

UTAH BANKRUPTCY CLINIC, LC

BANKRUPTCY QUESTIONNAIRE

Please fill out ALL the information requested in these forms. If a question or section does NOT apply to you, write "N/A" in the space. (N/A means "not applicable.") The more information you provide in these forms, the faster your bankruptcy petition can be prepared. There will be a delay if we need to verify or obtain more information concerning a specific asset, debt or creditor; so please provide as much detail as you can and fill in ALL the information requested on these forms. Thank you for taking the time to be thorough and complete, resulting in faster turnaround.

GENERAL INFORMATION

NAME, First _____ Middle (spell out) _____ Last _____

Social Security Number _____ Date of Birth _____

Street Address _____ City/State _____ Zip _____

County of Residence _____ Length of Time at This Address _____

Home Phone Number _____ Other Phone Number _____

Email Address _____

SPOUSE, First Name _____ Middle (spell out) _____ Last _____

Social Security Number _____ Date of Birth _____

Address (if living separately) _____

DEPENDENTS

Name	Age	Relationship to You	Is this person/child living with you?	
1. _____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. _____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. _____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. _____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Have you ever filed bankruptcy before? Yes No If yes, what year & case number? _____

Marital status: Married Single Separated Divorced Widowed

Are both you and your spouse filing this bankruptcy together? Yes No

Have either you or your spouse been known by any other name during the past 6 years? (example: maiden name, last name from previous marriage, legal name change, etc.) Yes No If yes, write the NAME and DATE(S) USED below:

Name Used _____ Dates Used _____

Name Used _____ Dates Used _____

INCOME HISTORY FOR YOU

Name of Employer: _____ City and State of Employer: _____

Length of Employment at this Job: _____ Job Title: _____

Year-To-Date gross income from current paycheck stub: \$ _____

2010 Gross Income: \$ _____ Employer if different from current: _____

2009 Gross Income: \$ _____ Employer if different from current: _____

Do you receive any other income (unemployment, child support, social security, etc)? YES NO

How much per month \$ _____ Describe assistance: _____

INCOME HISTORY FOR SPOUSE IF FILING JOINTLY

Name of Employer: _____ City and State of Employer: _____

Length of Employment at this Job: _____ Job Title: _____

Year-To-Date gross income from current paycheck stub: \$ _____

2010 Gross Income: \$ _____ Employer if different from current: _____

2009 Gross Income: \$ _____ Employer if different from current: _____

Do you receive any other income (unemployment, child support, social security, etc)? YES NO

How much per month \$ _____ Describe assistance: _____

MONTHLY BUDGET

This form is necessary to determine how much you spend each month on living expenses. Be sure to write in the MONTHLY (not yearly) amount in the spaces next to each expenditure. For utilities, your bill may be higher in the winter than in the summer, so write an amount that is "average" covering the whole 12 month period.

Rent (If You Do Not Own a Home)	\$ _____	Taxes (Not Deducted From Wages or Included in Mortgage Payment)	\$ _____
Mortgage Payment	\$ _____	Automobile Installment Payment	\$ _____
HOA fees	\$ _____	Additional Automobile Installment Payment	\$ _____
Electricity	\$ _____	Alimony/Maintenance/Support Payments (Not Deducted From Wages)	\$ _____
Natural Gas	\$ _____	Payments for Support of Additional Dependants not Living in Home	\$ _____
Water & Sewer	\$ _____	Babysitter/Day Care Expenses	\$ _____
Land line Telephone	\$ _____	Baby Wipes/Diapers/Other Child Care Expenses	\$ _____
Cellular Telephone	\$ _____	School Lunch & Other School Expenses	\$ _____
Home Maintenance (if you own)	\$ _____	Monthly College Tuition (Not Loans)	\$ _____
Food	\$ _____	Monthly Student Loan Repayment	\$ _____
Clothing	\$ _____	Personal Care Items	\$ _____
Laundry & Dry Cleaning	\$ _____	Monthly Gym Membership	\$ _____
Medical Expenses (Not Paid By Insurance)	\$ _____	Cigarettes	\$ _____
Prescriptions (Not Paid By Insurance)	\$ _____	Monthly Internet Service	\$ _____
Dental Expenses (Not Paid By Insurance)	\$ _____	Monthly Cable/Satellite Service	\$ _____
Gasoline	\$ _____	Monthly Court Fees/Fines	\$ _____
Automobile Maintenance	\$ _____	Monthly Lot Rent	\$ _____
Recreation, Clubs & Entertainment, Newspapers, Magazines, Etc.	\$ _____	Other Monthly Installment Payments (For Recreational Vehicles, Etc.)	\$ _____
Charitable Contributions	\$ _____	Payments to RC Willey, Les Schwab, Morgan Jeweler, Best Buy, etc.	\$ _____
Homeowners/Renters Insurance (Not Included in Mortgage Payments)	\$ _____	Other Payments _____	\$ _____
Life Insurance (Not Deducted From Wages)	\$ _____		
Health Insurance (Not Deducted From Wages)	\$ _____		
Automobile Insurance	\$ _____		

