

CREDITOR	ADDRESS	ACCOUNT #	BALANCE	OPEN DATE	LAST USED DATE	CARD HOLDER

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**QUESTIONNAIRE (CHAPTER 7/13)**

Date Complete: \_\_\_\_\_

Completed By: \_\_\_\_\_

**INSTRUCTIONS FOR COMPLETING THE QUESTIONNAIRE**

**IT IS A FEDERAL CRIME TO GIVE FALSE INFORMATION IN YOUR  
BANKRUPTCY CASE**

1. The information contained in this questionnaire is relied upon by our office in evaluating and preparing your chapter 7 or chapter 13 case. This document is not filed with the court. Initialed by \_\_\_ on \_\_\_\_\_
2. Each and every question must be answered as yes/no or not applicable. Initialed by \_\_\_ on \_\_\_\_\_
3. Circle or write none where appropriate or fill in the requested information. Initialed by \_\_\_ on \_\_\_\_\_
4. All of the information and documentation that are provided to our office in connection your case must be complete, accurate, and truthful. The documents you sign which are filed with the court are signed under the penalty of perjury. Initialed by \_\_\_ on \_\_\_\_\_
5. All assets and all liabilities must be completely and accurately disclosed (no matter how large or small) in this questionnaire. Initialed by \_\_\_ on \_\_\_\_\_
6. The value or your opinion of the value of any property you own is to be based upon the properties replacement value given it's age and condition, after reasonable inquiry. Initialed by \_\_\_ on \_\_\_\_\_
7. Any the information that you provide to our office during this case may be audited and the failure to provide the information requested by our office or the court or its representatives may result in dismissal of the case under this title or other sanctions, including a criminal sanction or penalty. Initialed by \_\_\_ on \_\_\_\_\_
8. You must provide all of the documents requested in this questionnaire and those identified in the list of documents needed before your case can be filed. Initialed by \_\_\_ on \_\_\_\_\_.
9. By initialing each page you are acknowledging you have read and understood the information contained herein and will comply with these instructions initialed by \_\_\_ on \_\_\_\_\_.

**BACKGROUND INFORMATION**

1. FULL NAME(S): Client 1: \_\_\_\_\_

Client 2: \_\_\_\_\_

2. Have you owned or operated any business in the last 6 years? Yes/No

If yes state the name of the business and the date the business began and ended:

\_\_\_\_\_

3. Is anyone else responsible for your debts? **Yes/No**

4. This is an **individual filing** or **joint filing**. (Please circle one)

5. List any other names used in the last 8 years by which your creditors may know you by:

Client 1: \_\_\_\_\_ Client 2: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

6. The address at which I/We live is \_\_\_\_\_

5a. Mailing address if different than above address: \_\_\_\_\_

7. I/we have lived at this address since (m/d/y): \_\_\_\_\_

7. I am a veteran: **YES/NO**

8. I have lived in Connecticut continuously for \_\_\_\_\_ months/years? (circle one)

9. List all addresses where you have lived during the past three years.

1. \_\_\_\_\_

2. \_\_\_\_\_

10. I/we intend to move from present address in the next 6 months: **YES/NO:**

10a. If yes, please identify the new address: \_\_\_\_\_

INITIALS: \_\_\_\_\_

11. Client 1: telephone #'s: \_\_\_\_\_ (HOME)  
\_\_\_\_\_ (BUSINESS)  
\_\_\_\_\_ (MOBILE)

Client 2: telephone #'s: \_\_\_\_\_ (HOME)  
\_\_\_\_\_ (BUSINESS)  
\_\_\_\_\_ (MOBILE)

12. Social security # and DOB: (provide copy of drivers license and ss card)  
Client 1: \_\_\_\_\_ Client 2: \_\_\_\_\_  
DOB: \_\_\_\_\_ DOB: \_\_\_\_\_

13. I/we have previously filed a bankruptcy case: yes/no.
- a. Chapter: \_\_\_\_\_ Date of prior filing: \_\_\_\_\_
  - b. Where was the case filed: \_\_\_\_\_
  - c. The case was **discharged** or **dismissed**. (please circle one)
  - d. The case number was: \_\_\_\_\_

