	
City, State, Zip	
How much behind on payments	
Do you want to keep this property	

SECURED DEBT (VEHICLES)

Debt 1

Description of vehicle	
Value	
Name of creditor	
Mailing address	
City, State, Zip	
Balance owed	
Date of loan	
Interest rate	
When is the final payment due on loan	
Name(s) of co-signers	
Mailing address	
City, State, Zip	
How much behind on payments	
Do you want to keep this vehicle	

Debt 2

Description of vehicle	
Value	
Name of creditor	
Mailing address	
City, State, Zip	
Balance owed	
Date of loan	
Interest rate	
When is the final payment due on loan	
Name(s) of co-signers	
Mailing address	
City, State, Zip	
How much behind on payments	
Do you want to keep this vehicle	

Debt 3

Description of vehicle	
Value	
Name of creditor	
Mailing address	
City, State, Zip	
Balance owed	
Date of loan	
Interest rate	
When is the final payment due on loan	
Name(s) of co-signers	
Mailing address	
City, State, Zip	
How much behind on payments	
Do you want to keep this vehicle	

Debt 4

Description of vehicle	
Value	
Name of creditor	
Mailing address	
City, State, Zip	
Balance owed	
Date of loan	
Interest rate	
When is the final payment due on loan	
Name(s) of co-signers	
Mailing address	
City, State, Zip	
How much behind on payments	
Do you want to keep this vehicle	

SECURED DEBT

(FURNITURE, TIRES, ETC)

Debt 1

Description of collateral	
Value	
Name of creditor	
Mailing address	
City, State, Zip	
Balance owed	
Date of loan	
Name(s) of co-signers	
Mailing address	
City, State, Zip	
How much behind on payments	
Do you want to keep this property	

Debt 2

Description of collateral	
Value	
Name of creditor	
Mailing address	
City, State, Zip	
Balance owed	
Date of loan	
Name(s) of co-signers	
Mailing address	
City, State, Zip	
How much behind on payments	
Do you want to keep this property	

Debt 3

Description of collateral	
Value	
Name of creditor	
Mailing address	
City, State, Zip	
Balance owed	
Date of loan	
Name(s) of co-signers	
Mailing address	
City, State, Zip	
How much behind on payments	
Do you want to keep this property	

Debt 4

Description of collateral	
Value	
Name of creditor	
Mailing address	
City, State, Zip	
Balance owed	
Date of loan	
Name(s) of co-signers	
Mailing address	
City, State, Zip	
How much behind on payments	
Do you want to keep this property	

PRIORITY DEBT

(SUPPORT)

Debt 1

Who owes this debt	
Name of person who is owed the money	
Mailing address	
City, State, Zip	
Amount of past due support owed	
State where support owed	
Account #	

Debt 2

Who owes this debt	
Name of person who is owed the money	
Mailing address	
City, State, Zip	
Amount of past due support owed	
State where support owed	
Account #	

Debt 3

Who owes this debt	
Name of person who is owed the money	
Mailing address	
City, State, Zip	
Amount of past due support owed	
State where support owed	
Account #	

PRIORITY DEBT

(TAXES)

Debt 1

Name of creditor	
Mailing address	
City, State, Zip	
Who owes this debt	
Amount owed	
What year are these taxes for	
Did you file your tax return on time	

Debt 2

Name of creditor	
Mailing address	
City, State, Zip	
Who owes this debt	
Amount owed	
What year are these taxes for	
Did you file your tax return on time	

Debt 3

Name of creditor	
Mailing address	
City, State, Zip	
Who owes this debt	
Amount owed	
What year are these taxes for	
Did you file your tax return on time	

UNSECURED DEBT

(CREDIT CARDS)

If you have any third persons who are co-debtors on any of these debts, answer the question at the end of this section. If you require more space, make copies of appropriate page.

