

ATTORNEY MARK BUCKLEY

CERTIFIED FINANCIAL PLANNER™

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401-467-6800

Congratulations on taking the first step towards eliminating your financial problems and getting a fresh start. Take a moment now and imagine what your life will be like without crippling debt, or having to deal with aggressive debt collectors. Imagine what it will be like to start saving money again!

This questionnaire is designed to help me better understand your financial situation. It will take a few hours to complete. The information you supply is ABSOLUTELY CONFIDENTIAL. Never keep information from us because you are afraid or embarrassed. Your honesty and transparency are vitally necessary.

Complete as much of this as you can before our meeting. If you need help with any part, or don't have time to finish, **we can still meet**. Simply give your best effort and I will help you with rest. When done, call me at 467-6800 for an appointment. I look forward to meeting with you.

Sincerely,

Mark S. Buckley

Mark S. Buckley, Esq., CFP®

DATE DELIVERED _____

___ DOCUMENTS

___ CREDIT COUNSELING

___ FINAL BALANCE

EXPECTED FILE DATE _____

20 Practical Tips for a Successful Case

1. Stop using all **credit** cards immediately. I'd like a 90-day period of no-usage before filing.
2. Stop using your **debit** card for non-necessities: (cigs, alcohol, gift buying, entertainment). The trustee will study your bank records for last 90 days looking for red flags.
3. Don't repay debts owed to family members within one year of filing bankruptcy. The trustee can go after them to force them to refund the money to the court.
4. Don't take your name off the title to any asset without first discussing with me.
5. Don't hide assets or omit debts. The law requires FULL disclosure. No secrets.
6. Don't fail to disclose all bank, brokerage, retirement and credit union accounts.
7. Don't fail to disclose an expected tax refund, money settlement, or inheritance.
8. Don't overlap your financial life/assets with a non-spouse.
9. Don't sell, transfer or give away any real or personal property to anyone.
10. Don't pay a creditor \$ 600 within 90 days of filing BK (except car/house loans).
11. Don't omit disclosing hidden income or tips just because it is "not on the books".
12. Don't take voluntary distributions or borrow money from retirement plans.
13. Don't take cash advances, balance transfers or use convenience checks.
14. Don't gamble. No lottery or casino.
15. Don't omit friends and family as creditors if you truly owe them money.
16. Don't accept money from friends and family. The extra "income" could ruin your case.
17. Don't forget to tell Attorney Buckley about judgment liens on your home.
18. Don't tell half-truths. Shoot straight. Complete honesty is required to stay out of trouble.
19. Don't keep money on deposit at any bank that you owe money to.
20. Don't delay - time is money. Complete all assigned homework to avoid fee increases.

PRE-FILING CHECKLIST

Please check each box below as you gather items for our meeting. Please do not bring originals. We only want **copies or emailed PDFs**. You can use the *Adobe Scan* App (free download) to create pdfs with your smartphone's camera if you don't have a scanner.

- Driver's license AND Social Security Card;**
- All **paystubs** for self and spouse for past seven (7) months;
If you do not have every paystub, you must contact your payroll department to request a printout of what is missing. We need to have all of the deductions included in any printout as well as gross and net amounts.
- Monthly breakdown of **ALL other income** received in the past seven (7) months;
examples: unemployment; SSI, SSDI, pension, injury settlements, monetary gifts received, inheritances, side-hustles/ cash jobs, TIPS, items sold for money, TDI, worker's comp, stimulus checks, income tax refunds, retirement account withdrawals/ liquidations, gambling.
- Profit and loss** breakdown for self-employment income for past twelve (12) months;
- Bank statements** for past four (4) months (including any recently closed bank accounts);
- Most recent **Retirement account statement(s)**;
- Federal/ state Income **tax returns** for last two years with W2/ 1099 statements;
- Billing statements, collection letters, and lawsuit docs on all debts;
- Credit reports** obtained in last 30 days (obtain for free at www.annualcreditreport.com);
- Divorce decree/ property settlement** agreement (if divorced in past 8 years);
- Personal injury settlement agreements (if case settled in past 5 years);
- Completion of Bankruptcy YES/NO checklist