14. The cause of your current financial difficulties?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

15. I/we have health insurance. **Yes/No.**

INITIALS: \_\_\_\_\_

**REAL PROPERTY OWNERSHIP**

**Real property is defined as a house, cooperative, condominium or mobile home.**

16. Do you presently or have you had any ownership (your name was on a deed) interest in any real property in the last ten years: **yes/no.**

16a. If yes identify the property address:

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17. I/we currently rent where we live. **Yes/No.**

17a. If you rent are you related to the owner. **Yes/No**

18. I/we currently own our home. **Yes/No**

19. I/we currently own real property (time share, rental property etc.) other than my residence? **Yes/No**

Address of other real property currently owned and type of property:

1. \_\_\_\_\_

2. \_\_\_\_\_

20. Have you ever (past or present) made any contribution to the purchase or improvement of the residence in which you rent or reside. **Yes/No**

20a. If yes, how much did you contribute and what was the contribution for?

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INITIALS: \_\_\_\_\_

**PROPERTY #1**

21. The property I/We own is:

- \_\_\_\_\_ Single family home
- \_\_\_\_\_ Multi family home
- \_\_\_\_\_ Condominium
- \_\_\_\_\_ Mobile home
- \_\_\_\_\_ Other

**OWNERSHIP:**

22. The following persons are on the deed to the real property I/We own:

1<sup>st</sup> person: \_\_\_\_\_

2<sup>nd</sup> person: \_\_\_\_\_

23. Was any other person(s) ever on the deed to the property you currently own?  
**Yes/No.**

23a. If yes, state who and when? \_\_\_\_\_

24. Date of purchase: \_\_\_\_\_  
Purchase price: \$ \_\_\_\_\_  
Date of the last appraisal of the property: \_\_\_\_\_  
Appraised value: \_\_\_\_\_

25. The fair market value of the property is: \$ \_\_\_\_\_

26. This value is based on: \_\_\_\_\_

27. Do own any property that is presently in foreclosure? **Yes/No**

27a. If yes, list the address of property in foreclosure:

\_\_\_\_\_

**JUDGMENTS**

28. Are there any judgments recorded on the land records against the property i/we own? **Yes/No.**

28a. If yes how many and from whom? \_\_\_\_\_

\*Provide copies of any judgment. These can be obtained at the town hall.

INITIALS: \_\_\_\_\_

**REFINANCING**

29. I/we have refinanced this property in the last 5 years? **Yes/No**

29a. If yes, when did you refinance? \_\_\_\_\_

29b. Did you take cash out of the refinance? **Yes/No**

29c. If yes, how much? \_\_\_\_\_

29d. Did the refinance involve the quitclaim of the deed to another of the property? **Yes/No**

**MORTGAGES**

30. How many mortgages are presently on your property? \_\_\_\_\_

**1<sup>ST</sup> MORTGAGE INFORMATION:**

Name of Lender: \_\_\_\_\_

Address of Lender: \_\_\_\_\_

Account #: \_\_\_\_\_

Date Incurred: \_\_\_\_\_

Names listed on the Mortgage: \_\_\_\_\_

Current mortgage balance: \$ \_\_\_\_\_

Current monthly payment: \$ \_\_\_\_\_

Months behind: \_\_\_\_\_

INITIALS: \_\_\_\_\_



**2<sup>nd</sup> MORTGAGE INFORMATION:**

Name of Lender: \_\_\_\_\_

Address of Lender: \_\_\_\_\_

Account #: \_\_\_\_\_

Date Incurred: \_\_\_\_\_

Names listed on the Mortgage: \_\_\_\_\_

Current mortgage balance: \$ \_\_\_\_\_

Current monthly payment: \$ \_\_\_\_\_

Months behind: \_\_\_\_\_

**DOCUMENTS REQUIRED FOR ANY REAL ESTATE IN YOUR NAME**

1. \_\_\_\_\_ Appraisal or comparative market analysis which is less than 1 year old of any real estate owned or in which you have a legal or equitable interest will be required. This can be obtained at no cost from a licensed real estate agent.
2. \_\_\_\_\_ A copy of the deed will be required. This can be obtained from your town hall.
3. \_\_\_\_\_ A copy of the first and signature page of all mortgage(s) will be required. This can be obtained from your town hall.
4. \_\_\_\_\_ A copy of your most recent mortgage balance statement(s) for each mortgage will be required.

