

**Initial Appointment
Bankruptcy Questionnaire**

**Fredrick E. Clement
Attorney at Law**

Name/Spouse's Name

Date

General Information

Mailing address: _____

Street address: Same as mailing address, or

Telephone: Home: _____
Work: _____ / _____
Cell: _____ / _____

Email: _____

Social Security Nos.: _____ / _____

Dates of birth: _____ / _____

Marital status: Single Married Separated Divorced
If married, date of marriage: _____
If divorced, is it final? Yes (date): _____ No

Household size: _____

Who? Spouse
 Girlfriend/Boyfriend
 Children/Step-Children (ages): _____
 Roommate
 Other (specify): _____
 No one

Residence: Where have you lived in the last 30 months?
 California only Other: _____
 Shasta/Tehama County Other: _____

Prior bankruptcy? Yes (date and chapter): _____
 No

Where did you find us? Yellow pages
 Website
 Referral (specify): _____
 Other

Why are you here? Foreclosure Creditor's calls or letters
 Can't pay bills Lawsuits
 Taxes Other

Assets

	N/A	Fair Market Value
House/mobile home	<input type="checkbox"/>	\$ _____
Bank accounts	<input type="checkbox"/>	\$ _____
How many do you have? _____		
What banks? _____		
Hobby equipment or guns	<input type="checkbox"/>	\$ _____
Life insurance policies		
Husband (How many): _____	<input type="checkbox"/>	\$ _____
Wife (How many): _____	<input type="checkbox"/>	\$ _____
Retirement accounts/plans		
Husband (How many): _____	<input type="checkbox"/>	\$ _____
Wife (How many): _____	<input type="checkbox"/>	\$ _____
Stocks & Bonds	<input type="checkbox"/>	\$ _____
Other business ownership interest	<input type="checkbox"/>	\$ _____
Back alimony or child support owed to you	<input type="checkbox"/>	\$ _____
Lawsuits or the right to sue anyone	<input type="checkbox"/>	\$ _____
Inheritance from someone that has already died	<input type="checkbox"/>	\$ _____
Loans/money owed to you	<input type="checkbox"/>	\$ _____
Tax refund--not yet received	<input type="checkbox"/>	\$ _____
Vehicle (describe): _____	<input type="checkbox"/>	\$ _____
Vehicle (describe): _____	<input type="checkbox"/>	\$ _____
Vehicle (describe): _____	<input type="checkbox"/>	\$ _____
Boats/RV (describe): _____	<input type="checkbox"/>	\$ _____
Other (specify): _____	<input type="checkbox"/>	\$ _____
Other (specify): _____	<input type="checkbox"/>	\$ _____
Other (specify): _____	<input type="checkbox"/>	\$ _____
Do you have business assets not listed above?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Debts

Secured (things bought on time)	N/A	Total Amount Owed
Home	Is it current?	
First mortgage	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> \$ _____
Second mortgage	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> \$ _____
Third mortgage	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> \$ _____
Are there more than three mortgages?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Vehicle (describe): _____	<input type="checkbox"/>	\$ _____
Vehicle (describe): _____	<input type="checkbox"/>	\$ _____
Vehicle (describe): _____	<input type="checkbox"/>	\$ _____
Other (specify): _____	<input type="checkbox"/>	\$ _____
Other (specify): _____	<input type="checkbox"/>	\$ _____
Do you owe any of these kinds of debts?		
Back alimony or child support	<input type="checkbox"/>	\$ _____
Taxes		
Federal	<input type="checkbox"/>	\$ _____
State	<input type="checkbox"/>	\$ _____
Other	<input type="checkbox"/>	\$ _____
Unsecured		
Credit cards (How many): _____	<input type="checkbox"/>	\$ _____
Medical bills	<input type="checkbox"/>	\$ _____
Lines of credit	<input type="checkbox"/>	\$ _____
Repossessions	<input type="checkbox"/>	\$ _____
Family member loans	<input type="checkbox"/>	\$ _____
Student loans	<input type="checkbox"/>	\$ _____
Other (specify): _____	<input type="checkbox"/>	\$ _____
Other (specify): _____	<input type="checkbox"/>	\$ _____
Other (specify): _____	<input type="checkbox"/>	\$ _____

