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The purpose of this questionnaire is to ensure that we are provided complete and accurate information in order to prevent any errors or surprises that could be harmful to you. Prior to filing, there are various legal and proper actions that can be taken to improve your likely results. However, once the case is filed, for most purposes the facts are set in concrete. We know that completing the questionnaire is a lot of work. However, recent amendments to the law have created many pitfalls and traps for the unwary and unprepared, which requires us to have detailed information in order to properly analyze your individual circumstances, and determine eligibility.

To ensure there are no misunderstandings, please keep in mind that forwarding this questionnaire does NOT create an attorney client relationship, and no such relationship can arise until after we have agreed to accept your case, have entered into a written retainer agreement signed by all parties, and the agreed upon fees and costs have been paid.

Please do NOT transfer any property, nor make any other changes in your financial circumstances before meeting with us.

INSTRUCTIONS RE COMPLETION OF QUESTIONAIRE

Read carefully and complete each section fully. *The success of your case depends on the accuracy of the information you provide.* If you do not understand a question, please answer it according to what you believe it to mean. Each and every question will be reviewed at the first conference. Proper analysis of your current difficulties and the successful resolution of them, requires full and complete information.

You will be meeting with a very experienced *senior attorney* during your free conference, not a junior lawyer or paralegal, so don't waste his time, or your time, with incomplete information. We are willing to spend expert senior attorney time, (instead of paralegal or junior lawyers like most other firms) free of charge to analyze your financial situation under all chapters, and recommend alternative solutions. However, efficiency dictates that we cannot do this unless you provide all the facts in a clear and complete manner, therefore THESE FORMS MUST BE COMPLETED PRIOR TO YOUR CONFERENCE.

Upon full completion of this questionnaire, call for an appointment. If you have them, bring copies of all contracts you have signed, and copies of all lawsuits within the past 2 years, and all other documents requested below, to the first appointment. **If you need more space to answer a question, use a separate sheet of paper, and number your answer accordingly**

Single Person Divorced Separated Partnership Corp Spouse Partner Corp Contact Person

Full Name(s)
incl Middle Name _____

All Other Names
Used in Past 6 Years
incl aka's and dba's _____

Soc Sec# / Tax Id# _____

Address _____ Zip _____ County _____

Mailing Address
If Different _____
Day _____ Night _____ Day _____ Night _____
Tel# _____ Ext _____ Tel# _____ Tel# _____ Ext _____ Tel# _____

Fax _____ Cell _____ Fax _____ Cell _____

Email address if you deem it safe for confidential communications: _____ @ _____

Prior Bankruptcies, Or Pending Bankruptcies By Spouse, Partners or Affiliates Name(s) _____ Where Filed _____ Case # _____ Date Filed _____ & bring copy of petition

IF THE ANSWER TO ANY OF THE FOLLOWING QUESTIONS IS NO, NONE, OR N/A, CHECK BOX [] TO LEFT OF QUESTION

1 INCOME FROM EMPLOYMENT OR OPERATION OF BUSINESS. State the gross amount of income received from employment, trade, or profession, or net profit from operation of business, and state sources:

Husband Rec'd This Yr \$ _____ (year to date) Rec'd Last Yr \$ _____ Rec'd Yr Before \$ _____
Spouse Rec'd This Yr \$ _____ \$ _____ \$ _____

2 INCOME OTHER THAN FROM EMPLOYMENT OR OPERATION OF BUSINESS. State the amount of income received other than from employment or operation of business (ie soc sec, unemployment, disability etc) from the beginning of this Calendar Year & 2 prior years

Husband Rec'd This Yr \$ _____ Rec'd Last Yr \$ _____ Rec'd Yr Before \$ _____
and State Source(s) _____

Spouse Rec'd This Yr \$ _____ Rec'd Last Yr \$ _____ Rec'd Yr Before \$ _____
and State Source(s) _____

3a PAYMENTS TO CREDITORS. List all payments on loans, installment purchases of goods or services, and other debts, made within last 90 days to any creditor or to any entity if not a normal and usual monthly payment. State:

Creditors Name(s)	Address	Amount Paid	Payment Dates	Amount Still Owing
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3b If in business, list all payments or transfers made in last 90 days to any creditor if aggregate value is \$5,000. or more. State

