

CONFIDENTIAL PERSONAL BANKRUPTCY QUESTIONNAIRE

Please complete as much of this questionnaire as you can prior to your consultation with Attorney Simonian. If you need help with any part of the questionnaire, or don't have time to do it, you can still meet with Attorney Simonian. He will work with you in completing the questionnaire during your consultation. We realize this questionnaire can be a bit time consuming and overwhelming, however it is a necessary component of the process. We are here to help you every step of the way. Our goal is to make this process as easy and stress-free as possible for you.

TIPS FOR COMPLETING THE BANKRUPTCY QUESTIONNAIRE

- ✓ The questionnaire is divided into 10 sections. Complete what you can in each section. Attorney Simonian will review the questionnaire with you at your consultation.
- ✓ If you answer **YES** to a question, be sure to fill in the additional information where requested.
- ✓ If you need more space for fill-in responses, you may send a separate email to elaborate, or bring the information with you at your appointment.
- ✓ Some questions ask you to provide the current value of real estate or personal property that you own. With real estate, we're looking for the amount that it might sell for in current economic times, not what you hope to get for it. You might know what similar real estate in your neighborhood sold for or what a relative or friend got for real estate similar to yours. For personal property, such as clothes, household items, jewelry, etc., we're looking for what you could sell them for at a yard sale. For expensive items, such as a coin collection, fine jewelry, etc., think about the price a pawn shop would give you for them. An estimate is fine.
- ✓ Be as thorough and forthcoming as possible so we can protect your real estate, personal property, money and valuables. If these things aren't listed in your bankruptcy filing, they will not be protected from creditors.
- ✓ Some questions require you to gather certain documents. It's easier if you gather this information before moving on to the next question. Place all the required documents together in a folder or envelope to bring to your meeting with Attorney Simonian.
- ✓ If you own your own business, or if you have debts from a business you previously owned, let Attorney Simonian know. You may need to complete the Business Owners Questionnaire, which will be provided.

Confidential Personal Bankruptcy Questionnaire

SECTION ONE: ABOUT YOU AND YOUR FAMILY

1. Do any of these situations apply to you or anyone living with you? (Select all that apply)

Mortgage Foreclosure	Lien on House
Arrest Warrant for Nonpayment of a Debt	Vehicle Repossession
Wages Being Garnished	Summons Served Because of a Debt
Current/Upcoming Divorce Proceedings	Claim Against You for Drunk or Drug Driving

**REMINDER: These circumstances need immediate attention, so please make Attorney Simonian aware of them and bring any notices, court papers, summons, or other related documents to your meeting.*

2. What is your marital status?

Single	Married
Common Law Marriage	Divorced
Separated	Widow/Widower
Unmarried, Living With Partner	

3. Provide the following personal information for you and your spouse/partner:

Full Legal Name

Date of Birth

You

Spouse/Partner

4. What other names do you and/or your spouse/partner go by (such as maiden name, nicknames, stage names, etc.), or other ways have you and/or your spouse/partner signed your names to papers and checks during the last 8 years (for example: with or without a middle name or initial, Jr., Sr., at the end, etc.)?

5. Do you now, or have you operated under any business name in the last 4 years? If so, please provide name(s) and EIN (Federal Employee Identification Number).

6. Where do you currently live?

Street Address

City

State

Zip Code

If you receive your mail at a different location, please provide that mailing address:

Street Address

City

State

Zip Code

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7. Did you and/or your spouse/partner live anywhere else in the last 3 years? YES NO

*If YES, please provide the following information for each location:

Street Address

City

State

Zip Code

Date Moved In

Date Moved Out

Name Used

Street Address

City

State

Zip Code

Date Moved In

Date Moved Out

Name Used

Street Address

City

State

Zip Code

Date Moved In

Date Moved Out

Name Used

8. What is your contact information? (Please include area code)

Home Telephone Number

Work Telephone Number

Cell Phone Number

Email Address

9. Who is your emergency contact?

Name

Phone Number (with area code)