Name of creditor	
Mailing address	
City, State, Zip	
Account number	
Balance owed	
Who owes this debt (joint, husband, wife)	
Year(s) charges were made on this account	

Name of creditor	
Mailing address	
City, State, Zip	
Account number	
Balance owed	
Who owes this debt (joint, husband, wife)	
Year(s) charges were made on this account	

Name of creditor	
Mailing address	
City, State, Zip	
Account number	
Balance owed	
Who owes this debt (joint, husband, wife)	
Year(s) charges were made on this account	

Name of creditor	
Mailing address	
City, State, Zip	
Account number	
Balance owed	
Who owes this debt (joint, husband, wife)	
Year(s) charges were made on this account	

Name of creditor	
Mailing address	
City, State, Zip	
Account number	
Balance owed	
Who owes this debt (joint, husband, wife)	
Year(s) charges were made on this account	

Name of creditor	
Mailing address	
City, State, Zip	
Account number	
Balance owed	
Who owes this debt (joint, husband, wife)	
Year(s) charges were made on this account	

Name of creditor	
Mailing address	
City, State, Zip	
Account number	
Balance owed	
Who owes this debt (joint, husband, wife)	
Year(s) charges were made on this account	

Name of creditor	
Mailing address	
City, State, Zip	
Account number	
Balance owed	
Who owes this debt (joint, husband, wife)	
Year(s) charges were made on this account	

Name of creditor	
Mailing address	
City, State, Zip	
Account number	
Balance owed	
Who owes this debt (joint, husband, wife)	
Year(s) charges were made on this account	

Name of creditor	
Mailing address	
City, State, Zip	
Account number	
Balance owed	
Who owes this debt (joint, husband, wife)	
Year(s) charges were made on this account	

Name of creditor	
Mailing address	
City, State, Zip	
Account number	
Balance owed	
Who owes this debt (joint, husband, wife)	
Year(s) charges were made on this account	

Have you charged on any of these accounts within the last 90 days?

Yes _____ No _____

If you answered "yes," complete the following

Name of creditor	Date of charge(s)	Amount charged

If you have any co-debtors or co-signers on any of the unsecured debts listed above, complete the following

Name of creditor	Name(s) of co-signer	Address of co-signer

UNSECURED

(MEDICAL, UTILITIES, PERSONAL LOANS, ETC)

If you require more space, make copies of appropriate page

Name of creditor	
Mailing address	
City, State, Zip	
Account number	
Balance owed	
Who owes this debt (joint, husband, wife)	
Year charges were made to create this balance	
Nature of debt (medical, utility, loan, etc)	

Name of creditor	
Mailing address	
City, State, Zip	
Account number	
Balance owed	
Who owes this debt (joint, husband, wife)	
Year charges were made to create this balance	
Nature of debt (medical, utility, loan, etc)	

Name of creditor	
Mailing address	
City, State, Zip	
Account number	
Balance owed	
Who owes this debt (joint, husband, wife)	
Year charges were made to create this balance	
Nature of debt (medical, utility, loan, etc)	

Name of creditor	
Mailing address	
City, State, Zip	
Account number	
Balance owed	
Who owes this debt (joint, husband, wife)	
Year charges were made to create this balance	
Nature of debt (medical, utility, loan, etc)	

Name of creditor	
Mailing address	
City, State, Zip	
Account number	
Balance owed	
Who owes this debt (joint, husband, wife)	
Year charges were made to create this balance	
Nature of debt (medical, utility, loan, etc)	

Name of creditor	
Mailing address	
City, State, Zip	
Account number	
Balance owed	
Who owes this debt (joint, husband, wife)	
Year charges were made to create this balance	
Nature of debt (medical, utility, loan, etc)	

Name of creditor	
Mailing address	
City, State, Zip	
Account number	
Balance owed	
Who owes this debt (joint, husband, wife)	
Year charges were made to create this balance	
Nature of debt (medical, utility, loan, etc)	

Name of creditor	
Mailing address	
City, State, Zip	
Account number	
Balance owed	
Who owes this debt (joint, husband, wife)	
Year charges were made to create this balance	
Nature of debt (medical, utility, loan, etc)	

Name of creditor	
Mailing address	
City, State, Zip	
Account number	
Balance owed	
Who owes this debt (joint, husband, wife)	
Year charges were made to create this balance	
Nature of debt (medical, utility, loan, etc)	

Name of creditor	
Mailing address	
City, State, Zip	
Account number	
Balance owed	
Who owes this debt (joint, husband, wife)	
Year charges were made to create this balance	
Nature of debt (medical, utility, loan, etc)	

Name of creditor	
Mailing address	
City, State, Zip	
Account number	
Balance owed	
Who owes this debt (joint, husband, wife)	
Year charges were made to create this balance	
Nature of debt (medical, utility, loan, etc)	