Name(s)	Address	Amount Paid	Payment Date(s)	Amount Still Owing
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3c List all payments made in last 12 months to, or for benefit of, relative, partner, corp director, shareholder, or person in control. State

Name(s)	Address	Amount Paid	Payment Date(s)	Relationship	Amount Still Owing
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4a SUITS, EXECUTIONS, GARNISHMENTS, AND ATTACHMENTS. If you currently are, or have been in the last 12 months, a party to any lawsuit, bring a copy of lawsuit(s), judgment(s), abstracts of judgment, etc and State

Name of Plaintiff & Defendant	Name of Court	Case Number	Status of Suit
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4b Describe all property that has been attached, garnished, or seized within last 12 months, and bring all documents, and State

Name(s) of Creditor(s)	Address of Creditor(s)	Date Seized	Property Description	Estimated Value
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5 REPOSSESSIONS, FORECLOSURES AND RETURNS. List all property that has been repossessed, sold at a foreclosure sale, transferred by a deed in lieu of foreclosure, or returned to the seller within last 12 months. Bring all documents, and State

Name(s) of Creditor(s)	Address of Creditor(s)	Date	Property Description	Estimated Value
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6 ASSIGNMENTS AND RECEIVERSHIPS Describe any assignment of property for the benefit of creditors made within last 120 days. Bring all documents, and State

Name(s) of Creditor(s)	Address of Creditor(s)	Date	Details of Transfer
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6b List all property which has been in the hands of a custodian, receiver, or court appointed official within last 12 months. State

Name & Address of Custodian	Property Description	Estimated Value
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7 GIFTS List all gifts or charitable contributions made within last 12 months except ordinary and usual gifts to family members aggregating less than \$200. per person, and charitable contributions aggregating less than \$100. per recipient. State

Name(s)	Address	Relationship	Date	Desc of Item	Estimated Value
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8 LOSSES List all losses from fire, theft, other casualty or gambling, within last 12 months and State

Property Description	Estimated Value	What Happened	Insurance Info (name, how much paid, & when)	Date of Loss
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9 PAYMENTS RELATED TO DEBT COUNSELING OR BANKRUPTCY. List all payments made or property transferred by you or on your behalf to any persons, incl attorneys, for consultation re debt consolidation, bankruptcy law, or prep of bk case in last 12 months, and state:

Name(s)	Address	Payment Date	Who Paid It	How Much Paid
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10a **OTHER TRANSFERS** List all other property, other than property transferred in the ordinary course of business or financial affairs, transferred either absolutely, or as security within last two years. Bring documents, and State
Name & Address of Entity Transferred to Relationship to You Date of Transfer Property Description Estimated Value

10b List all property transferred by you within past 10 years to a self-settled trust or similar device of which you are a beneficiary.
Name of Trust or Other Device Date of Transfer(s) Property Description or Amount of Money Estimated Value

11 **CLOSED FINANCIAL ACCOUNTS.** List all financial accounts and instruments held in your name, or for your benefit, which were closed, sold, or otherwise transferred within last 12 months, including checking, savings & other financial accounts, certificate of deposit, or other instruments, shares & share accounts held in banks, credit unions, pension funds, brokerage houses & other financial institutions. State
Name of Fin Institution(s) Address Type of Acct Account # Final Balance Closing Date

12 **SAFE DEPOSIT BOXES** List each safe deposit box/depository in which you have/had securities, cash, valuables, in last 12 mo & state
Name of Depository Address Persons Who Had Access Contents Surrender Date

13 **SETOFFS** List all setoffs made by any creditor, including a bank, against a debt or deposit of yours in past 90 days. Bring Doc's
Name of Creditor or Bank Address Setoff Date Amount

14 **PROPERTY HELD FOR ANOTHER PERSON** List all property owned by another person that you now hold or control. State
Owners Name Address Property Description Est Value Present Location

15 **PRIOR ADDRESSES** If you have moved within the past three years, list prior addresses, and State
Prior Address(es) Names Used Dates of Occupancy

16 **SPOUSES and FORMER SPOUSES** If you resided in Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin in last 6 years, and you are, or were married to a person not listed herein, state their Name: _____

ENVIRONMENTAL INFORMATION

17a List the name and address of every site for which you have received written notice from a governmental unit that you may be potentially liable or in violation of an Environmental Law, & state name & address of governmental unit, date of notice, and Environmental Law violated.