**TRANSFERS:**

31. Have you transferred by quitclaim deed all or any part of your interest in real property (house, coop, condominium, mobile home, etc.) to anyone for any reason in the last ten years as part of a sale, refinance or other transaction.  
**Yes/No.**

31a. If yes,  
WHO: \_\_\_\_\_

WHY: \_\_\_\_\_

INITIALS: \_\_\_\_\_

**UTILITIES:**

32. Are any of your utilities past due at this time? **YES/NO**

32a. If yes, please list the utilities which are over due and the amount:

1. Water:\$\_\_\_\_\_
2. Sewer:\$\_\_\_\_\_
3. Gas:\$\_\_\_\_\_
4. Electric:\$\_\_\_\_\_
5. Oil: \$\_\_\_\_\_
6. Other: \_\_\_\_\_

\*We will need a copy of your billing history for each utility for 1 year prior to your filing

**PERSONAL PROPERTY:**

33. I/we have the following cash on hand (not in a bank). \$ \_\_\_\_\_

34. I have transferred cash in the last six months? **Yes/No**

34a. If yes, who or where did you transfer the money:

\_\_\_\_\_

**ACTIVE/OPEN BANK ACCOUNTS OR ACCOUNTS WITH FINANCIAL INSTITUTIONS:**

35. I/we have the following open/active bank, cd's, money market or credit union accounts or other financial accounts:

Name of bank: \_\_\_\_\_

Type of Account: \_\_\_\_\_

Balance in account: \_\_\_\_\_

Name(s) on the account:

\_\_\_\_\_

Name of bank: \_\_\_\_\_

Type of Account: \_\_\_\_\_

Balance in account: \_\_\_\_\_

Name(s) on the account:

\_\_\_\_\_

\*A printout of the current bank balance for each account will be required as will bank statements for the previous one year

For each bank account and or account with a financial institution.

INITIALS: \_\_\_\_\_

**SECURITY DEPOSITS:**

36. I/we have the following security deposits held by a third party (i.e. land lord) :  
**Yes/No**

36a. Who and how much? : \_\_\_\_\_

**PERSONAL ASSESTS:**

\*The value of an asset is its replacement value. **Replacement value** is the value a retail merchant would charge for property of that kind taking into consideration it's age and condition.

37. I/we own the following household items or furnishings worth over \$500.00: **Yes/No**

37a. If yes, list items; describe items and value of items:

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_

38. I/we own the following clothing worth over \$500.00: **Yes/No**

\_\_\_\_\_  
\_\_\_\_\_

39. I/we own the following collectibles, paintings, books, art work, stamps, coins, electronics, antiques, or other valuables worth over \$500.00: **Yes/No**

39a. If yes, list items, describe items and value of items:

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_

40. I/we own the following furs or jewelry worth over \$500.00: **Yes/No**

40a. If yes, list items, describe items and value of items:

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_

INITIALS: \_\_\_\_\_

41. I own the following hobby equipment worth over \$500.00: **Yes/No**

41a. If yes, list items; describe items and value of items:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

**LIFE INSURANCE – 401K – IRA – PENSION – ANNUITY –PROFIT SHARING  
OR OTHER SIMILAR RETIREMENT OR SAVINGS PLANS.**

**DOCUMENTS REQUIRED**

\*We will need the most recent statement showing the cash value for each life insurance policy– 401k – IRA – pension – annuity –profit sharing or other similar retirement or savings plans, stocks, 401K, KEOGH, ERISA, BONDS IRA, CD'S,

42. I/we own a Whole/Term Life insurance policy with a cash surrender value:  
**Yes/No.** (provide copy of statement)

Name of Sponsor/Company: \_\_\_\_\_  
Type (whole or term): \_\_\_\_\_  
Cash Value \$: \_\_\_\_\_

43. I/we own the following annuities: **Yes/No** (provide copy of contract and the latest statement)

Name: \_\_\_\_\_  
Type: \_\_\_\_\_  
Value \$: \_\_\_\_\_

44. I/we own the following stocks, 401K, KEOGH, ERISA, BONDS IRA, CD'S,  
Pension or Profit Sharing Plan: **Yes/No** (provide a copy of the latest statement)