No	BANKRUPTCY YES/NO CHECKLIST	Yes	No
1	Have you filed for bankruptcy protection in the past 8 years?		
2	Have you lived exclusively in Rhode Island the last 24 months?		
3	Do you have your name on the deed to ANY real estate anywhere?		
4	Have you been on the deed to any other real estate in the last 4 years?		
5	Does ANYONE owe you ANY money or property for ANY reason?		
6	Have you had any personal injury claims/ settlements in the last 3 years?		
7	Do you have reason to sue anyone for damages?		
8	Do you have Whole Life insurance that has a present cash surrender value?		
9	Have you been self-employed or operated a business in past 4 years?		
10	Are you expecting an income tax refund?		
11	Did you spend a total of \$ 600 buying gifts in past 2 years for one person?		
12	Did you make charitable donations worth more than \$ 600 in past 2 years?		
13	Are you a beneficiary of a Trust?		
14	Do you presently have an inheritance in someone's estate?		
15	Did you repay ANY personal debts owed to friends or family in past year?		
16	Did you sell, transfer, or gift ANYTHING valued at \$ 750 in past 4 years?		
17	Did you close ANY bank/ retirement/ life insurance accounts in last year?		
18	Do you owe money to any friend or family member?		
19	Did you repay any single creditor an aggregate of \$ 600 in last 90 days?		
20	Have you had ANY property seized, foreclosed or attached in prior year?		
21	Did you take an early distribution of retirement assets in last 6 months?		
22	Have you taken cash advances or balance transfers in past year?		
23	Have you purchased a big-ticket item (worth over \$ 750) in prior year?		
24	Have you been a party to any lawsuits/ legal actions in prior year?		
25	Did you have any gambling losses in the prior year?		
26	Is your name on anyone else's bank account or real estate?		
27	Did you meet with/ pay money to another bankruptcy lawyer in last year?		
28	Have you had a safe deposit box in the last year?		
29	Did you pay the expenses of any adult children in past year?		

TIMELINE OF EVENTS IN BANKRUPTCY

1. Complete the CONFIDENTIAL CLIENT QUESTIONNAIRE.
2. Gather items listed in the PRE-FILING CHECKLIST and complete the BANKRUPTCY YES/NO CHECKLIST.
3. Call 467-6800 to request your free consultation. The meeting can be at our office at 1536 Westminster Street in Providence (plenty of free parking), in-home, or over the phone.
4. Bring the completed questionnaire and gathered documents. (You will need to continue providing copies of future paystubs and bank statements until your case is filed.)
5. Bankruptcy Agreement is signed and the agreed retainer fee is paid.
6. Once the retainer fee is paid, you can refer creditors to our office to confirm legal representation.
7. If you are sued by a creditor (i.e. served a *notice of summons and complaint*), please understand that we represent you **ONLY** in the bankruptcy filing. We do not represent you in the underlying civil-collection matter. (We will make sure, however, that the creditor is listed in your petition.)
8. Complete your **first** required education course. This online *credit counseling module* takes 60-90 minutes, typically costs less than \$ 20, and is easy. We will provide instructions.
9. We will provide you with a punch list of items necessary to finalize your case for filing. You will have twenty (20) days to get us the requested information. If you do not comply with the request, additional fees may be charged, or the case may be dismissed without a refund.
10. After the attorney fees are paid in full, and we have advised you that we are ready to file your case, you will receive your bankruptcy petition to review and sign. You will then pay the **\$ 338** court-filing fee in **cash** or by **money order payable to Attorney Mark Buckley.**
11. We file your case and email you your bankruptcy case number and hearing date/time instructions.
12. Complete your **second** required education course online. It will take two hours and costs about \$ 20. We will provide instructions.
13. We contact you prior to your hearing to make sure you are well prepared. We have helped thousands of clients file bankruptcy over a thirty-year period and you will do great.
14. Two months after your hearing, a *Chapter 7 discharge certificate* is issued by the Bankruptcy Court and your case ends. You now have a fresh start and can begin rebuilding credit.

