#### **BANKRUPTCY QUESTIONNAIRE**

In order to properly complete your bankruptcy, it is necessary to obtain certain information from you, especially concerning the names and **complete** addresses of all creditors, and certain information about you pertaining to your employment and living expenses. Since this is personal information about you, rather than legal information, we must ask that you provide this information to us as completely and accurately as possible.

You must list all your debts even though some debts may not be dischargeable in your bankruptcy (such as taxes, child support or spousal maintenance, student loans, criminal restitution). We will give you greater explanation as to which debts are not dischargeable.

#### You cannot leave out or "exempt" any creditor from your bankruptcy.

# Please answer the following questions about you (and your spouse if s/he is also filing):a. Yourself:a. Your spouse:

(1) Full name:	(1) Full name:	
(2) Address:	(2) Address:	
(3) City, state, zip:	(3) City, state, zip:	
(4) Telephone ( ) — (5) County:	(4) Telephone ( ) — (5) County:	
(6) Length of time at residence:	(6) Length of time at residence:	
(7) Other addresses in the last two years (dates of occupancy):	(7) Other addresses in the last two years (dates of occupancy):	
(8) Social Security No	(8) Social Security No	
(9) Marital status (check one): Single:; Married:; Separated: Divorced:	(9) Marital status (check one): Single:; Married:; Separated: Divorced:	
(10) Other names used by you in the last six years:	(10) Other names used by you in the last six years:	

Yourself:	Your spouse:		
(1) Employer name:	(1) Employer name:		
(2) Employer address:	(2) Employer address:		
(3) Phone ( )	(3) Phone ( )		
(4) Position with employer:	(4) Position with employer:		
(5) Length of time with job:	(5) Length of time with job:		
(6) Are you self-employed: Yes:; No:;	(6) Are you self-employed: Yes:; No:;		
Please answer the following questions regarding yo Yourself:	our earnings at work (include spouse information): Your spouse:		
(1) How often are you paid: (check one)	(1) How often are you paid: (check one)		
weekly? every other week?	weekly? every other week?		
twice each month? monthly?	twice each month? monthly?		
(2) How much are you paid?	$\overline{(2)}$ How much are you paid?		
\$ per pay period (gross that is,	<u>\$</u> per pay period (gross that is,		
before taxes are taken out)	before taxes are taken out)		
Deductions:	Deductions:		
Tax withholding & social security	\$ Tax withholding & social security		
\$ Insurance (health, life, other)	\$ Insurance (health, life, other)		
\$Retirement	\$Retirement		
\$ Other (describe):	\$ Other (describe):		
<pre>\$ per pay period (after deductions)</pre>	<pre>\$ per pay period (after deductions)</pre>		
\$Other income (spousal support, part-	\$Other income (spousal support, part-		
time employment, child support, etc.)	time employment, child support, etc.)		
Do you anticipate in the near future, any change in	Do you anticipate in the near future, any change in		
your income:YesNo	your income: Yes No		
Please list your total gross income for the previous	Please list your total gross income for the previous		
three years, along with your income to date for:	three years, along with your income to date for:		
This year to date	This year to date		
Last year	Last year		
Two years ago	Two years ago		
	• • •		

Please answer the following questions regarding employment (include spouse information):

Did you receive a tax refund last year? If so, how much \_\_\_\_\_

# Please answer the following questions regarding your monthly expenses. Include spouse expenses, even if your spouse is not filing.

List the name, age, and relationship of all minor children living with you whose expenses are included below:

	Amount	
Rent/mortgage		
(are property taxes and insur	ance included	in this payment):
	Yes	No
Electric & Heating		
Water & Sewer		
Telephone		
Garbage		
Cable		
Other utilities		
Home Maintenance		
Food		
Clothing		
Laundry/dry clean		
Medical/dental exp		
Transportation		
Recreation		
Charitable contributions		
Insurance (only those not de	educted from	wages or included in home mortgage payments)
Homeowner/renters insurance		
Life insurance		
Health insurance		
Auto insurance		
Other insurance		
Real estate property taxes		
Personal property taxes		
Auto payments		
Other installment payments		
Child support paid		
Spousal support paid		
Payments for dependents not living at home		
Misc. expenses (specify)		
School expenses		
TOTAL		

(Note: if you and your spouse are separated, provide information for each household, using the blank space to the right of each expense item shown above.)