Name: \_\_\_\_\_  
Type: \_\_\_\_\_  
Value \$: \_\_\_\_\_

INITIALS \_\_\_\_\_

**CHILD SUPPORT – DIVORCE – ALIMONY- PROPERTY SETTLEMENT:**

45. I/we pay or received the following child support, alimony, or divorce settlement in the last five years: **Yes/NO**

To whom or from whom: \_\_\_\_\_

Address: \_\_\_\_\_

Monthly Amount: \$ \_\_\_\_\_

Are you current or behind on your payments? \_\_\_\_\_

Age of child or children: \_\_\_\_\_

**LITIGATION:**

46. I/we have the right to sue, plan to sue or are suing the following individual or company: **Yes/No**

Name of lawsuit: \_\_\_\_\_

Status: \_\_\_\_\_

Nature of suit: \_\_\_\_\_

Date of incident: \_\_\_\_\_

47. I have or have not been injured as the result of someone's negligence in the last two years. **Yes/No** If yes please list status of the case and the attorney's name address and telephone number representing you.

Name of lawsuit: \_\_\_\_\_

Status: \_\_\_\_\_

Nature of suit: \_\_\_\_\_

Date of incident: \_\_\_\_\_

Attorney Info: \_\_\_\_\_

48. I am a party to the following lawsuits: **None or List:**

Name of lawsuit: \_\_\_\_\_

Status: \_\_\_\_\_

Nature of suit: \_\_\_\_\_

Date of incident: \_\_\_\_\_

Attorney Info: \_\_\_\_\_

49. List any other lawsuits you may be a part of not listed above:

Name of lawsuit: \_\_\_\_\_

Status: \_\_\_\_\_

Nature of suit: \_\_\_\_\_

Date of incident: \_\_\_\_\_

Attorney Info: \_\_\_\_\_

INITIALS \_\_\_\_\_

**INHERITANCE:**

50. I am a beneficiary of the will, life insurance or Estate: **Yes/No**

50a. If yes, list: Name: \_\_\_\_\_  
Amount to receive or received: \$ \_\_\_\_\_

51. I/we are entitled to receive the following inheritance or life insurance proceeds:  
**Yes/No**

51a. If yes, list: Name: \_\_\_\_\_  
Amount to receive or received: \$ \_\_\_\_\_

52. I/we may receive an inheritance in the next 6 months: **Yes/No**

**\*IF YOU RECEIVE AN INHERITANCE IN THE NEXT SIX (6) MONTHS YOU MUST NOTIFY OUR OFFICE AND THE TRUSTEE IN YOUR CASE**

**TAX REFUNDS: WE WILL NEED YOUR LAST TWO (2) YEARS FEDERAL AND STATE TAX RETURNS**

53. How do you file your tax returns: Jointly \_\_\_\_\_ Individual \_\_\_\_\_

54. I/we received the following tax refund:  
None: \_\_\_\_\_  
State amount and date received \$ \_\_\_\_\_  
Federal amount and date received \$ \_\_\_\_\_

**BUSINESSES:**

55. I/we have had an interest in the following business during the last six (6) years:  
(Either sole proprietorship, corporation, partnership, joint venture or other business entity) **None** or **Describe**

Name of business: \_\_\_\_\_  
Business type: \_\_\_\_\_  
Start/End date: \_\_\_\_\_  
What happened to Business: \_\_\_\_\_?

56. I/we own the following business inventory or equipment: **None** or **Describe**

1. \_\_\_\_\_ 3. \_\_\_\_\_ 5. \_\_\_\_\_  
2. \_\_\_\_\_ 4. \_\_\_\_\_ 6. \_\_\_\_\_

you are in business or self employed I will need a profit and loss statement indicating your income and/or loss for the six (6) months prior to the filing which is duly certified by you or an officer of the corporation or other entity.