Name of creditor	
Mailing address	
City, State, Zip	
Account number	
Balance owed	
Who owes this debt (joint, husband, wife)	
Year charges were made to create this balance	
Nature of debt (medical, utility, loan, etc)	

Name of creditor	
Mailing address	
City, State, Zip	
Account number	
Balance owed	
Who owes this debt (joint, husband, wife)	
Year charges were made to create this balance	
Nature of debt (medical, utility, loan, etc)	

Name of creditor	
Mailing address	
City, State, Zip	
Account number	
Balance owed	
Who owes this debt (joint, husband, wife)	
Year charges were made to create this balance	
Nature of debt (medical, utility, loan, etc)	

Name of creditor	
Mailing address	
City, State, Zip	
Account number	
Balance owed	
Who owes this debt (joint, husband, wife)	
Year charges were made to create this balance	
Nature of debt (medical, utility, loan, etc)	

CURRENT MONTHLY INCOME

If you are filing together, the "FIRST DEBTOR" income information is for the husband and the "JOINT DEBTOR" income information is for the wife. If you are not filing with a spouse, BUT ARE LIVING WITH YOUR SPOUSE, the court will require the income information from the non-filing spouse. In that situation, the "FIRST DEBTOR" income information is for the filing spouse and the "JOINT DEBTOR" income information is for the non-filing spouse. If you are not living with your spouse, leave the "JOINT DEBTOR" income information blank

FIRST DEBTOR

Monthly gross income	
Less: tax and SS withholdings	
Less: Insurance	
Less: Union dues	
Less: Other	
Monthly take home pay	
What are your pay dates	

Other monthly income

Total business income before deducting any expenses	
Rental income before deducting any mortgage payments or expenses	
Interest	
Child support or alimony received	
Social Security	
Welfare or food stamps	
Pension or other retirement	
Other (describe _____)	

Income from working for the last 6 months. It will not do you any good to skip this part because you will get a follow-up request for the information. If you are self-employed, you need to put in the total business receipts for each of the months

Last month	
Previous month	
Previous month	
Previous month	
Previous month	
Previous month	

Expenses for self-employed debtors

If you are self-employed, list below for each of the last 6 months the total of your business expenses

Last month	
Previous month	
Previous month	
Previous month	
Previous month	
Previous month	

JOINT DEBTOR

Monthly gross income	
Less: tax and SS withholdings	
Less: Insurance	
Less: Union dues	
Less: Other	
Monthly take home pay	
What are your pay dates	

Other monthly income

Total business income before deducting any expenses	
Rental income before deducting any mortgage payments or expenses	
Interest	
Child support or alimony received	
Social Security	
Welfare or food stamps	
Pension or other retirement	
Other (describe _____)	

Income from working for the last 6 months. It will not do you any good to skip this part because you will get a follow-up request for the information. If you are self-employed, you need to put in the total business receipts for each of the months

Last month	
Previous month	
Previous month	
Previous month	
Previous month	
Previous month	

Expenses for self-employed debtors

If you are self-employed, list below for each of the last 6 months the total of your business expenses

Last month	
Previous month	
Previous month	
Previous month	
Previous month	
Previous month	

AVERAGE MONTHLY EXPENSES

On this page, you will list your average monthly expenses. If husband and wife live together, this page will be the expenses of the single household. Check "joint" below. If husband and wife live separately (both in Oregon) and both are filing, check the appropriate designation below and put the expenses of the other spouse on the next page. If one spouse is not filing, list only the expenses of the filing spouse's household.

Joint _____ Husband _____ Wife _____

1 st mortgage payment (if keeping your home)	
2nd mortgage payment (if keeping your home)	
Rent (if no mortgage)	
Utility: electricity/heating	
Utility: water/sewer	
Utility: telephone	
Utility: cable/internet	
Utility: other	
Home maintenance and repair	
Food	
Clothing (including laundry)	
Medical/dental (not covered by insurance)	
Transportation (gas, repairs, maintenance, etc)	
Recreation	
Charitable contributions	
Insurance: renters or homeowners if not in mtg)	
Insurance: life (if not deducted from pay)	
Insurance: health (if not deducted from pay)	
Insurance: auto	
Insurance: other	
Taxes: real property (if not included in mortgage)	
Taxes: income (not withholdings from pay)	
Alimony or child support you pay	
Other: (describe _____)	
Other: (describe _____)	
Other: (describe _____)	

ADDITIONAL MONTHLY EXPENSES

List below installment payments you make each month that you would like to continue to pay after your bankruptcy is finished.