17b List the name and address of every site for which you provided notice to a governmental unit of a release of Hazardous Material, and state site name and address, name and address of governmental unit, date of notice, and Environmental Law violated.

17b List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law you are or were a party to, and state Name and address of governmental unit, docket number, and status or disposition.

QUESTIONS 18 THROUGH 25 MUST BE ANSWERED IF, WITHIN THE PAST (6) SIX YEARS, YOU ARE, OR HAVE BEEN, IN BUSINESS, OR AN OFFICER, DIRECTOR, PARTNER OR MANAGING EXECUTIVE, OR OWNER OF 5% OR MORE OF THE VOTING OR EQUITY SECURITIES OF, A CORPORATION OR PARTNERSHIP, (If not, you DO NOT need to answer questions 18 through 25)

18a **NATURE, LOCATION, AND NAME OF BUSINESS(ES)**

INDIVIDUALS List Below the names and addresses etc, of all businesses in which you were an officer, director, partner or managing executive of a corporation or partnership, and any sole proprietorships, or any other name, dba etc, used within the last 6 years, or any business entities in which you owned 5% or more of the voting or equity securities within past 6 years.

PARTNERSHIPS List Below the names and addresses etc, of all businesses in which the partnership was a partner or owned 5 percent or more of the voting securities within the past 6 years.

CORPORATIONS: List Below the names and addresses etc, of all businesses in which the corporation was a partner or owned 5 percent or more of the voting securities within the past 6 years.

Name of Business Tax id # Address of Business Nature / Type of Business Beginning & Ending Dates of Operation

18b Was any business listed above a "single asset real estate" business? Yes No

Partnerships and corporations: Skip this section, and attach Profit & Loss / Balance sheet / Most recent tax return

Individuals bring all paystubs received in past 7 months, if you have them. Prior to filing, we must have paystubs or payment advices received in the 2 calendar months prior to the month of filing.

If filing Chapter 13: Bring copy of auto insurance declaration page if you have it

Individuals: Your ability to file a Chapter 7, 11, 12 or 13 depends on the accuracy of your estimated income and living expenses. Be sure to provide all expenses. The attorney will review and discuss each item of income and expenses at your first conference.

DEPENDENTS OF INDIVIDUAL / MARRIED PERSONS

Initials Age Relationship Claimed Dependent on Tax Return?

- 1
- 2
- 3
- 4
- 5
- 6

(Husband) **Employers Name & Address**

Monthly support Received or Paid

Amt Received

Amt Paid

No payments paid or rec'd

(Spouse) **Employers Name & Address**

Current Income Husband/Single Person Spouse

Occupation _____

How Long _____

Pay Period(circle) Wkly Biwkly 2Mth Mthly Wkly Biwkly 2Mth Mthly

Gross pay _____

per period _____

Est overtime if you _____

can count on it _____

Payroll Deductions _____

Taxes & soc sec _____

Insurance _____

Union Dues _____

Retirement deductions - Mandatory or Voluntary deductions?

Man Vol Man Vol

Other: Describe _____

Net Income _____

Other Monthly Income

Business, Profession, or Farm ATTACH PROFIT & LOSS, TAX SCHEDULE C, OR ITEMIZATION, AND STATE

Gross Income _____

Real Property _____

Interest&Dividends _____

Pension/Retirement _____

Alimony Received _____

Social Security _____

Other Gov't Assistance (Describe) _____

Other Income (Describe) _____

Total Income _____

If you expect changes of 10% or more in next 12 months, explain

Current Expenditures

Rent / Mortgage / or Lot Rental _____

Taxes included yes no Insurance incl yes no

Homeowners Assoc Dues _____

Electricity _____ & Heating Fuel _____ = _____

Water _____ & Sewer _____ = _____

Home Tel _____ Cell _____ Pager _____ = _____

Internet _____ Cable/SatTV _____ = _____

(other utilities, desc below) _____

Home Maintenance & Repairs _____

Food _____

Clothing _____

Laundry & Dry Cleaning _____

Medical & Dental Expenses(not ins pmts) _____

Transportation (gas) _____

(Service,repairs,tires etc) _____

Recreation, entertainment, news&mag _____

Charitable Contributions _____

Homeowners or Renters Insurance _____

Life Insurance _____

Health & Dental Insurance _____

Auto Insurance _____

Other Insurance: Describe _____

Taxes NOT incl with MTG or Payroll

Desc Taxes (ie real prop, 1099 etc) _____

Auto Installment Payments

\$ _____ \$ _____ \$ _____ = _____

Other Installment Payments: Describe (not credit cards)