**ACCOUNTS RECEIVABLE**

57. I/we are owed money from the following individual(s) or any business:  
**None or List**

Name: \_\_\_\_\_

Amount Owed: \_\_\_\_\_

Basis for Debt: \_\_\_\_\_

**OTHER PROPERTY NOT PREVIOUSLY LISTED**

58. I/we own the following items with a cash value over \$500.00:  
List items and value of items:

- |          |          |          |
|----------|----------|----------|
| 1. _____ | 3. _____ | 5. _____ |
| 2. _____ | 4. _____ | 6. _____ |

**LICENSES, PATENTS COPYRIGHTS OR FRANCHISES**

59. I/we own the following licenses or franchises: **None or List:**

1. \_\_\_\_\_

60. I/we own the following patents or copyrights: **None or List**

1. \_\_\_\_\_

INITIALS \_\_\_\_\_



**MOTOR VEHICLES:**

61. I/we own a boat, airplane, truck, trailer, snowmobile, motorcycle or other vehicle: **None** or **List**

**VEHICLE #1**

**Date of purchase:** \_\_\_\_\_

**Make /model/year:** \_\_\_\_\_

**Title is in the name of:** \_\_\_\_\_

**Mileage:** \_\_\_\_\_

**Balance owed on the vehicle: \$** \_\_\_\_\_

**Value of vehicle: \$** \_\_\_\_\_

**Lease or financed:** \_\_\_\_\_

**Lease or finance company:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Account #:** \_\_\_\_\_

**Balance:** \_\_\_\_\_

**# of months left on contract or lease** \_\_\_\_\_

**VEHICLE #2**

**Date of purchase:** \_\_\_\_\_

**Make /model/year:** \_\_\_\_\_

**Title is in the name of:** \_\_\_\_\_

**Mileage:** \_\_\_\_\_

**Balance owed on the vehicle: \$** \_\_\_\_\_

**Value of vehicle: \$** \_\_\_\_\_

**Lease or financed:** \_\_\_\_\_

**Lease or finance company:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Account #:** \_\_\_\_\_

**Balance:** \_\_\_\_\_

**# of months left on contract or lease** \_\_\_\_\_

**VEHICLE #3**

**Date of purchase:** \_\_\_\_\_

**Make /model/year:** \_\_\_\_\_

**Title is in the name of:** \_\_\_\_\_

**Mileage:** \_\_\_\_\_

**Balance owed on the vehicle: \$** \_\_\_\_\_

**Value of vehicle: \$** \_\_\_\_\_

**Lease or financed:** \_\_\_\_\_

**Lease or finance company:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Account #:** \_\_\_\_\_

**Balance:** \_\_\_\_\_

**# of months left on contract or lease** \_\_\_\_\_

**VEHICLE #4**

**Date of purchase:** \_\_\_\_\_

**Make /model/year:** \_\_\_\_\_

**Title is in the name of:** \_\_\_\_\_

**Mileage:** \_\_\_\_\_

**Balance owed on the vehicle: \$** \_\_\_\_\_

**Value of vehicle: \$** \_\_\_\_\_

**Lease or financed:** \_\_\_\_\_

**Lease or finance company:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Account #:** \_\_\_\_\_

**Balance:** \_\_\_\_\_

**# of months left on contract or lease** \_\_\_\_\_

**LEASES AND CONTRACTS:**

62. I/we are parties to the following contracts or lease: **None** or **List**

Name and address of other party to lease or contract

\_\_\_\_\_

63. Do you have an existing payment for any personal property where there is a security interest against the property purchased? (I.e. furniture, jewelry or electronic equipment) **Yes/No.**

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

**MARITAL STATUS:**

63. Single, Married, Divorced, Separated, Widowed (CIRCLE ONE)

Date of Divorce: \_\_\_\_\_

64. Were Assets Divided In The Divorce? **Yes/No**

List assets divided: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**INITIALS:** \_\_\_\_\_

**EMPLOYMENT AND INCOME:**

YOU MUST DISCLOSE ALL INCOME FROM WHATEVER SOURCE YOU HAVE RECEIVED IN THE PAST 6 MONTHS. THIS INCLUDES GAMBLING WINNINGS, BONUSES, ASSET LIQUIDATION, RENTAL INCOME, TIPS AND COMMISSIONS.

65. I/We Have Dependent Children? **Yes/No**  
If Yes, How Many: \_\_\_\_\_  
Do They Live With You: \_\_\_\_\_?  
Do You Receive/Pay Child Support. **Yes/No**  
Is The Child Support Court Ordered? **Yes/No**  
How much is Child Support? \$ \_\_\_\_\_

**NAME ALL DEPENDENTS LISTED ON YOUR LAST FILED TAX RETURN**

<u>NAME</u>	<u>AGE</u>	<u>RELATIONSHIP</u>
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- 1.
- 2.
- 3.
- 4.
- 5.