Name of creditor

Monthly payment

AVERAGE MONTHLY EXPENSES

(use only for joint debtor not living with primary debtor)

On this page, you will list your average monthly expenses. If husband and wife live together, this page will be the expenses of the single household. Check "joint" below. If husband and wife live separately (both in Oregon) and both are filing, check the appropriate designation below and put the expenses of the other spouse on the next page. If one spouse is not filing, list only the expenses of the filing spouse's household.

Joint _____ Husband _____ Wife _____

1 st mortgage payment (if keeping your home)	
2nd mortgage payment (if keeping your home)	
Rent (if no mortgage)	
Utility: electricity/heating	
Utility: water/sewer	
Utility: telephone	
Utility: cable/internet	
Utility: other	
Home maintenance and repair	
Food	
Clothing (including laundry)	
Medical/dental (not covered by insurance)	
Transportation (gas, repairs, maintenance, etc)	
Recreation	
Charitable contributions	
Insurance: renters or homeowners if not in mtg)	
Insurance: life (if not deducted from pay)	
Insurance: health (if not deducted from pay)	
Insurance: auto	
Insurance: other	
Taxes: real property (if not included in mortgage)	
Taxes: income (not withholdings from pay)	
Alimony or child support you pay	
Other: (describe _____)	
Other: (describe _____)	
Other: (describe _____)	

ADDITIONAL MONTHLY EXPENSES

List below installment payments you make each month that you would like to continue to pay after your bankruptcy is finished.

Name of creditor

Monthly payment

Name of creditor	Monthly payment

GENERAL FINANCIAL INFORMATION

Have you charged more than \$1000 on any credit card within the last 6 months?

Yes _____ No _____

If you answered "yes," complete the following

Name of creditor	Amount paid

Have you obtained an unsecured loan from a bank or finance company within the last 6 months?

Yes _____ No _____

If you answered "yes," complete the following

Name of lender	Amount borrowed

How much income have you earned from working in the following years?

	Debtor		Co-debtor
This year		This year	
Last year		Last year	
Year before last		Year before last	

Have you received income during the last 2 years from sources other than working?

	Debtor	Source		Co-debtor	Source
This year			This year		
Last year			Last year		

Not counting car payments or house payments, have you paid more than \$600 to any **ONE** creditor in the last 90 days?

Yes _____ No _____

If you answered "yes," complete the following

Name of creditor	Amount paid	Date paid

Have you repaid any loans from relatives in the last year?

Yes _____ No _____

If you answered "yes," complete the following

Name of relative	
Relationship	
Street address	
City, State, Zip	
Amount paid	

Name of relative	
Relationship	
Street address	
City, State, Zip	
Amount paid	

Has anyone sued you in the last year?

Yes _____ No _____

If you answered "yes," complete the following

Name of creditor	
Name of creditor's attorney (if any)	
Street address	
City, State, Zip	
County where lawsuit filed	
Case number of lawsuit	

Name of creditor	
Name of creditor's attorney (if any)	
Street address	
City, State, Zip	
County where lawsuit filed	
Case number	

Has anyone garnished your wages or bank account within the last 90 days?

Yes _____ No _____

If you answered "yes," complete the following

Name of creditor	Date of garnishment	Amount garnished

Has anything been repossessed by or returned to a creditor in the last year?

Yes _____ No _____

If you answered "yes," complete the following

Name of creditor	
Street address	
City, State, Zip	
Description of item repossessed	
Date of repossession	
Value of item repossessed	

Name of creditor	
Street address	
City, State, Zip	
Description of item repossessed	
Date of repossession	
Value of item repossessed	

Have you given any property to a creditor in the last 120 days for the creditor to hold as collateral for a loan you already had with the creditor?

Yes _____ No _____

If you answered "yes," complete the following

Name of creditor	
Street address	
City, State, Zip	
Description of property	
Date given to creditor	

Has any of your property been controlled by a custodian, receiver or court-appointed official in the last year?

Yes _____ No _____

If you answered "yes," complete the following

Name of custodian	
Street address	
City, State, Zip	
Name of Court	
City, State of court location	
Case number	
Case title	
Description of property	
Value of property	

Have you made any gifts to a charity or church in the last year of more than \$100?