HOUSEHOLD INVENTORY

Please check the items below that you currently have in your home. Then, provide the YARD SALE VALUE of each item –NOT the replacement cost.

KITCHEN

	VALUE
Stove/Cooking Unit	\$ _____
Refrigerator	\$ _____
Dishwasher	\$ _____
Microwave	\$ _____
Washer/Dryer	\$ _____
Water Softener	\$ _____
Small Kitchen Appliances	\$ _____
Cooking Utensils & Cookware (Pots/Pans)	\$ _____
Silverware/Flatware	\$ _____
Kitchen Table & Chairs	\$ _____
Other Kitchen Furniture	\$ _____
List: _____	

LIVING ROOM

Couch(s)	\$ _____
Chair(s)	\$ _____
Entertainment Center	\$ _____
End Table(s)	\$ _____
Lamp(s) & Accessories	\$ _____
Other Living Room Furniture	\$ _____
List: _____	

BEDROOM

Bed(s)	\$ _____
Bedding	\$ _____
Nightstand(s)	\$ _____
Dressers(s)/Chest of Drawer(s)	\$ _____
Lamp(s) & Accessories	\$ _____
Other Bedroom Furniture	\$ _____
List: _____	

ELECTRONICS

Television(s)	\$ _____
VCR	\$ _____
DVD Player	\$ _____
Video Tapes/DVDs	\$ _____
Stereo(s) & Stereo Equipment	\$ _____
Compact Disks	\$ _____
Computer	\$ _____
Computer Printer	\$ _____

MISCELLANEOUS

	VALUE
Desk/Office Furniture	\$ _____
Cell Phone(s)	\$ _____
Satellite Dish	\$ _____
Other Electronics	\$ _____
List: _____	
All Clothing/Shoes/Coats/Hats/Etc	\$ _____
Furs	\$ _____
Hand Bag(s)/Purse(s)	\$ _____
Wedding Ring(s)	\$ _____
Jewelry, Watches & Other Accessories	
Collectibles	\$ _____
Prints/Paintings/Art	\$ _____
Other Home Décor Items	\$ _____
Camera(s)/Photography Equipment	\$ _____
List Make/Model: _____	

OUTDOOR

Gun(s) & Firearm(s)	\$ _____
List Make/Model: _____	
Sports/Hobby Equipment	\$ _____
List: _____	
Camping Equipment	\$ _____
Lawnmower	\$ _____
Additional Yard Tools/Equipment	\$ _____
Above Ground Swimming Pool	\$ _____
Snow Blower	\$ _____
Carpenter Tools	\$ _____
Mechanic Tools	\$ _____
Stocks	\$ _____
Government Bonds	\$ _____
Rent Deposit w/Landlord	\$ _____
Wave Runners/Addition Water Craft	
List Year/Make/Model: _____	