IMPORTANT INFORMATION ABOUT BANKRUPTCY ASSISTANCE SERVICES FROM AN ATTORNEY OR BANKRUPTCY PETITION PREPARER.

If you decide to seek bankruptcy relief, you can represent yourself, you can hire an attorney to represent you, or you can get help in some localities from a bankruptcy petition preparer who is not an attorney. THE LAW REQUIRES AN ATTORNEY OR BANKRUPTCY PETITION PREPARER TO GIVE YOU A WRITTEN CONTRACT SPECIFYING WHAT THE ATTORNEY OR BANKRUPTCY PETITION PREPARER WILL DO FOR YOU AND HOW MUCH IT WILL COST. Ask to see the contract before you hire anyone.

The following information helps you understand what must be done in a routine bankruptcy case to help you evaluate how much service you need. Although bankruptcy can be complex, many cases are routine.

Before filing a bankruptcy case, either you or your attorney should analyze your eligibility for different forms of debt relief available under the Bankruptcy Code and which form of relief is most likely to be beneficial for you. Be sure you understand the relief you can obtain and its limitations. To file a bankruptcy case, documents called a Petition, Schedules, and Statement of Financial Affairs, and in some cases a Statement of Intention, need to be prepared correctly and filed with the bankruptcy court. You will have to pay a filing fee to the bankruptcy court. Once your case starts, you will have to attend the required first meeting of the creditors where you may be questioned by a court official called a 'trustee' and by creditors.

If you choose to file a chapter 7 case, you may be asked by a creditor to reaffirm a debt. You may want help deciding whether to do so. A creditor is not permitted to coerce you into reaffirming your debts.

If you choose to file a chapter 13 case in which you repay your creditors what you can afford over 3 to 5 years, you may also want help with preparing your chapter 13 plan and with the confirmation hearing on your plan which will be before a bankruptcy judge.

If you select another type of relief under the Bankruptcy Code other than chapter 7 or chapter 13, you will want to find out what should be done from someone familiar with that type of relief.

Your bankruptcy case may also involve litigation. You are generally permitted to represent yourself in litigation in bankruptcy court, but only attorneys, not bankruptcy petition preparers, can give you legal advice

CONFIDENTIAL CLIENT QUESTIONNAIRE

SECTION ONE: YOU & YOUR FAMILY

Debtor # 1

Full Legal Name: _____

Home Address: _____

Mailing Address (if different): _____

Phone #: _____ Email Address: _____

Date of birth: _____ Soc Sec #: _____

Marital status: Married Single Divorced Separated Widowed
 Common Law Marriage Unmarried, living with partner

Any other names used in past 8 years? (married, maiden and trade names/variations) Yes No

Other name # 1: _____

Other name # 2: _____

Has Debtor # 1 ever filed bankruptcy? Yes No. If yes, where/when? _____

Debtor # 2 (if spouse is filing bankruptcy with you)

Full Legal Name: _____

Phone #: _____ Email Address: _____

Date of birth: _____ Soc Sec #: _____

Any other names used in past 8 years? (married, maiden and trade names/variations) Yes No

Other name # 1: _____

Other name # 2: _____

Has Debtor # 2 ever filed bankruptcy? Yes No. If yes, where/when? _____

Names, ages and relationships of others (in your household living at your address):

Name: _____ Age: _____ Relationship: _____
Name: _____ Age: _____ Relationship: _____
Name: _____ Age: _____ Relationship: _____
Name: _____ Age: _____ Relationship: _____
Name: _____ Age: _____ Relationship: _____

All other addresses lived at in past two years, along with move-in/ move-out dates:

Address # 1: _____ Dates: _____
Address # 2: _____ Dates: _____
Address # 3: _____ Dates: _____
Address # 4: _____ Dates: _____