**INDIVIDUALS WHO CONTRIBUTE TO MY/OUR HOUSEHOLD INCOME OR PAY RENT.**

<u>NAME</u>	<u>AGE</u>	<u>RELATIONSHIP</u>
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- 1.
- 2.
- 3.

66. Number Of Dependents Listed On My Last Tax Return: \_\_\_\_\_

67. How Many People Live With You At Your Current Address? \_\_\_\_\_

**INDIVIDUALS WHO LIVE IN MY/OUR HOUSEHOLD: \_\_\_\_\_.**

<u>NAME</u>	<u>AGE</u>	<u>RELATIONSHIP</u>
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- 1.
- 2.
- 3.

INITIALS: \_\_\_\_\_

**EMPLOYMENT INFORMATION:**

**CLIENT #1:**

Employer: \_\_\_\_\_  
Address of Employer: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
How Long Employed: \_\_\_\_\_  
How Often Are You Paid?  
Gross Pay per Pay Period: \_\_\_\_\_  
Net Pay Per Pay Period: \_\_\_\_\_

68. I **do** or **do not** (circle one) anticipate an increase in my income in the following 12 months.

**2<sup>ND</sup> JOB: YES/NO: IF YES DESCRIBE:**

Employer: \_\_\_\_\_  
Address Of Employer: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
How Long Employed: \_\_\_\_\_  
How Often Are You Paid?  
Gross Pay per Pay Period: \_\_\_\_\_  
Net Pay per Pay Period: \_\_\_\_\_

69. I/We Receive Additional Income? **Yes/No**  
If Yes, List:

SOCIAL SECURITY: \$ \_\_\_\_\_  
DISABILITY: \$ \_\_\_\_\_  
RENTAL: \$ \_\_\_\_\_  
PENSION: \$ \_\_\_\_\_  
OTHER: \_\_\_\_\_ \$ \_\_\_\_\_

INITIALS: \_\_\_\_\_

**EMPLOYMENT INFORMATION**

**CLIENT #2:**

Employer: \_\_\_\_\_  
Address of Employer: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
How Long Employed: \_\_\_\_\_  
How Often Are You Paid: \_\_\_\_\_  
Gross Pay per Pay Period: \_\_\_\_\_  
Net Pay per Pay Period: \_\_\_\_\_

70. I **do** or **do not** (circle one) anticipate an increase in my income in the following 12 months.

**2<sup>ND</sup> JOB: YES/NO: IF YES DESCRIBE:**

Employer: \_\_\_\_\_  
Address of Employer: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
How Long Employed: \_\_\_\_\_  
How Often Are You Paid: \_\_\_\_\_  
Gross Pay per Pay Period: \_\_\_\_\_  
Net Pay per Pay Period: \_\_\_\_\_

71. I/We Receive Additional Income? **Yes/No**  
If Yes, List:

SOCIAL SECURITY: \$ \_\_\_\_\_  
DISABILITY: \$ \_\_\_\_\_  
RENTAL: \$ \_\_\_\_\_  
PENSION: \$ \_\_\_\_\_  
OTHER: \_\_\_\_\_ \$ \_\_\_\_\_

INITIALS: \_\_\_\_\_

**MONTHLY EXPENSES**

LIST EACH MONTHLY EXPENSE AND PROVIDE PROOF OF THE EXPENSE.

<u>Expenses</u>	<u>Amount</u>	<u>Expenses</u>	<u>Amount</u>
Rent/Mortgage	\$	Transportation (gas)	\$
Common Charges	\$	Auto Payments	\$
Electricity	\$	Auto Insurance	\$
Heating	\$	Life Insurance	\$
Gas	\$	Other Insurance	\$
Water	\$	Day Care	\$
Sewer	\$	Schools	\$
Telephone	\$	Auto Taxes	\$
Cable	\$	Other taxes	\$
Internet	\$	Family Protection Exp.	\$
Cell Phone	\$	Elderly Care and Support Exp	\$
Food	\$	School Tuition	\$
Home Maintenance	\$	Court Ordered Payments	\$
Vehicle Maintenance	\$	Repayment of taxes	\$
Clothing	\$	Garbage Collection	\$
Laundry/Dry Cleaning	\$	Other Exp	\$
Entertainment	\$	Other Exp	\$
Charitable Contributions	\$	Other Exp	\$
Out of Pocket Medical Exp. (I.e. co pays, prescriptions etc.)	\$	Health Ins. (Not deducted from pay stubs)	\$
*Pleas list any other expenses you have			

