

# Eddins · Domine Law Group, PLLC

### Committed to Our Clients' Success

#### **BANKRUPTCY QUESTIONAIRE**

# 1. **Personal Information** Full Name: \_\_\_\_\_ Birthday: \_\_\_\_\_ SSN: Address: Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email address: Have you ever filed for bankruptcy? If so, please provide date and place of filing and bankruptcy chapter (typically Chapter 7 or Chapter 13) 2. **Spouse's Personal Information** Is your spouse filing bankruptcy? \_\_\_\_\_ If so, please providing the following information: Full Name: \_\_\_\_\_\_ Birthday: \_\_\_\_\_ SSN: \_\_\_\_\_ Address: \_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email address: Have you ever filed for bankruptcy? If so, please provide date and place of filing and bankruptcy chapter (typically

Chapter 7 or Chapter 13)

<b>3.</b>	Depend	lents
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Please list the age and relationship of all children or dependents that reside with you in your home.
<ol> <li>1.</li> <li>2.</li> <li>3.</li> <li>4.</li> </ol>
Total household size?
PROPERTY OWNED BY YOU
REAL PROPERTY (REAL ESTATE)
1. Address:
Primary Residence? Yes No
Ownership: Single Individual Married Other
Year Purchased: Purchase Price \$
Estimated Fair Market Value: \$
1st Mortgage: Approx. Amount Owed \$ (Name of Mortgage Holder)
2 <sup>nd</sup> Mortgage: Approx. Amount Owed \$ (Name of Mortgage Holder)
Do you want to keep or surrender this property?
Are you current on this payment?
If no, how many months do you owe?

Are there any other liens on this property, including judgment liens?
If so, please list
Do you owe property taxes? How much?
2. Address:
Primary Residence? Yes No
Ownership: Single Individual Married Other
Year Purchased: Purchase Price \$
Estimated Fair Market Value: \$
1st Mortgage: Approx. Amount Owed \$ (Name of Mortgage Holder)
2 <sup>nd</sup> Mortgage: Approx. Amount Owed \$ (Name of Mortgage Holder)
Do you want to keep or surrender this property?
Are you current on this payment?
If no, how many months do you owe?
Are there any other liens on this property, including judgment liens?
If so, please list
Do you owe property taxes? How much?

## PERSONAL PROPERTY

#### **AUTOMOBILES**

<u>Car #1</u>:

1.	Year, make and model:
2.	Name(s) on title:
2.	Mileage:
3.	Condition of vehicle:
4.	Date purchased
5.	Monthly payment:
6.	Name of lender (if applicable):
7.	Are you current on your payments?
8.	Do you want to keep or surrender this car?
<u>Car #2</u>	:
1.	Year, make and model:
2.	Name(s) on title:
2.	Mileage:
3.	Condition of vehicle:
4.	Date purchased
<ul><li>4.</li><li>5.</li></ul>	
	Date purchased
5.	Date purchased  Monthly payment:
<ul><li>5.</li><li>6.</li></ul>	Date purchased  Monthly payment:  Name of lender (if applicable):

OTHER PERSONAL PROPERTY

Type of Property	Description and Location of Property	Owned by Husband, Wife or Joint (if applicable)	Current Value of Property
Cash			
Checking, savings or other financial accounts; CDs (Name of bank and type(s) of account)			
Security deposits with landlords, utilities, etc.			

Household goods and furnishings, including audio, video and computer equipment		
Books, pictures, art, antiques; stamp, coin, cd/dvd collection; collectibles		

Summary of clothing		
Furs and Jewelry		
Firearms and sports, photographic and other hobby equipment		
Boats, motors and accessories		
Insurance policies with cash value		
Annuities		
Retirement Accounts (IRA, 401(k), etc.)		
Stocks and bonds		

Interests in any business, partnership or joint venture				
Are you expecting a tax refund? Lawsuits or claims against anyone to collect money				
Other personal property not listed				
	EXECUTOR	Y CONTRACTS		
1. Car Leases:				
Type of car:	:			
Date lease of	commenced:	Monthly p	payment \$	
Name of ler	nder			
2. Residential lease	es:			
Date lease of	commenced:	Monthly p	payment \$	
3. Timeshare contr	acts:			
Date contra	ct commenced:	Month	ly payment \$	

4.	Equipment leases:
	Date lease commenced: Monthly payment \$
5.	Other:
	LIABILITIES NOT APPEARING ON CREDIT REPORT
1.	Creditor name:
	a. Address (if known)
	<b>b</b> . Account number:
	c. Responsible party (e.g, single individual, joint): If joint,
	please provide the name and address of any persons also liable for this debt.
	<b>d.</b> Amount owed: \$
	e. Is a third party attempting to collect this debt? If yes, please provide name of
	third party
2.	Creditor name:
	a. Address (if known)
	<b>b</b> . Account number:
	c. Responsible party (e.g, single individual, joint): If joint,

	please provide the name and address of any persons also liable for this debt.
	<b>d.</b> Amount owed: \$
	e. Is a third party attempting to collect this debt? If yes, please provide name of
	third party
	Attach additional pages if necessary.
3.	Do you owe money to the IRS or to the State? Please describe.
4.	Do you owe money for student loans?
	INCOME
1.	Name of your employer:
2.	Job title:
3.	How long have you been with this employer?
3.	What is your salary or hourly pay rate?
4.	How often do you get paid?
5.	Do you have any other sources of income (including child support, spousal maintenance, social security, a part-time job, etc.), if so please describe below:
6.	Please attach a copy of all paystubs and other paperwork showing all income received by you from any source for the last six months.
SPOU	JSE:
1.	Name of your employer:
2.	Job title:
3.	How long have you been with this employer?

3.	What is your salary or hourly pay?	-	
4.	How often do you get paid?		
5.			
Have you or your spouse recently experienced or do you expect to experience a change in your income? If so, please describe below:			
	MONTHLY EXPENSES		
LIVIN	G EXPENSES		
Food Clothin Persona Miscell	ng al care and laundry laneous Expenses (please explain)	\$ \$ \$	
HOUS	ING EXPENSES		
	Are real estate taxes included? Yes No	\$ \$	
Utilitie	s: Electricity / gas Water / sewer Home phone, cable and internet: Cell phone	\$ \$ \$	
Home l	Maintenance	\$	
MISCI	ELLANEOUS EXPENSES		

Medical and dental expenses (not deducted from paycheck) Prescriptions Co-Pays	\$
Transportation (Gas & oil changes, tires, car repairs)	\$
Entertainment	\$
Charitable contributions / tithing	\$
Insurance (not deducted from paycheck):	
Car	\$
Life	\$
Health	\$
Property/Casualty	\$
Spousal Maintenance (alimony) and child support:	\$
Daycare / school expenses and other childcare costs:	\$
Car payments:	
Car #1:	\$
Car #2:	\$
Student loan payments	\$
Tax payments (not deducted from paycheck or	
Included in home mortgage payments)	\$