Camper	\$ _____
List Year/Make/Model: _____	

REAL ESTATE

PRINT OUT ADDITIONAL PAGES FOR EVERY SEPARATE PIECE OF REAL ESTATE THAT YOU OWN

Check the type of real estate you own: House Condominium Vacant Lot Mobile Home

Name(s) on Deed or Title _____

Address of Real Estate _____

Name of Mortgage Company _____

Address of Mortgage Company _____ City/State _____ Zip _____

Account Number _____

Date mortgage was obtained _____ Do you belong to an HOA? YES NO

Monthly Payments \$ _____ Does this payment include insurance and taxes? YES NO

If not included in your mortgage, what is your monthly payment for: Insurance \$ _____ Taxes \$ _____

Pay-Off Amount on Mortgage \$ _____

Are You Behind in Payments? YES NO Amount to Catch up Back Payments \$ _____

What was the Appraised Value \$ _____ Year Real Estate Last Appraised? _____

Do you want to keep or surrender your home? KEEP SURRENDER

SECOND MORTGAGE INFORMATION (IF APPLICABLE)

Name of Mortgage Company _____

Address _____ City/State _____ ZIP _____

Account Number _____

Date mortgage was obtained _____

What are the Monthly Payments \$ _____

Pay-Off Amount \$ _____

Are You Behind in Payments? YES NO Amount to Catch up Back Payments \$ _____

COLLECTION INFORMATION (IF APPLICABLE)

Name of Collector or Attorney _____

Address _____ City/State _____ ZIP _____

Is this Real Estate in the Process of Foreclosure? YES NO

If in collection, please provide a copy of the court documents or foreclosure letters you were served

MOTOR / RECREATIONAL VEHICLE #1

Motor vehicles include cars, trucks, SUVs, motorcycles, motor homes, boats, trailers, campers, etc. that are TITLED IN YOUR (OR YOUR SPOUSE’S) NAME. Add additional sheets if you own more than 2 vehicles.

Type: Automobile Truck Motorcycle Boat Trailer Other: _____

Year: _____ Make: _____ Model (be very specific): _____ Mileage: _____

Check All Applicable Options: 2 Door 4 Door 4 Wheel Drive 2 Wheel Drive
 Automatic Standard Long Bed Short Bed

List Other Extras: _____

Condition: Excellent Good Fair Poor Not Running

Name(s) on vehicle title: _____

Is vehicle leased? YES NO If yes, what is the “buy out” on the lease? _____

Name of company you make payments to for this vehicle: _____

Address _____ City/State _____ ZIP _____

Account Number: _____ Monthly Payment: \$ _____ Year Purchased: _____

What is the “pay off” amount on this vehicle? \$ _____

What do you want to do with this vehicle? KEEP and pay for it SURRENDER it

Have you listed this vehicle as collateral for a personal loan? YES NO

If so, name of loan company for personal loan: _____

MOTOR / RECREATIONAL VEHICLE #2

Type: Automobile Truck Motorcycle Boat Trailer Other: _____

Year: _____ Make: _____ Model (be very specific): _____ Mileage: _____

Check All Applicable Options: 2 Door 4 Door 4 Wheel Drive 2 Wheel Drive
 Automatic Standard Long Bed Short Bed

List Other Extras: _____

Condition: Excellent Good Fair Poor Not Running

Name(s) on vehicle title: _____

Is vehicle leased? YES NO If yes, what is the “buy out” on the lease? _____

Name of company you make payments to for this vehicle: _____

Address _____ City/State _____ ZIP _____

Account Number: _____ Monthly Payment: \$ _____ Year Purchased: _____

What is the “pay off” amount on this vehicle? \$ _____

What do you want to do with this vehicle? KEEP and pay for it SURRENDER it

Have you listed this vehicle as collateral for a personal loan? YES NO

If so, name of loan company for personal loan: _____

STATEMENT OF AFFAIRS

Do not answer these questions. The lawyer will go through these with you.