72. Are your Real Estate Taxes included in your monthly mortgage payment  
**Yes/No**

73. Is Insurance included in your monthly mortgage payment? **Yes/No**

**INITIALS:** \_\_\_\_\_

**ACKNOWLEDGEMENT OF MONTHLY INCOME AND EXPENSES**

In preparation of my Chapter 7/Chapter 13 petition I hereby acknowledge that I have reviewed these monthly income and expenses and they are complete, (all income and expenses no matter how large or small are listed), true and accurate to the best of my knowledge, information and belief. The amounts listed were arrived at based upon good faith, information and belief and are supported by bills, receipts or some other reliable evidence.

I understand that these schedules are relied upon to determine my eligibility for Chapter 7 and/or Chapter 13 plan payment if applicable and may not be subject to change without supporting documentation.

Dated: \_\_\_\_\_

Dated: \_\_\_\_\_

**STATEMENT OF FINANCIAL AFFAIRS**

**INCOME**

74. I/we earned the following income:

2012:\$ \_\_\_\_\_

2013:\$ \_\_\_\_\_

2014: (year to date earning):\$ \_\_\_\_\_

75. I/we have earned income other than from my/our employment over the last one year?

Unemployment	\$ _____	date received: _____
SS Benefits	\$ _____	date received: _____
Disability	\$ _____	date received: _____
Workers comp	\$ _____	date received: _____
Other	\$ _____	date received: _____

76. I have liquidated (turned into cash) my 401k, Life Insurance or other asset in the last 1 year or none:

401k \_\_\_\_\_

Life Insurance \_\_\_\_\_

Other \_\_\_\_\_

77. Do you or did you receive tips, bonuses commissions in the last six (6) months?

**Yes/No**

Tips: \_\_\_\_\_

Bonuses: \_\_\_\_\_

Commissions \_\_\_\_\_

**PAYMENTS WITHIN 90 DAYS**

78. I/we have paid the following creditor more than \$500.00 in the last 90 days (i.e. car, mortgage etc.):

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Amount Paid: \_\_\_\_\_

Date Paid: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Amount paid: \_\_\_\_\_

Date Paid: \_\_\_\_\_

**INITIALS:** \_\_\_\_\_



79. I/we have paid back the following friend or family member within the last 12 months or none.

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Amount Paid: \_\_\_\_\_  
Date Paid: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Amount paid: \_\_\_\_\_  
Date Paid: \_\_\_\_\_

80. I/we have made the following purchases, charges, cash advances or taken the following loans of over \$600.00 in the last 90 days. (all use of credit should stop immediately.) None or describe:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Amount Paid: \_\_\_\_\_  
Date Paid: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Amount paid: \_\_\_\_\_  
Date Paid: \_\_\_\_\_

**LOSSES**

81. I/we have suffered the following losses due to fire theft or gambling over the last year. **None** or **List**:

Type of Loss: \_\_\_\_\_  
Date of Loss: \_\_\_\_\_  
Total of Loss: \_\_\_\_\_

Type of Loss: \_\_\_\_\_  
Date of Loss: \_\_\_\_\_  
Total Loss: \_\_\_\_\_

**GIFTS**

82. I/we have given a gift of cash of over \$500.00 or transferred the following real or personal property of over \$500.00 in the past 4 years other than regular holiday gifts: **None** or **List**:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Value of Gift: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Value of Gift: \_\_\_\_\_

INITIALS: \_\_\_\_\_

**ATTACHMENT/GARNISHMENT/REPOSSESSION/FORCLOSURE/RETURN**

83. The following property has been attached or garnished in the last one (1) year:  
**None** or **Describe**.

Property Attached/Garnished: \_\_\_\_\_  
Date of Attachment/Garnishment: \_\_\_\_\_  
Amount of Attachment/Garnishment: \_\_\_\_\_

Property Attached/Garnished: \_\_\_\_\_  
Date of Attachment/Garnishment: \_\_\_\_\_  
Amount of Attachment/Garnishment: \_\_\_\_\_