10. Are you and/or your spouse/partner currently on active military duty? YES NO

11. Were you and/or your spouse/partner involved in a bankruptcy before? YES NO

12. Did someone other than you and/or your spouse/partner file bankruptcy or other proceedings to stop a foreclosure on your home or other property? YES NO

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13. Indicate the age and relationship (for example: mother, spouse's child, etc.) of everyone living in the house with you, whether or not you and/or your spouse/partner provides financial support. *(Be sure to include children on shared custody arrangements, students away at college, elderly parents, grandchildren, foster children, stepchildren, other relatives, non-relatives, etc.)*

Please indicate if any of the persons below does NOT live with you.

Age

Relationship

14. Do you pay child support? YES NO

*If YES, complete the following:

Name and Address of the Person or Persons You Make Payments To:

Months Behind On Your Payments (if applicable):

Are The Children Receiving Your Child Support Payments On Welfare? YES NO

Do You Have Any Family Court Hearings Coming Up? YES NO

*If YES, indicate the date of the hearing and reason:

15. Do you pay alimony? YES NO

*If YES, complete the following:

Name and Address of the Person or Persons You Make Payments To:

Months Behind On Your Payments (if applicable):

Is The Person Receiving Your Alimony Payments On Welfare? YES NO

Do You Have Any Family Court Hearings Coming Up? YES NO

*If YES, indicate the Date of the Hearing and Reason:

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SECTION TWO: WHERE YOU LIVE

1. Do you currently:

Own

Rent

Other

(Skip to question 12)

(Live with parents, etc.)

2. If you own your home, is it a:

Single Family House

Multi-Family House

Mobile Home

Condominium

Cooperative

Timeshare

Other

3. Where is your home located?

City

State

4. Who owns the home?

You Only

Spouse/Partner Only

Owned Jointly

Other

5. What year did you buy the house?

6. If you are still paying on your house, what is the remaining balance? \$

Name of Mortgage Company:

7. Are there any other mortgages or equity lines on the house or loans that use your house as collateral? YES NO

*If YES, provide name and address of each loan company:

8. If you did not purchase your home, how and when did you become the owner?

Inheritance

Gift

Other

Year Became Owner

9. What do you think your house would sell for today? \$

10. Has a lien been placed on the house? YES NO

11. Is there insurance on the home? YES NO

12. If you rent or lease where you live, are you being sued or evicted by your current landlord?
YES NO

*If YES, provide name of attorney suing you:

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*REMINDER: Bring a copy of the suit or judgment to your consultation with Attorney Simonian.

13. Is your landlord planning to bring an eviction suit against you? YES NO
*If YES, provide details, including if your landlord is claiming that you damaged the property or used illegal drugs on the property:

SECTION THREE: YOUR VEHICLES

1. Provide the following information for all the vehicles you own (cars, trucks, mobile homes, boats, trailers, RVs, all-terrain vehicles, campers, motorcycles, vans, tractors, snowmobiles, aircrafts, jet skis, watercraft, motorbike, go-cart, any recreational or motorized vehicle):

Vehicle Type and Mileage	Year	Make	Model	Current Value
1.				\$
2.				\$
3.				\$
4.				\$
5.				\$
6.				\$
7.				\$

2. If you are still paying on any of the vehicles above, provide the following financing information for each vehicle you own:

Vehicle Number From Above	Name of Financing Company	Account Number	Monthly Payment	Balance Remaining
				\$
				\$
				\$
				\$
				\$

Confidential Personal Bankruptcy Questionnaire

3. Are you leasing any of the above vehicles or have you had an auto lease, rent-to-own, or rental-purchase transaction in the last 4 years? YES NO

*If YES, please provide:

Type of Vehicle	Name of Leasing Company	Monthly Payment
		\$
		\$
		\$
		\$
		\$
		\$

