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**INSTRUCTIONS RE COMPLETION OF QUESTIONNAIRE (all information will be kept confidential)**

Read carefully and complete each section fully. *The quality of the advice you receive, 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 and discussed with you. Proper analysis of your current difficulties and the successful resolution of them, requires full and complete information. Please consider the time involved in preparing and providing the requested information as time very well spent. This is a generic questionnaire designed for all types of potential entities, so please answer on behalf of the entity, or individual as appropriate.

**If you need more space to answer a question, use a separate sheet of paper, and *number your answer accordingly***

Corporation       Partnership       Individual

Full Name of Individual or entity(s) \_\_\_\_\_

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

Soc Sec# / Tax Id# \_\_\_\_\_

Address \_\_\_\_\_ County \_\_\_\_\_

Mailing Address If Different \_\_\_\_\_

Contact person(s) name(s), & telephone numbers

Name \_\_\_\_\_ Title/Position \_\_\_\_\_

Day Tel# \_\_\_\_\_ Ext \_\_\_\_\_ Night Tel# \_\_\_\_\_ Fax # \_\_\_\_\_ Cell# \_\_\_\_\_

Name \_\_\_\_\_ Title/Position \_\_\_\_\_

Day Tel# \_\_\_\_\_ Ext \_\_\_\_\_ Night Tel# \_\_\_\_\_ Fax # \_\_\_\_\_ Cell# \_\_\_\_\_

Name \_\_\_\_\_ Title/Position \_\_\_\_\_

Day Tel# \_\_\_\_\_ Ext \_\_\_\_\_ Night Tel# \_\_\_\_\_ Fax # \_\_\_\_\_ Cell# \_\_\_\_\_

Prior Bankruptcies, Or Pending Bankruptcies, including Partners, Affiliates, spouses      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 total revenues and gross profit from operation of business:

Year to date revenues \$ \_\_\_\_\_ Rec'd Last Yr \$ \_\_\_\_\_ Rec'd Yr Before \$ \_\_\_\_\_

Year to date gross profit\$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

**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 rental, investment, dividends, soc sec, unemployment, disability etc) from the beginning of this Calendar Year & 2 prior years

Year to date \$ \_\_\_\_\_ Source(s) \_\_\_\_\_

Last Yr \$ \_\_\_\_\_ Source(s) \_\_\_\_\_

Year Before \$ \_\_\_\_\_ Source(s) \_\_\_\_\_

**3a PAYMENTS TO CREDITORS.** List all payments on loans, installment purchases of goods or services, and other debts, aggregating more than \$600. to any creditor made within last 90 days. State:

Creditors Name(s)	Address	Amount Paid	Payment Dates	Amount Still Owing
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*WE DO NOT NEED THIS INFORMATION FOR CONSULTATION, BUT IF A BANKRUPTCY PROCEEDING IS FILED, WE WILL NEED IT AT THAT TIME FOR THE 90 DAY PERIOD PRIOR TO FILING DATE*

**3b** 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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**10 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 12 months. Bring documents, and State

Name & Address of Entity Transferred to	Relationship to You	Date of Transfer	Property Description	Estimated Value
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**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
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**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
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**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
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**14 PROPERTY HELD FOR ANOTHER PERSON** List all property owned by others that you now hold or control. State

Owners Name	Address	Property Description	Est Value	Present Location
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**15 PRIOR ADDRESSES** If you have moved within the past two years, list prior addresses, and State

Prior Address(es)	Names Used	Approximate Dates
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**16 SPOUSES and FORMER SPOUSES** If you are an individual, and 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 YOU ARE A CORPORATION, OR PARTNERSHIP. OR IF YOU ARE AN INDIVIDUAL THAT , 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**

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

**BOOKS, RECORDS AND FINANCIAL STATEMENTS**

19a. List all bookkeepers and accountants who, within the past 6 years, kept or supervised the keeping of your books or records.

Name(s)      Addresses      Dates / Time Periods

*WE DO NOT NEED THIS INFORMATION FOR CONSULTATION, BUT IF A BANKRUPTCY PROCEEDING IS FILED, WE WILL NEED IT AT THAT TIME*

19 b. List all entities who, in the past 2 years, has audited your books of accounts and records, or prepared your financial statements.

Name(s)      Addresses      Dates / Time Periods

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19 c List all entities who are in possession of your books of account and records. If any books are not available, explain why

Name(s)      Addresses      Unavailable Records & Why

19 d. List all financial institutions, creditors & all other parties you have given a financial statement in past 2 years.

Name(s)      Addresses      Approximate Date

20 a. **INVENTORIES.** List the dates of the last 2 inventories, name of person who supervised the taking of the inventory, and the dollar amount, and whether at cost, market, or other basis, and bring copies of last two inventories.

Date      Inventory Supervisor      Dollar Amount      At Cost, Market or ?

(1)  
(2)

20 b. List the name and address of the person having possession of the above inventory records.

(1)Name	Address
(2)Name	Address

21 a **CURRENT PARTNERS, OFFICERS, DIRECTORS & SHAREHOLDERS**

If you are a partnership, list the nature and percentage interest of each member of the partnership

Name & Address	Nature of Interest	Percentage of Interest
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21 b If you are a corporation, list all officers and directors of the corporation, and each stockholder who directly or indirectly owns, controls, or holds 5 percent or more of the voting securities of the corporation.

Name(s)	Addresses	Title	Nature & % of Stock Ownership
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**FORMER PARTNERS, OFFICERS, DIRECTORS AND SHAREHOLDERS**

22 a. If you are a partnership, list each member who withdrew from the partnership within past 1 year.