84. The following property has been repossessed or returned: in the past one (1) year  
**None** or **Describe**:

Property: \_\_\_\_\_  
Date of Repossession/Return: \_\_\_\_\_

Property: \_\_\_\_\_  
Date of Repossession/Return: \_\_\_\_\_

**CLOSED BANK ACCOUNTS**

85. I/we have voluntarily or involuntarily closed the following bank accounts in the past one (1) year: **None** or **Describe**:

Name of Bank: _____	Name of Bank: _____
Name on Account: _____	Name on Account: _____
Date Closed: _____	Date Closed: _____
Balance at Closing: _____	Balance at Closing: _____

**SAFE DEPOSIT BOX**

86. I/we have the following safe deposit box: **None** or **Describe**:

Location of Safe Deposit Box: \_\_\_\_\_  
Contents of Safe Deposit Box: \_\_\_\_\_

INITIALS: \_\_\_\_\_

**THIRD PARTY PROPERTY**

87. I/we are holding the following property for another person: **None** or **Describe**

Property: \_\_\_\_\_

Name for Who You Are Holding Property: \_\_\_\_\_

88. I/we have given property to the following person to hold: **None** or **Describe**:

Name of Person: \_\_\_\_\_

Property Being Held: \_\_\_\_\_

### **TRANSFERS**

89. Have Any Creditors Been Paid Off By Using A Credit Card To Pay An Account Balance To Another In The Last Ninety Days: **YES/NO**.

89a. If yes please state:

Who Was Paid Off: \_\_\_\_\_?

How Much Was Transferred: \_\_\_\_\_

Where Was Transfer To: \_\_\_\_\_?

### **DEBTS**

90. On the attached worksheet please list all of the people you owe money to. (No matter how small or large the debt). Please included:

- a. Original Name of Creditor,
- b. Address (must be an address from creditor received on a bill within the last 90 days),
- c. Account #,
- d. Last Time Credit Used,
- e. Current Balance

91. I/we have debt which was incurred after or before October 1, 1993? **YES/NO**

92. I/we have the following student loans: **None** or **List**

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Private/Governmental: \_\_\_\_\_

Private/Governmental: \_\_\_\_\_

Balance: \_\_\_\_\_

Balance: \_\_\_\_\_

93. My debts are **Consumer Debts** or the result of a **Business Venture**. (Circle one).

**INITIALS:** \_\_\_\_\_

**TAXES:**

94. I/we owe the following taxes. (\*We need proof of all tax bills)

Auto Taxes: Year: \_\_\_\_\_ \$ \_\_\_\_\_  
Real Estate Taxes: Year: \_\_\_\_\_ \$ \_\_\_\_\_  
Income Taxes Owed: Year: \_\_\_\_\_ \$ \_\_\_\_\_  
Other Debts to Governmental Units Year: \_\_\_\_\_ \$ \_\_\_\_\_  
W/Holding Taxes: \$ \_\_\_\_\_  
Sales Taxes: \$ \_\_\_\_\_

95. I have or have filed all of my required federal and state tax returns for each year i was required to file. **YES/NO.**

95a. If no which returns have not been filed. \_\_\_\_\_

96. The following debt is **Disputed** or **Contested**: **None** or **List**

a. \_\_\_\_\_ b. \_\_\_\_\_  
c. \_\_\_\_\_ d. \_\_\_\_\_  
e. \_\_\_\_\_ f. \_\_\_\_\_

**MISCELLANEOUS**

97. I have previously given testimony in a legal proceeding concerning one my creditors? **Yes Or No.**

96a. If yes describe when and where and which creditor.

When: \_\_\_\_\_  
Where: \_\_\_\_\_  
Who: \_\_\_\_\_

98. I/we have listed in this questionnaire all of my/our assets which have a monetary value of over \$500.00: **YES/NO**

99. I/we have listed in this questionnaire all of my/our creditors: **YES/NO.**

100. Are there currently any criminal proceedings against you at this time: or have you ever been convicted of a misdemeanor or felony? **YES/NO**

I understand that during the pendency of my case I must report any change in my/our financial circumstances to Attorney Small. **YES/NO**

I/we hereby acknowledge by signing below that all of the information provided herein is true and accurate to the best of my/our knowledge and belief.

DATED:

\_\_\_\_\_  
Client Signature

DATED:

\_\_\_\_\_  
Client Signature

As of 3/14/12