4. Do you have insurance on all your vehicles? YES NO

5. Have you and/or your spouse/partner been involved in a vehicle accident in the last 3 years (in your own or someone else's vehicle)? YES NO

6. Have any of your vehicles (with someone else driving them) been involved in an accident in the last 3 years? YES NO

7. Have your children ever injured anyone else and/or someone else's property? YES NO

Note: *In some instances, parents can be held liable for their children's offenses.*

8. Have you ever lost your driver's license? YES NO

Confidential Personal Bankruptcy Questionnaire

SECTION FOUR: OTHER REAL ESTATE AND/OR PROPERTY YOU OWN

1. Do you and/or your spouse/partner own any of the following either in this state, another state, or another country?

	No	Yes	Owner (you, spouse/partner, both)
Single or Multi-Family House			
Condominium			
Mobile Home			
Investment Property			
A Farm			
Cooperative			
Land			
Empty Lot			
Burial Plot			
Commercial Property			
Timeshare or Points			
Any Other Real Estate/Property Not Listed			

2. Provide the following information for above real estate properties where you checked YES:

	Date Purchased	Purchase Price	Other Co- Owners	Present Value
Single or Multi-Family House		\$		\$
Condominium		\$		\$
Mobile Home		\$		\$
Investment Property		\$		\$
A Farm		\$		\$
Cooperative		\$		\$
Land		\$		\$
Empty Lot		\$		\$
Burial Plot		\$		\$
Commercial Property		\$		\$
Timeshare or Points		\$		\$

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	Date Purchased	Purchase Price	Other Co- Owners	Present Value
Any Other Real Estate/Property Not Listed		\$		\$

3. Provide the location for each of the properties listed above:

	City	State	Country
Single or Multi-Family House			
Condominium			
Mobile Home			
Investment Property			
A Farm			
Cooperative			
Land			
Empty Lot			
Burial Plot			
Commercial Property			
Timeshare or Points			
Any Other Real Estate/Property Not Listed			

4. Are there any outstanding mortgage balances on any of the real estate properties listed above?

YES NO

*If YES, provide the following information for each one:

Name of Mortgage Company	Balance Owed
	\$
	\$
	\$
	\$

5. Are there any liens on any of the property listed above? YES NO NOT SURE

6. Is any of the above listed property being used as collateral on another debt you and/or your spouse/partner signed or co-signed? YES NO

*If YES, provide:

Creditor	Type of Property	Current Value of Property
		\$
		\$

Confidential Personal Bankruptcy Questionnaire

7. Has any of your real estate or property been listed for sale or sold at a foreclosure, tax sale, or sheriff's sale, or levied upon? YES NO

*If YES, provide the following:

Property Listed or Sold	Property Value	Date	Name/Address of Creditor
	\$		
	\$		
	\$		

**REMINDER: Bring documents related to these actions to your meeting with Attorney Simonian.*

8. Has anyone put your name or the name of your spouse/partner on the deed to their house, real estate, land or other property (for example: parent, child, sibling, ex-spouse/partner, relative or friend living here or elsewhere)? YES NO NOT SURE

9. Is your name or your spouse/partner's name listed on a life estate (for example, your parents or someone else gave you real estate but they are still living there)? YES NO NOT SURE

10. Did you own or was your name or your spouse/partner's name on the deed or title to any other real estate (for example house, timeshare, mobile home, land, etc.) in the last 4 years? YES NO

*If YES, please provide the following:

Type of Real Estate	Year Sold or Transferred
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11. Have you or your spouse/partner ever taken your name off a house deed, title, or mortgage in the last 4 years? YES NO

12. Do you expect to be involved in a real estate or property settlement with your spouse/partner or former spouse/partner in the near future? YES NO

13. Have you ever been ordered to pay a property settlement? YES NO

*If YES, provide:

Name and Address of the Person or Persons You Make Payments To:

Months Behind On Your Payments (if applicable):

Is The Person (s) Receiving Your Property Settlement Payments on Welfare?