SECTION TWO: REAL ESTATE

1. Are you titled on any real estate: **Yes** **No**
2. If yes, what type(s): **single family house** **multi-family house** **condo** **timeshare**
 mobile home **land** **empty lot** **burial plot** **commercial property**
3. For each such property, provide the address, date acquired, purchase price (or inherited), present value of what it could be sold for today, names of all present owners, names of all mortgage companies along with balances owed, dates of when each mortgage was taken, and status of each loan being current or delinquent:

4. Did you own any other real estate in the past 4 years? **Yes** **No**
5. Are there any judgment liens recorded against any real estate? **Yes** **No**
6. Has anyone put your name on the deed to their house/ real estate? **Yes** **No**

SECTION THREE: YOUR VEHICLES

1. Provide the following for all vehicle types (cars, trucks, trailers, boats, motorcycles, jet skis, snowmobiles, ATVs, campers, mobile homes, tractors, motorized vehicles, airplanes). For current value, please use the **private-party value** found at www.kbb.com

Vehicle Type	Mileage	Year	Make	Model	Current Value
_____	_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	_____	\$ _____

2. Provide the following financial information on any vehicle above that you are still paying:

Creditor Name	Account #	Monthly payment	Remaining balance
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____

3. Are any of your vehicles leased? Yes No

4. Do you wish to **surrender** any of the vehicles listed above? Yes No
If yes, please indicate which one(s): _____

5. Are you behind on making payments to any of the vehicles listed above? Yes No
If yes, please indicate which one(s) and # of missed payments: _____

6. Do you have an equitable interest in any vehicle that is titled in another person's name. (ex. You bought a car, but put it in a friend's name) Yes No
 If yes, provide details of vehicle and name of party holding legal title.
-
-

SECTION FOUR: PERSONAL PROPERTY

Please indicate the total REPLACEMENT VALUE of each category below, considering the age and condition of each item and what you could likely sell it for at a yard sale, consignment shop or on eBay.

Electronics \$ _____
 (Cell phones, computers, televisions, portable electronic devices, gaming systems, cameras, stereos, speakers, DVDs, entertainment systems, etc.)

Furniture and Appliances \$ _____
 (sofas, beds, bureaus, tables, chairs, dining sets, computer desks, display cabinets, stove, refrigerator, dishwasher, microwave oven, freezer, washer/ dryer, coffee maker, food processor, mixer, blender, BBQ grills, air conditioners, sewing machines, etc.)

Wearing Apparel (clothing, footwear, accessories, handbags, etc.)
 Debtor # 1 \$ _____
 Debtor # 2 \$ _____

Fur Coats \$ _____

Jewelry (diamonds, silver/gold, gemstones, earrings, costume jewelry, etc.)
 Debtor # 1 \$ _____
 Debtor # 2 \$ _____

Collectibles \$ _____
 (books, prints, artwork, pictures, stamp/ coin collections, sports card/ comic book collections, Record collections, vintage items, memorabilia, etc.)

Firearms/ ammunition/ accessories \$ _____

Sporting goods and hobby equipment \$ _____
 (bikes, exercise equipment, golf clubs, musical instruments, camping/ fishing gear, etc.)

1. Do you have any pets, livestock (horses, chickens, etc.) or other animals? Yes No
 If yes, please list: _____

Name of Financial Institution	Type of Account	Account #	Balance
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

3. Has any money in your financial accounts been taken/ frozen due to debt? Yes No
If yes, provide name of creditor along with dates/ dollar amounts taken.

4. Did you give a security deposit to a landlord, utility company or anyone else? Yes No
If yes, provide name of person/company and dates/amounts paid.

5. Do you own any life insurance policies on yourself or others? Yes No
If yes, provide the following:

Company Name	Type of Policy (term, whole life, universal)	Cash Surrender Value (\$ amount/ none)	Name of Beneficiary
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____

REMINDER: Provide Attorney Buckley with a printout showing the present cash.

6. Have you taken a loan against a life insurance policy in the past 3 years? Yes No
If yes, provide the dates and loan amounts of each loan.