Yes _____ No _____

If you answered "yes," complete the following

Name of charity	
Date of gift(s)	
Value of gift(s)	

Name of charity	
Date of gift(s)	
Value of gift(s)	

Have you made any gifts to family members during the last year more than \$200?

Yes _____ No _____

If you answered "yes," complete the following

Name of family member	
Street address	
City, State, Zip	
Relationship	
Date of gift(s)	
Value of gift(s)	

Name of family member	
Street address	
City, State, Zip	
Relationship	
Date of gift(s)	
Value of gift(s)	

Have you suffered any losses from fire, theft or gambling in the last year?

Yes _____ No _____

If you answered "yes," complete the following

Describe event	
Date of event	
Amount of loss	

Other than payments to Dale L Smith for help with this bankruptcy, have you made any payments or transferred any property to anyone for consultation concerning debt consolidation, debt repayment or help with a bankruptcy petition?

Yes _____ No _____

If you answered "yes," complete the following

Name	
Street address	
City, State, Zip	
Amount paid	
Date of payment	

Have you sold, traded or transferred any property during the last 12 months?

Yes _____ No _____

If you answered "yes," complete the following

Name	
Street address	
City, State, Zip	
Description of property transferred	
Date of transfer	
Value of property	

Name	
Street address	
City, State, Zip	
Description of property transferred	
Date of transfer	
Value of property	

Have you closed any bank accounts in the last 12 months?

Yes _____ No _____

If you answered "yes," complete the following

Name of bank	
Type of account (checking, savings, etc)	
Date of closure	
Balance at time of closing	

Name of bank	
Type of account (checking, savings, etc)	
Date of closure	
Balance at time of closing	

Do you have a safe deposit box?

Yes _____ No _____

If you answered "yes," complete the following

Name of bank	
City and state where bank located	
Description of contents	
Names of persons who have access to box	

Do any of your creditors owe you money?

Yes _____ No _____

If you answered "yes," did any of those creditors cancel your debt rather than have you pay the debt?

Yes _____ No _____

If you answered "yes," complete the following

Name of creditor	
Street address	
City, State, Zip	
Amount owed to creditor	
Date of cancellation	

Do you have in your possession any property that belongs to another person?

Yes _____ No _____

Do you control any property that belongs to another person?

Yes _____ No _____

If you answered "yes" to either question, complete the following

Name of person	
Street address	
City, State, Zip	
Description of property	

Have you moved in the last 24 months?

Yes _____ No _____

If you answered "yes," complete the following

Street address	
City, State, Zip	
Beginning date	
Ending date	

Street address	
City, State, Zip	
Beginning date	
Ending date	

Street address	
City, State, Zip	
Beginning date	
Ending date	

Within the last 6 years have you lived with a wife/husband in Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington or Wisconsin?

Yes _____ No _____

If you answered "yes," complete the following

Name of spouse	
State where lived	
Date of residency	

Has any governmental agency given you any written notice that you may have violated an environmental law relating to pollution, hazardous waste or groundwater contamination?

Yes _____ No _____

Have you given any notice to a governmental agency that you have released a hazardous material?

Yes _____ No _____

If you answered "yes" to either question, complete the following

Name of government agency	Date of notice

Have you been involved as an officer, director, partner or managing executive of a corporation, partnership or sole proprietorship in the last 6 years?

Yes _____ No _____

If you answered "yes," complete the following

Name of business	
Street address	
City, State, Zip	
Tax ID # (if any)	
Nature of business	
When did the business begin operating	
Is business still operating	
If business not operating, when did it close	
Name of any accountant for business	
Street address	
City, State, Zip	
Date(s) accounting services rendered	
Name of any bank that has been given a financial statement related to the business	
Name(s) of other partners	

Within the last 6 years have you owned more than 5% of any corporation?

Yes _____ No _____

If you answered "yes," complete the following

Name of corporation	
Street address	
City, State, Zip	
Tax ID# of corporation	

Are you leasing any property (vehicle, house, apartment)?

Yes _____ No _____

If you answered "yes," complete the following

Name of creditor or landlord	
Street address	
City, State, Zip	
Description of property	

Name of creditor or landlord	
Street address	
City, State, Zip	
Description of property	

Print name of person completing this questionnaire

I certify that all of the information in this questionnaire is correct and true to the best of my knowledge.

_____ Date: _____