Name(s)	Addresses	Date of Withdrawal
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WE DO NOT NEED THIS INFORMATION FOR CONSULTATION, BUT IF A BANKRUPTCY PROCEEDING IS FILED, WE WILL NEED IT AT THAT TIME

22 b. If you are a corporation, list all officers, or directors whose relationship has been terminated within past one year.

Name(s)	Addresses	Title	Date of Termination
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23 **WITHDRAWALS FROM A PARTNERSHIP OR DISTRIBUTIONS BY A CORPORATION.** If you are a corporation or a partnership, list all withdrawals or distributions credited or given to any officer, shareholder, managing executive, partner, including bonuses, loans, stock redemptions, options exercised, and any other benefits during the past year.

Name(s)	Address	Relationship	Purpose of Withdrawal	Approx Date	Value or Amount
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24 **TAX CONSOLIDATION GROUP** If you are a corporation, list name and tax id # of any parent corporation of any consolidated group for tax purposes of which corp has been a member within the past six years.

25 **PENSION FUNDS** If you are NOT an individual, list name and tax id # of any pension fund which you as an employer has been responsible for contributing at any time within past six years.



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

**Individuals filing Chapter 13:** Bring copy of recent paystub(s) & 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**

Name \_\_\_\_\_ Age \_\_\_\_\_ Relationship \_\_\_\_\_

Monthly support Received or Paid  
Amt Received \_\_\_\_\_ Amt Paid \_\_\_\_\_

No payments paid or\_rec'd \_\_\_\_\_

(Husband) **Employers Name & Address**

(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 \_\_\_\_\_  
 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 / Lot Rental \_\_\_\_\_  
 taxes incl y no insurance y no \_\_\_\_\_  
 Electricity & Heating Fuel \_\_\_\_\_  
 Water & Sewer \_\_\_\_\_  
 Telephone \_\_\_\_\_ Cell \_\_\_\_\_ Pager \_\_\_\_\_  
 Cable (other utilities, desc below) \_\_\_\_\_  
 \_\_\_\_\_  
 Home Maintenance & Repairs \_\_\_\_\_  
 Food \_\_\_\_\_  
 Clothing \_\_\_\_\_  
 Laundry & Dry Cleaning \_\_\_\_\_  
 Medical & Dental Expenses \_\_\_\_\_  
 Transportation (gas,oil,repairs.tires) \_\_\_\_\_  
 Recreation, entertainment, news&mag \_\_\_\_\_  
 Charitable Contributions \_\_\_\_\_  
 Homeowners or Renters Insurance \_\_\_\_\_  
 Life Insurance \_\_\_\_\_  
 Health Insurance \_\_\_\_\_  
 Auto Insurance \_\_\_\_\_  
 Other Insurance: Describe \_\_\_\_\_  
 \_\_\_\_\_  
 Taxes NOT incl with MTG or Payroll  
 Desc Taxes \_\_\_\_\_  
 Auto Installment Payments \_\_\_\_\_  
 Other Installment Payments: Describe (not credit cards) \_\_\_\_\_  
 \_\_\_\_\_  
 Alimony \_\_\_\_\_  
**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, 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.
- 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.

### **INSTRUCTIONS RE COMPLETION OF CREDITOR LISTS**

**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, and/or covered by the payment plan. 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.

**Please bring an accounts payable list with names, addresses, balances, when incurred, and for what purpose. If you do not have an accounts payable list, use the following forms, and make copies as needed. List collection agents, co debtors, and name of personal guarantors in next available box(es) below the specific creditor.**

**If a chapter 11 is filed, we will also need the telephone numbers and names of contact persons for your 20 creditors with the largest unsecured balance.**

### **CHECKLIST OF ITEMS TO BRING TO THE INITIAL CONFERENCE**

- This questionnaire
- Accounts payable printout
- Accounts receivable printout
- Most recent Profit & Loss
- Most recent balance sheet
- Copy of last two years tax returns
- Copy of lawsuits, levies, foreclosures, etc
- Copy of any collection notices from IRS, FTB, EDD, etc
- Income and expense projections for next few months
- Copy of leases
- Copy of contracts on SECURED obligations
- Copy of personal guarantees

List ALL creditors, even those you intend to continue paying, Try to list 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 &amp; give</i> Orig Cost \$ _____ Approximate Value Now \$ _____	<b>Office Use</b> D E F G H 7 M S Reaf \$ _____ x _____ m 13 In Out Rej Assum Arrs \$ _____ \$ _____ Mo x
Name & <input type="checkbox"/> Coll agent Address <input type="checkbox"/> CoSigner		CC Sv UL __Td N Def
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Name & <input type="checkbox"/> Coll 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 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 &amp; give</i> Orig Cost \$ _____ Approximate Value Now \$ _____	<b>Office Use</b> D E F G H 7 M S Reaf \$ _____ x _____ m 13 In Out Rej Assum Arrs \$ _____ \$ _____ Mo x
Name & <input type="checkbox"/> Coll 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 &amp; give</i> Orig Cost \$ _____ Approximate Value Now \$ _____	<b>Office Use</b> D E F G H 7 M S Reaf \$ _____ x _____ m 13 In Out Rej Assum Arrs \$ _____ \$ _____ Mo x
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<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 &amp; give</i> Orig Cost \$ _____ Approximate Value Now \$ _____	<b>Office Use</b> D E F G H 7 M S Reaf \$ _____ x _____ m 13 In Out Rej Assum Arrs \$ _____ \$ _____ Mo x
Name & <input type="checkbox"/> Coll agent Address <input type="checkbox"/> CoSigner		CC Sv UL __Td N Def
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Name & <input type="checkbox"/> Coll agent Address <input type="checkbox"/> CoSigner		CC Sv UL __Td N Def
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Name & <input type="checkbox"/> Coll agent Address <input type="checkbox"/> CoSigner		CC Sv UL __Td N Def