7. Do you and/or your spouse expect to receive money from anyone in the next few years (this could be a personal injury/accident claim, class action lawsuit, medical malpractice, discrimination claim, inheritance, life insurance proceeds)? Yes No
If yes, please provide details about your claim(s) or expectation(s):

8. Did you receive a monetary settlement for any past claims in the last 4 years? Yes No
If yes, please provide details about dates and amounts received.

9. Do you or your spouse own any bonds (including Savings Bonds)? Yes No
If yes, please provide details about the type and present value of each.

10. Do you or your spouse own any stocks, mutual funds, or investment accounts? Yes No
If yes, provide a copy of the most recent statement showing the present value.
11. Do you or your spouse have any retirement accounts (including IRAs, 401(k), 403(b), pension plan, profit-sharing plan, etc.)? Yes No
If yes, provide a copy of the most recent statement showing the present value of each.

Financial Institution where funds are held	Type of Retirement Account	Present Value
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

12. Do you and/or your spouse own a business (sole proprietor, LLC, partnership, corp.)? Yes No
If yes, provide the name of business, year opened, type of business, percentage interest you own, list of business assets, and value of business, if known).

13. Have you had wage garnishments or bank levies by a creditor in the past year? Yes No
If yes, provide name of creditor(s), along with dates and amounts taken.

14. Did you and/or your spouse close any financial/bank accounts in the past 12 months? Yes No
If yes, provide the name/ address of each bank, type of account, account #, date of closure, and final balance prior to closure.

15. Do you and/or your spouse presently have a safe deposit box or storage unit, or did you have either during the last 12 months? Yes No
If yes, provide details regarding location, contents, names of those with access, etc.

16. Do you and/or your spouse have any money, property, or any other asset of value that is owned by another person, or that you are holding for the benefit of another? Yes No
If yes, provide name of said person, asset description and value.

17. Are you and/or your spouse owed any money for any reason, including child support? Yes No
If yes, provide name of person who owes you money and the dollar amount owed.

18. Do you or your spouse owe money to a payday loan company? Yes No
If yes, provide name/ address of company and amount owed.

19. Do you and/or your spouse have any reason to sue any person/ entity for any reason (ex. auto accident, slip and fall, dog bite, product liability, medical/ legal malpractice, class action lawsuit, other personal injury claims), or do you have a lawsuit pending? Yes No
If yes, provide details regarding the claim, including the date of loss, injuries sustained, legal representation (if any), and whether any offers have been made to settle.

20. Have you and/or your spouse ever been sued for any reason? Yes No
If yes, provide copies of any lawsuit documents to Attorney Buckley.
21. Did you and/ or your spouse incur any losses in the past 12 months as a result of fire, theft, natural disaster or gambling? Yes No
If yes, provide the type of loss, dollar amount of loss, date of loss, whether the loss Was covered by insurance, and if so, how much the insurance company paid you.

22. Did you and/or your spouse consult with a credit counseling agency, debt-settlement Company, or another bankruptcy attorney in the past 12 months? Yes No
If yes, provide the name/ address of said entity, date of contact and amount(s) paid.

23. Did any of your debts result from a refinance loan or consolidation loan? Yes No

SECTION SIX: YOUR EMPLOYMENT & INCOME

1. Provide the name and address of all your employers in the past 6 months.

Employer # 1: _____ Date started: _____

Employer # 2: _____ Date started: _____

Employer # 3: _____ Date started: _____

2. Provide the name and address of all of your spouse's (if applicable) employers in the past 6 months.

Employer # 1: _____ Date started: _____

Employer # 2: _____ Date started: _____

Employer # 3: _____ Date started: _____

3. What type of work do you do? (describe work at both primary and secondary jobs).

You: _____

Your spouse: _____

4. Reminder: bring pay stubs for past 7 months on all jobs worked in household.

5. Do you expect your income to increase or decrease more than 10% in the next year? Yes No

6. Does any employer owe you/ your spouse any unused vacation time? Yes No

7. Have you been involved in any administrative agency cases (such as unemployment, Worker's compensation, Social Security applications, etc.) in past 12 months? Yes No

If yes, provide case name, case number, agency name, type of case and present status.