Alimony Child Support _____

Regular Expenses from Business, Profession, Farm ATTACH PROFIT & LOSS, TAX SCHEDULE C, OR ITEMIZATION & state

Total Business Expense _____

Total Monthly Expenses _____

- Check if you have been involved in an auto accident which is not entirely resolved, and list every other driver, passenger, vehicle owner, and insurance company involved on the creditor sheets, and BRING A COPY OF THE POLICE REPORT.
- Check if you have, or had a *surety bond*, list the bonding company & if payment was made to agent for bonding co, list the agent also on the creditor sheets.
- Check if you ever had a *VA insured loan*, and list VA on creditor sheets, unless you are POSITIVE the loan has been paid off.
- Check if any of your property is in *foreclosure, being garnished or levied, or there are pending lawsuits, & BRING ALL DOCUMENTS.*
- Yes No ***Have you lived in California continuously for AT LEAST the past 730 days (2 years) or more? If not, where have you previously lived within the last 2 ½ years, and indicate dates at each location.
- Yes No ***Have you lived in your current residence more than 3 1/3 years (1,215 days)
- Yes No Have you paid down or made any payment reductions on the debts on your residence other than normal and usual monthly payments in the last 10 years. If so, provide date(s), amounts, etc.
- Yes No Have you participated in a debt negotiation or debt consolidation program, or debt management plan?
- Yes No Are you caring for parents or other older or disabled relatives
- Yes No Does your family have any special medical problems? If so, describe.
- Yes No ***Have you filed income tax returns for the past 4 tax years. If not, are you required to file returns? Yes No
- Yes No Is there is a court order requiring you to pay child or spousal support. If so, are you current on the payments? Please state the name and address of the individual (not the government agency) that you pay the support to.
- Yes No ***Have you paid state, federal, or other taxes with credit cards or unsecured loans. If so, what creditor, how much paid, and approximately when?
- Yes No Have you refinanced or obtained another loan on your residence or other real property within the past 2 years? If you received cash out, please bring a copy of the escrow closing statement.

Documents to bring to 1st conference, if you have them.

- | | | | |
|---|---|------------------------------------|---|
| <input type="checkbox"/> Pay Stubs for past 90 days (7 months if you have them) | <input type="checkbox"/> Last Filed Tax Return | <input type="checkbox"/> Lawsuits | <input type="checkbox"/> Foreclosure Notices |
| <input type="checkbox"/> Vehicle & other personal property purchase contracts | <input type="checkbox"/> Wage/Bank Acct Levies | <input type="checkbox"/> Leases | <input type="checkbox"/> Judgment Liens |
| <input type="checkbox"/> IRS & FTB Tax Collection Notices & Collection Letters | <input type="checkbox"/> Police Accident Report | <input type="checkbox"/> Homestead | <input type="checkbox"/> Social Security Card |
| <input type="checkbox"/> Drivers License | <input type="checkbox"/> Vehicle Leases | <input type="checkbox"/> | <input type="checkbox"/> |

For Chapter 13 Cases-Also Bring Vehicle Insurance Declarations Page

INSTRUCTIONS RE COMPLETION OF FOLLOWING CREDITOR LISTS

If, instead of filling out the following creditor lists, you would prefer that we download a creditor listing report from the 3 major credit reporting agencies directly to our computer system, we can do so during the conference, and it costs \$50.00, all of which is paid to the service company. You will be provided a copy, and will review it with the attorney at your conference, and will have the opportunity to add missing creditors (if any) prior to filing. (Though usually complete (except for business debts) the report cannot be relied on to list all creditors, so it will be necessary for you to carefully review to ensure every one of your creditors has been listed)

For small business cases, or if you owe taxes, the reports generally do NOT list business debts or taxes, so you will need to list business debts and tax obligations on the creditor listing forms beginning on next page.