Income

Current jobs

	N/A	Gross Wages (Monthly)	Net Wages (Monthly)
Husband	<input type="checkbox"/>	\$ _____	\$ _____
Employer: _____			
Title: _____			
Start & End Dates: _____			
Wife	<input type="checkbox"/>	\$ _____	\$ _____
Employer: _____			
Title: _____			
Start & End Dates: _____			

In the last six months have you benefitted from income from:

	Husband		Wife	
	Yes	No	Yes	No
Another job	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-employment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rentals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interest	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pension or Retirement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alimony or Child Support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gifts of money	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Someone paying your bills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sale of an asset	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lump sum from retirement account	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lawsuit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social Security	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other government benefit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Will or Trust	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Any other source whatsoever	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Expenses

Description	N/A	Monthly Expense
Home mortgage		
First mortgage	<input type="checkbox"/>	\$ _____
Second mortgage	<input type="checkbox"/>	\$ _____
Third mortgage	<input type="checkbox"/>	\$ _____
Does that include:		
Taxes? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Rent	<input type="checkbox"/>	\$ _____
Utilities		
Electricity, gas, wood or heating fuel	<input type="checkbox"/>	\$ _____
Water & sewer	<input type="checkbox"/>	\$ _____
Telephone	<input type="checkbox"/>	\$ _____
Other (e.g., cable/dish TV, internet, cell phone)	<input type="checkbox"/>	\$ _____
Home maintenance & yard care	<input type="checkbox"/>	\$ _____
Food (groceries & eating out)	<input type="checkbox"/>	\$ _____
Household products (e.g., cleaners, paper products)	<input type="checkbox"/>	\$ _____
Personal hygiene products (e.g., deodorant, makeup)	<input type="checkbox"/>	\$ _____
Clothing purchases	<input type="checkbox"/>	\$ _____
Laundry & dry cleaning (cleaning outside your home)	<input type="checkbox"/>	\$ _____
Medical, Dental & Optical out-of-pocket expenses	<input type="checkbox"/>	\$ _____
Transportation (<u>not</u> car payment; list gas, oil & repairs)	<input type="checkbox"/>	\$ _____
Recreation	<input type="checkbox"/>	\$ _____
Charitable contributions	<input type="checkbox"/>	\$ _____
Insurance (if not deducted from wages or paid w/ mortg.)		
Homeowners or renters	<input type="checkbox"/>	\$ _____
Life	<input type="checkbox"/>	\$ _____
Medical	<input type="checkbox"/>	\$ _____
Automobile	<input type="checkbox"/>	\$ _____
Other (specify): _____	<input type="checkbox"/>	\$ _____
Taxes (if <u>not</u> deducted from wages or paid w/ mortg.)	<input type="checkbox"/>	\$ _____
Installment payments (things you are buying on time)		
Vehicle (specify): _____	<input type="checkbox"/>	\$ _____
Vehicle (specify): _____	<input type="checkbox"/>	\$ _____
Other (specify): _____	<input type="checkbox"/>	\$ _____
Other (specify): _____	<input type="checkbox"/>	\$ _____
Alimony or child support	<input type="checkbox"/>	\$ _____
Payments for dependents not living with you	<input type="checkbox"/>	\$ _____
Children's activities (e.g., sports, school, gifts, camp)	<input type="checkbox"/>	\$ _____
Pet care (e.g., food, veterinary care)	<input type="checkbox"/>	\$ _____
Haircuts and hair care	<input type="checkbox"/>	\$ _____
Daycare for minor children	<input type="checkbox"/>	\$ _____
Other (specify): _____	<input type="checkbox"/>	\$ _____
Total		\$ _____

Miscellaneous

What caused your financial troubles? Loss of job/reduction in income
 Divorce or breakup of the family
 Medical bills
 Other
 Don't know

Is your debt mostly consumer or business? Consumer
 Business
 Taxes
 Don't know

Has your home or other land been appraised in the last two years? Yes
 No

Have you refinanced your home or other land in the last four years? Yes
 No

Have you filed all federal, state & other tax returns for the last four years? Yes
 No
 Don't know

If you are buying a home, vehicle or something else on time, do you want to keep it? Keep
 Surrender
 Don't know

Are there any lawsuits pending against you? Yes (How many): _____
 No
 Don't know

Do you expect an inheritance in the next six months? Yes
 No

Have you repaid a debt to a family member or relative in the last year? Yes
 No
 Don't know

Have you transferred any property (e.g., sold a car, given something away) in the last two years? Yes
 No
 Don't know

Has any creditor obtained a lien against your property? Yes
 No
 Don't know