8. In the past six months, have you, your spouse, or your dependents received money from any other source besides your jobs listed above? Yes No

If yes, check the sources below and provide breakdown of dates and gross/net amounts received.

- | | | |
|---|---|-------------------------------------|
| <input type="checkbox"/> unemployment | <input type="checkbox"/> pension | <input type="checkbox"/> tips |
| <input type="checkbox"/> Social Security/ SSDI | <input type="checkbox"/> retirement distributions | <input type="checkbox"/> items sold |
| <input type="checkbox"/> child support/ alimony | <input type="checkbox"/> public assistance | <input type="checkbox"/> cash jobs |
| <input type="checkbox"/> SNAP/ food stamps | <input type="checkbox"/> rental income | <input type="checkbox"/> gifts |
| <input type="checkbox"/> inheritance | <input type="checkbox"/> worker's compensation | <input type="checkbox"/> TDI |
| <input type="checkbox"/> gambling | <input type="checkbox"/> settlements | <input type="checkbox"/> other |

9. Are you entitled to receive commissions or other payments from prior employers? Yes No

10. Are you or your spouse listed as a beneficiary on a trust? Yes No
11. Do you or your spouse expect to inherit any money or property in the near future? Yes No
12. In the past 4 years, did you inherit anything (including life insurance proceeds)? Yes No
13. Does anyone (such as parents, boarders, etc.) contribute to your household income? Yes No

SECTION SEVEN: YOUR EXPENSES

Please provide accurate **monthly estimates** for each expense listed below for all members of your household. The information you provide will determine whether you qualify for bankruptcy. The bankruptcy court could require supporting documentation for all claimed expenses so please save receipts for all bills and purchases.

While many bills are paid monthly, some are paid quarterly (every 3 months), or annually. Kindly pro-rate your expense to reflect the average MONTHLY amount. For recurring monthly bills that fluctuate (like utility bills), please calculate a 12-month average.

Tips: multiply a weekly expense by 4.33, divide a quarterly bill by a factor of 3, or divide an annual bill by 12. (Example # 1: a weekly grocery expense of \$ 150 = \$ 150 x 4.333 = \$ 649.95/month. Example # 2: a quarterly water bill of \$ 150 = \$ 150/3 = \$ 50/month. Example # 3: annual car repairs of \$ 1,200 year = \$ 1,200/12 = \$ 100/month.

	MONTHLY AVERAGE
Rent/ Mortgage	\$ _____
Second Mortgage/ Home equity loan	\$ _____
Real Estate Taxes (if not included in mortgage payment)	\$ _____
Condo/ Homeowner's Assoc Fees	\$ _____
Trash pickup	\$ _____
Electricity (12-month avg)	\$ _____
Heating fuel (winter/summer avg for oil/gas/ firewood)	\$ _____
Sewer	\$ _____
Water	\$ _____
Telephone (cell and landline)	\$ _____
Cable TV, internet, phone bundle	\$ _____
Home maintenance/ repairs and upkeep	\$ _____
Food (groceries, lunch money, fast food, coffee breaks)	\$ _____
Clothing	\$ _____
Personal Hygiene items: soap, shampoo, razors, makeup, styling products)	\$ _____
Diapers and wipes	\$ _____