1. State the amount of income you received other than from employment, trade, profession, or operation of your business during the two years immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (example: government or state assistance)

2. List any checking or savings account(s) you have at this time.

Name of Bank: _____ Type of Account: Checking Savings
Name(s) on the Account: _____
Account Number for Checking: _____ Present Balance: \$ _____
Account Number for Savings: _____ Present Balance: \$ _____

Second Bank (if applicable)
Name of Bank: _____ Type of Account: Checking Savings
Name(s) on the Account: _____
Account Number for Checking: _____ Present Balance: \$ _____
Account Number for Savings: _____ Present Balance: \$ _____

3. List any retirement, 401K or pension plan that you currently participate in.

Type of pension plan: _____ Current Cash Value: \$ _____

4. If you have moved within the last two (2) years, list all addresses and the dates in which you lived there.

Previous Address: _____
Time Period: From (date/year) _____ To (date/year) _____

Previous Address: _____
Time Period: From (date/year) _____ To (date/year) _____

Previous Address: _____
Time Period: From (date/year) _____ To (date/year) _____

How did you hear about our office?

Referral Postcard Internet Search Newspaper Other _____

5. Payment on debts totaling >\$600 made within last 90 days.

Creditor: _____
Date of Payments: _____
Amount Paid: \$ _____
Amount Owed \$ _____

6. Bank accounts closed within past year.

Bank Name: _____
Type of Account: Checking Savings
Balance Owed: \$ _____
Balance Received: \$ _____
Date Closed: _____

7. All lawsuits client(s) have been a party during last year.

8. All property that has been freely given, attached, garnished or seized within the past year.

Creditor Name: _____
Date of Action: _____
Description: _____
Value: \$ _____

9. All property that has been repossessed, sold at a foreclosure sale, transferred through a deed in lieu foreclosure or returned to the seller, within the last year.

Creditor Name: _____
Date of Action: _____
Description: _____
Value: \$ _____

10. List all gifts or charitable contributions you have made to anyone in the past year.

11. List all losses from fire, theft, other casualty or gambling within the last year.

12. List all other property you have transferred within the past two years.

13. List all safe deposit boxes and storage units in which you have or had securities, cash or other valuables within the past year.

Name Depository/Storage Unit: _____

Contents: _____

14. List all property owned by another person that you hold or control.

15. Have you made any payments (either a gift or loan repayment) or transferred any property to a friend or family member in the last 12 months?

Date of transfer: _____
Person received transfer: _____
Property/Payments transferred: _____

Value: _____

16. Do you expect a tax refund this year? If so, how much

17. Do you or your children own an Education Savings Account?

18. List the name and address of all persons you are paying child support or alimony to.

Name: _____
Address: _____

Amount Owed: _____

19. Do you have any claims or lawsuits against anyone for an accident, personal injury, disability, damages, wrongful termination or discrimination?

DEBT SHEET

Print out more pages if you have more than 15 total debts.

Do Not just list debts you want to include. List every debt you owe, including loans from relatives and debts with IRS, Utah State Tax Commission & Student Loans

Name of Creditor: _____

Address _____ City/State _____ ZIP _____

Account Number: _____

Total amount you owe on this debt: \$ _____

Date (or year) you originally obtained this debt or established credit: _____

If this debt is for a credit card, what date (or year) did you last make a purchase? _____

What is this debt for? _____

Who is financially responsible for this debt? JOINT HUSBAND WIFE OTHER

Has this debt been turned over to a collection agency? YES NO

Name of collection agency or law firm: _____

Address _____ City/State _____ ZIP _____

Do you wish to reaffirm on this account or discharge this debt? REAFFIRM DISCHARGE

Name of Creditor: _____

Address _____ City/State _____ ZIP _____

Account Number: _____

Total amount you owe on this debt: \$ _____

Date (or year) you originally obtained this debt or established credit: _____

If this debt is for a credit card, what date (or year) did you last make a purchase? _____

What is this debt for? _____

Who is financially responsible for this debt? JOINT HUSBAND WIFE OTHER

Has this debt been turned over to a collection agency? YES NO

Name of collection agency or law firm: _____

Address _____ City/State _____ ZIP _____

Do you wish to reaffirm on this account or discharge this debt? REAFFIRM DISCHARGE

I certify that the information given above is true and correct to the best of my knowledge and my listing of creditors is complete to the best of my knowledge.

Date: _____

Signature: _____

Signature: _____