If we will not be downloading a report, please complete the following creditor sheets legibly, so that there are no mistakes due to inability to decipher your handwriting.

INSTRUCTIONS RE COMPLETION OF CREDITOR LISTS - If we do not download creditor lists or you have business or tax debts

EVERY CREDITOR MUST BE LISTED. IF YOU WISH TO PAY, KEEP THE PROPERTY, OR HANDLE A CREDITOR DIFFERENTLY, LIST THE CREDITOR AND DISCUSS IT WITH THE ATTORNEY AT YOUR CONFERENCE.

We must have the original creditors name and complete address (incl zip code). The court uses the addresses you provide to us, to notify creditors. Any creditor not receiving notice of your case will probably NOT be discharged. If a *collection agent or attorney is involved, also list their complete name & address in the space under the original creditor.* If you have co signed or guaranteed a debt, or others have done so for you, list the complete name & address of the creditor and other person. Amount of debt means the payoff figure. If the exact balance is not known, give your best estimate. If any debt is disputed, please so indicate. Date/years incurred means month & year loan was made; for charge cards, state your best estimate of year or range of years when the remaining balance was charged (ie 2003-2006). Description of property/collateral means; the specific item purchased, ie,1998 Ferrari, residence at 123 Anystreet, if a Sears, Mayco, etc, major purchase or secured card, list the major items purchased. No description of collateral is needed for VISA or MASTER CARD accounts.

List ALL creditors, even those you intend to continue paying, Try to list TAXES FIRST, then SECURED creditors, then unsecured credit cards and loans last, if possible.

<input type="checkbox"/> 1 Name & complete address of creditor zip	Amt of Debt \$ _____ Date\Yrs Incurred _____ Mon Pmt\$ _____ #of Pmts _____ Is Debt _____ Acct# _____ Past Due _____ Disputed[]Y []N <i>If creditor has lien on any property, describe prop / collateral & give</i> <i>Orig Cost \$</i> <i>Approximate</i> <i>Value Now \$</i>	Office Use D E F G H 7 M S Reaf \$ _____ x _____ m 13 In Out Rej Assum Arrs \$ _____ \$ _____ Mo x
Name & <input type="checkbox"/> Collection agent Address <input type="checkbox"/> CoSigner		CC Sv UL __Td N Def
<input type="checkbox"/> Name & complete address of creditor zip	Amt of Debt \$ _____ Date\Yrs Incurred _____ Mon Pmt\$ _____ #of Pmts _____ Is Debt _____ Acct# _____ Past Due _____ Disputed[]Y []N <i>If creditor has lien on any property, describe prop / collateral & give</i> <i>Orig Cost \$</i> <i>Approximate</i> <i>Value Now \$</i>	Office Use D E F G H 7 M S Reaf \$ _____ x _____ m 13 In Out Rej Assum Arrs \$ _____ \$ _____ Mo x
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Name & <input type="checkbox"/> Collection agent Address <input type="checkbox"/> CoSigner		CC Sv UL __Td N Def

List ALL Creditors, even those you intend to continue paying. Try to list TAXES and SECURED creditors first

<input type="checkbox"/> Name & complete address of creditor zip	Amt of Debt \$ _____ Date\Yrs Incurred _____ Mon Pmt\$ _____ #of Pmts _____ Is Debt _____ Acct# _____ Past Due _____ Disputed[]Y []N <i>If creditor has lien on any property, describe prop / collateral & give</i> Orig Cost \$ _____ Approximate Value Now \$ _____	Office Use D E F G H 7 M S Reaf \$ _____x_____m 13 In Out Rej Assum Arrs \$ _____ \$ _____Mo x
Name & <input type="checkbox"/> Collection agent Address <input type="checkbox"/> CoSigner		CC Sv UL __Td N Def
<input type="checkbox"/> Name & complete address of creditor zip	Amt of Debt \$ _____ Date\Yrs Incurred _____ Mon Pmt\$ _____ #of Pmts _____ Is Debt _____ Acct# _____ Past Due _____ Disputed[]Y []N <i>If creditor has lien on any property, describe prop / collateral & give</i> Orig Cost \$ _____ Approximate Value Now \$ _____	Office Use D E F G H 7 M S Reaf \$ _____x_____m 13 In Out Rej Assum Arrs \$ _____ \$ _____Mo x
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