	Monthly Average
Haircuts	\$ _____
Other personal items	\$ _____
Laundry and Dry Cleaning	\$ _____
Household cleaning products	\$ _____
Paper goods (toilet paper, paper towels)	\$ _____
Public transportation/ parking	\$ _____
Gasoline	\$ _____
Vehicle maintenance (oil, repairs, registration, inspection, tires/ brakes)	\$ _____
School Expenses (lunch, activities, books)	\$ _____
Daycare expenses	\$ _____
Charitable Contributions	\$ _____
Pet Expenses: (food, treats, toys, litter, RX, vet)	\$ _____
Professional licenses	\$ _____
Homeowner's insurance (if not included in mortgage payment)	\$ _____
Life insurance (not already deducted from wages)	\$ _____
Health insurance (not already deducted from wages)	\$ _____
Dental insurance (not already deducted from wages)	\$ _____
Renter's insurance	\$ _____
Motor Vehicle insurance	\$ _____
Medications (over the counter, RX, vitamins, etc.)	\$ _____
Medical expenses (co-pays, tests, deductibles not covered by insurance)	\$ _____
Dental Expenses (co-pays, tests, deductibles not covered by insurance)	\$ _____
Optical Expenses (glasses, contact lenses, co-pays, etc.)	\$ _____
Vehicle excise taxes	\$ _____
Fire District taxes	\$ _____
Other taxes (not already included in mortgage or deducted from wages)	\$ _____
Car Loan Payments	
Car Loan payment # 1	\$ _____
Car Loan payment # 2	\$ _____

	Monthly Average
Student Loan payments	
Your student loan payments	\$ _____
Spouse's student loan payments	\$ _____
Loan Rental Payments (furniture, appliances, etc.)	\$ _____
Other installment payments	\$ _____
Alimony Payments (if not already deducted from wages)	\$ _____
Child Support Payments (if not already deducted from wages)	\$ _____
Other Payments for support (of dependent family members living away)	\$ _____
Security System Expenses	\$ _____
Bank fees	\$ _____
Other Expenses (please describe)	\$ _____

Do you pay for any expenses not listed above for the care and support of an elderly, chronically ill or disabled member for your household or your immediate family? **Yes** **No**

Do you have any expenses no listed above that you pay to keep your family safe from domestic violence? **Yes** **No**

Do you pay any expenses for your dependent children (under the age of 18) to attend a private, parochial, or charter elementary, middle or high school? **Yes** **No**

Do you expect any increase or decrease in personal, home, medical, or other expenses Listed above in the next 12 months? **Yes** **No**

SECTION EIGHT: TAXES

Have you filed state/ federal income tax returns for the past 7 years? **Yes** **No**

* Reminder: bring last 2 years federal/state income tax returns with W2 and 1099 statements.

How much are you expecting to receive for income tax refunds this year?

Federal \$ _____ **State** \$ _____

Did you already file for the refund(s)? **Yes** **No**

If not already received, when to you expect to receive the income tax refunds? _____

Is anyone expected to take/ intercept your tax refund? (ex. IRS, child support, etc.) **Yes** **No**

Is anyone (such as a spouse/ former spouse) entitled to a part of your income tax refund? Yes No

Do you owe any taxes to the US government/IRS? Yes No

If yes, provide the type of tax owed, tax year(s) owed, and dollar amount owed for each year.

Do you owe any taxes to any states? Yes No

If yes, provide the type of tax owed, tax year(s) owed, and dollar amount owed for each year.

SECTION NINE: YOUR CREDITORS

Here is where you get to list all of your debts (including money owed to friends and/or family). It is very **IMPORTANT** that you provide an accurate **correspondence address** for each debt, in addition to the name/ address of all debt collectors and law firms. Please do NOT use the **payment address** listed.

Finally, if you are writing this information by hand, kindly use black ink and make sure your printing is neat and legible. Attached are sheets allowing you to list as many as 21 creditors. Print additional sheets as needed.

Creditor's Name: _____

Correspondence Address: _____

City: _____ State: _____ Zip Code: _____

Account Number: _____ Amount of Claim \$ _____

Time span to create this debt? (month/year) _____ through _____

Credit Card Personal Loan Medical Utility Payday Loan other: _____

If this is credit card debt, when did you make your last purchase? _____

Who is legally responsible for this debt? debtor 1 debtor 2 debtors 1 and 2

Provide name/ address of debt collectors/ law firms involved on this account:

Creditor's Name: _____

Correspondence Address: _____

City: _____ State: _____ Zip Code: _____

Account Number: _____ Amount of Claim \$ _____

Time span to create this debt? (month/year) _____ through _____

Credit Card Personal Loan Medical Utility Payday Loan other: _____

If this is credit card debt, when did you make your last purchase? _____

Who is legally responsible for this debt? debtor 1 debtor 2 debtors 1 and 2

Provide name/ address of debt collectors/ law firms involved on this account:

Creditor's Name: _____

Correspondence Address: _____

City: _____ State: _____ Zip Code: _____

Account Number: _____ Amount of Claim \$ _____

Time span to create this debt? (month/year) _____ through _____

Credit Card Personal Loan Medical Utility Payday Loan other: _____

If this is credit card debt, when did you make your last purchase? _____

Who is legally responsible for this debt? debtor 1 debtor 2 debtors 1 and 2

Provide name/ address of debt collectors/ law firms involved on this account:

Creditor's Name: _____

Correspondence Address: _____

City: _____ State: _____ Zip Code: _____

Account Number: _____ Amount of Claim \$ _____

Time span to create this debt? (month/year) _____ through _____

Credit Card Personal Loan Medical Utility Payday Loan other: _____

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Provide name/ address of debt collectors/ law firms involved on this account:

Creditor's Name: _____

Correspondence Address: _____

City: _____ State: _____ Zip Code: _____

Account Number: _____ Amount of Claim \$ _____

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If this is credit card debt, when did you make your last purchase? _____

Who is legally responsible for this debt? debtor 1 debtor 2 debtors 1 and 2

Provide name/ address of debt collectors/ law firms involved on this account:

Now, review all the debts you have listed on this questionnaire. Have you forgotten any:

*medical bills?
credit card bills?*

*mail order bills?
judgments?*

*schools?
student loans?*

*condominium assessments?
traffic tickets?*

*store charges?
cable T.V. bills?*

*loan companies?
debts you cosigned?*

*welfare debts?
back rent?*

*parking violations?
criminal restitution debts?*

*utility or telephone bills?
pension or 401k loans?
furniture loans?*

*payday loans?
jewelry loans?
tax liens?*

*bills owed to old landlords?
loans from relatives? debts
that were written off?*

*bill for goods or services?
provided to your dependents?
health club / spa memberships?*

*electronics loans?
home improvement loans?*

income taxes?

*club memberships?
bank overdrafts?*

*unpaid debts from prior marriages?
money owed to creditors who repossessed
property?*

FINANCIAL AFFAIRS

ALL QUESTIONS MUST BE ANSWERED FULLY. If you are filing jointly with your spouse, include information about both you and your spouse. If you answer "Yes" to any of the questions below, please provide further information.

YOUR INCOME:

HAVE YOU RECEIVED INCOME FROM?	So far this year	Last Year	Year Before Last
Employment? <input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$
Self-employment? <input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$
Real Estate Rentals? <input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$
Interests, Dividends? <input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$
Unemployment Comp.? <input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$
Alimony, Child Support? <input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$
Social Security? <input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$
Public Assistance? <input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$
Food Stamps? <input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$
Retirement, Pension? <input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$
Gambling, Lottery? <input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$
ANY other source? <input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$

YOUR SPOUSE'S INCOME: Spouse's Name: _____

HAVE YOU RECEIVED INCOME FROM?	So far this year	Last Year	Year Before Last
Employment? <input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$
Self-employment? <input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$
Real Estate Rentals? <input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$
Interests, Dividends? <input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$
Unemployment Comp.? <input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$
Alimony, Child Support? <input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$
Social Security? <input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$
Public Assistance? <input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$
Food Stamps? <input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$
Retirement, Pension? <input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$
Gambling, Lottery? <input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$
ANY other source? <input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$

HOUSEHOLD CONTRIBUTIONS:

Has anyone helped you pay your bills in the past 2 years?

Yes No

DECLARATION CONCERNING RESPONSES

DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read this questionnaire and truthfully answered all the questions. I further declare that the information and any documents provided with this questionnaire are also true, complete and accurate.

Date _____

Signature _____
Debtor

Date _____

Signature _____
Joint Debtor, if any