Please place an X in front of the following questions if it pertains to property you own (please list present value not replacement cost):

Residence:	Value \$
Household goods - how much do you think y cost, but present value):	our household furnishing are worth (not replacement Value \$
Wearing apparel - how much do you think y apparel is worth (not replacement cost, but	-
Jewelry - how much do you think your jewel please itemize:	ry is worth, (not replacement cost, but present value), Value \$
Bank accounts - (list name and address of fi specify checking or savings account):	nancial institution where accounts are located, and
Value	(of each account) \$
AFTER ALL CHECKS AND WITHDRAWALS REGISTER SHOWS).	<b>IAT THE BANK SHOWS AS YOUR BALANCE</b> <b>HAVE CLEARED, NOT WHAT YOUR CHECK</b> which is also a creditor in your bankruptcy, that account on the day you file your bankruptcy.
Firearms, sports, and other hobby equipmen	t - please list):
Interest in life insurance policies, (cash valu (list name and address of company below)	
Interests in retirement account or pension pla (list what type of retirement account, as wel account is being handled by. List below).	ans, Value \$ I as name and address of company whom the
Vehicles, please list (include year, make, and	model):

## Please place an X in front of the following property descriptions in which you have any ownership interest. (Please describe)

- \_\_\_\_\_Books, pictures, art objects, collections, etc.
- \_\_\_\_\_ Stock, interests in incorporated and unincorporated businesses
- Interests in partnerships or joint ventures
- Government, corporate, negotiable, and non-negotiable instruments
- \_\_\_\_\_ Accounts receivable
- Alimony, maintenance, support payments debtor is or may be entitled (arrearages)
- \_\_\_\_\_ Other liquidated debts owing debtor (include tax refunds)
- \_\_\_\_\_ Equitable, future, or life estates, etc.
- \_\_\_\_\_ Contingent and noncontingent interests in estate of a decedent
- \_\_\_\_\_ Other contingent and unliquidated claims of every nature
- \_\_\_\_\_ Patents, copyrights, and other intellectual property
- \_\_\_\_\_ Licenses, franchises, and other general intangibles
- \_\_\_\_\_Boats, motors, and accessories
- \_\_\_\_\_ Aircraft and accessories
- \_\_\_\_\_ Office equipment, furnishings, and supplies
- \_\_\_\_\_ Machinery, fixtures, equipment, and other business supplies
- \_\_\_\_ Inventory
- \_\_\_\_\_ Farm animals
- \_\_\_\_ Crops growing or harvested
- \_\_\_\_\_ Farming equipment and implements
- \_\_\_\_\_ Farm supplies, chemicals, and feed
- Other real or personal property of any kind not already listed

State the name of the insurance company which insures your car, and if applicable, the name of the insurance company which insures your home. Further, state the name and address of your local insurance agent.

Name of car insurance carrier and agent:

Name of homeowners insurance carrier and agent:

### Please answer the following questions regarding your creditors:

Note: WE MUST HAVE <u>COMPLETE</u> NAME AND ADDRESS OF EACH OF YOUR CREDITORS. If you fail to list a creditor, that creditor is not affected by the bankruptcy, and the debt owed is not discharged. The law requires you to list everyone you owe money to and none can be left out.

**SECURED DEBTS**: These include home mortgages, car loans, finance company loans, contracts for deed, or any credit transaction where the creditor has a lien, mortgage, or security interest in property owned by you.

Name and address of creditor		Collateral	Account # (if known)	Amount owed	Year incurred
		Collateral			Incurreu
Monthly payment \$	Are payme	ents current: yes or i	no (circle one)		
Monthly payment \$	Are paym	ents current: yes or	no (circle one)		
Monthly payment \$ Are payments current: yes or no (circle one)					
Monthly payment \$	Are payme	ents current: yes or i	no (circle one)		

Monthly payment \$\_\_\_\_\_ Are payments current: yes or no (circle one)

**<u>UNSECURED DEBTS</u>**: These include debts of every other kind, such as medical bills, credit card charges, past due child support, student loans, personal loans, and all other similar debts.

Name and address <u>of creditor</u>	Account number <u>(if known)</u>	Amount owed & what debt is for	Year <u>incurred</u>

### (CONTINUE ON SEPARATE SHEET IF MORE SPACE IS NEEDED)

**<u>TAX DEBTS</u>**: These include any money owed to any taxing authority, including the IRS, state of Kansas (or any other state) and personal or real property taxes.

Name and address	Account number	Amount	Year
of creditor (what is debt for)	(if known)	owed	<u>incurred</u>

Please list any collection agencies, or attorney's names, collecting for any of the above mentioned creditors (include their <u>complete</u> address)

List Agency, or <u>Attorney, with address</u>	List creditor debt is being collected for	Lawsuit (if applicable): Location and date filed, Case No.

## PLEASE LIST NAMES AND ADDRESSES OF ANY PERSON WHO HAS CO-SIGNED WITH YOU ON ANY OF YOUR DEBTS, AND HOW THEY ARE RELATED TO YOU (if they are):

bankruptcy\client information\client questionnaire - revised 4/9/10