

Law Office of Jeffrey B. Kelly, P.C.
Bankruptcy Questionnaire

How did you first hear about my office? _____ Office Location: _____

Debtor's Full Legal Name: _____

Date of Birth: _____

Spouse's Full Legal Name: _____

Date of Birth: _____

Home Address: _____ Mailing Address: _____

Have you ever filed bankruptcy before? ____ Location: _____

Date: _____ Case Number: _____ Chapter: _____

Do you have any income other than from employment or operations of business? (specify source) _____

Have you paid any single creditor a lump sum of more than \$600 in the last 90 days?

Have you paid back any personal loans given by friends or family in the last year?

Do you have any pending lawsuits? ____ Case #: _____ Court: _____

Nature of the proceeding? _____ Creditor: _____

Are you currently being garnished? ____ Creditor: _____ Date: _____

Address of creditor: _____ Value of property: _____

Has a creditor reposed any vehicles within the last year? _____

Year/Make/Model: _____ Value: _____ Date: _____

Do you have any houses or land that are currently in foreclosure or have been foreclosed in the last six months? _____

Have you given away any gifts worth more than \$200 in the past year? ____

When: ____ To whom: _____ Relationship: _____

Description and cost: _____

Have you incurred any loss from fire, theft, or other casualty in the past year? _____
Description and value: _____
Circumstances: _____
Date occurred: _____ Covered in part or whole by insurance? _____

Have you sold or signed away any property in the last two years? _____
Description of property: _____ Value: _____ Price: _____
Relationship of buyer to you: _____

If you have closed any bank accounts in the last year, please fill out the information:

Have you had a safe deposit box in the past year: _____ Where: _____
Contents: _____ Date of Transfer: _____
Anyone else with access: _____

Do you currently possess any property that does not belong to you?

Have you lived at any other addresses in the last 3 years?

Have you received any cash advances in the amount of \$750 dollars or more in the last 70 days? _____

Have you incurred any new debt within the last six months, including balance transfers, regular charges, cash advances or loans? _____

If so list creditor and amounts: _____

Do you have any child support obligations? _____ Are you current on payments? _____
Who do you make payments to: _____

Current marital status: _____ Have you ever been divorced? _____

Did the divorce decree order you to pay any specific debts? _____

Did you ex-spouse ever file for bankruptcy? _____ Who was the attorney? _____

Have you filed all of your tax returns in the last 4 years? _____

Have you purchased any vehicles in the last 2.5 years? _____ Date: _____
Year/make/model: _____

Do you have any leases or rent to own contracts like Rent-A-Center or car lease?

Do you own any land, houses, or mobile homes? _____

Please give a brief description: _____

How much is the property worth? _____ How much is owed? _____

Name of the mortgage company: _____ Is there a cosigner? _____

Name and address of cosigner: _____

Please list all vehicles in your name:

Year/make/model	Monthly payment	Worth	Debt	Creditor
Year/make/model	Monthly payment	Worth	Debt	Creditor
Year/make/model	Monthly payment	Worth	Debt	Creditor

Have you received or do you expect to receive a tax refund this year? ___ How much? _____

Debtor's Job Title: _____ Spouse's Job Title: _____

Employer Name: _____ Employer Name: _____

Payroll Address: _____ Payroll Address: _____

Phone #: _____ Phone #: _____

How long have you been employed: _____ How long have you been employed: _____

Please list the age and nature of your dependents: _____

How often do you get paid? _____ Your spouse? _____

Do you have any other source of income? _____ If so, please list all. **Examples include:** Self employment, part-time income, rental income, retirement, social security, disability, worker's compensation, veteran's benefits, food stamps, welfare, child support, interest and dividends, and, alimony, or any other.

Monthly Living Expenses:

- | | | | |
|-------|------------------|-------|--------------------------|
| _____ | Rent/Mortgage | _____ | Gas (for Car) |
| _____ | Second Mortgage | _____ | Recreation |
| _____ | Lot Rent | _____ | Charitable Contributions |
| _____ | Electricity | _____ | Homeowners Insurance |
| _____ | Water | _____ | Life Insurance |
| _____ | Telephone | _____ | Health Insurance |
| _____ | Cell Phone | _____ | Auto Insurance |
| _____ | Gas (for House) | _____ | Other Insurance |
| _____ | Cable | _____ | Self-Employment Taxes |
| _____ | Internet | _____ | Property Taxes |
| _____ | Other | _____ | Other Taxes |
| _____ | Home Maintenance | _____ | Alimony |
| _____ | Food | _____ | Expenses from business |
| _____ | Clothing | _____ | Hair care |
| _____ | Medical | _____ | Daycare |
| _____ | Laundry | _____ | Other (specify) |