YES NO

Confidential Personal Bankruptcy Questionnaire

Do You Have Any Family Court Hearings Coming Up? YES NO

*If YES, indicate the Date of the Hearing and Reason:

14. Does any of the property you own/possess pose a threat of harm to public health or safety (for example an environmental issue such as leakage at a gas station you own)? YES NO

*If YES, answer the following:

Is the Threat About to Happen? YES NO

Has Anyone Ever Alleged That Any of the Property You Own or Possess Poses a Threat of Imminent Harm to Public Health or Safety? YES NO

Was the Threat Alleged to be Forthcoming? YES NO

Describe the Property and Nature of Potential Harm or Alleged Harm:

15. Do you have insurance on all your real estate/property? YES NO

16. Did you co-sign a mortgage, equity loan, or car loan for someone else? YES NO

17. Has any of your property/vehicles/other items been repossessed during the last year?
YES NO

**REMINDER: Bring all papers, including notices telling you of the repossession or merchandise sale, to your meeting with Attorney Simonian.*

18. Have you voluntarily returned any property, vehicles or other type of merchandise to the seller in the past year? YES NO

*If YES, provide the following information:

Description of Property	Month/Year Returned	Seller's Name and Address	Property Value When Returned
			\$
			\$

19. Has any of your property, vehicles, or merchandise been given or assigned to your creditors within the past 2 years? YES NO

*If YES, provide the following information:

Name and Address of Creditor	Terms/Conditions under which the Property was Given or An Agreement Made with Creditor
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20. Is any of your property or vehicles in the hands of a court-appointed person (a receiver) or in the hands of a person holding it for your benefit and use (a trustee)? YES NO

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21. Have you conducted the following transactions within the last 4 years?

Sold Property?	YES	NO
Transferred Property?	YES	NO
Transferred a Mortgage?	YES	NO
Gave Property Worth Over \$1,000 as a Gift to Someone?	YES	NO
Gave More Than \$1,000 in Cash to Someone?	YES	NO

If you answered YES to any of the above situations, please provide the following information:

Name of Person Receiving the Property/Gift/Cash

Description of Property

Is This Person Related to You: YES NO **Month/Year of Sale or Gift**

Name of Person Receiving the Property/Gift/Cash

Description of Property

Is This Person Related to You: YES NO **Month/Year of Sale or Gift**

Name of Person Receiving the Property/Gift/Cash

Description of Property

Is This Person Related to You: YES NO **Month/Year of Sale or Gift**

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SECTION FIVE: YOUR PERSONAL PROPERTY

1. Please provide the following information for all your major and minor property items. Consider all the items you have that fall into the groups listed below and provide their total value based on what they would sell for at a yard sale, pawn shop, or on eBay. You do not need to list items individually. *Important note: You can usually keep these items in a bankruptcy filing, but they must be listed to protect them.*

Items	Total Value
Electronics (Computers, televisions, DVDs, stereos, entertainment systems, gaming systems, cameras, handheld and portable electronic devices, clock radios, mobile phones, recording devices, etc.)	\$
Furniture and Appliances (Sofas, beds, bureaus, tables, chairs, dining sets, computer desks, display cabinets, piano, refrigerators, stoves, microwave ovens, dishwashers, washing machines, dryers, freezers, coffee makers, food processors, blenders, BBQ grills, air conditioners, sewing machines, etc.)	\$
Wearing Apparel (clothing, shoes, accessories, etc.)	\$
Fur Coats	\$
Jewelry (Valuable items like diamond or gemstone rings, bracelets, earrings, costume jewelry, etc.)	\$
Collectibles (Books, prints, artwork, pictures, stamp collection, coins collection, sports card collection, guns, comic book collection, record collection, vintage items, other collections, etc.)	\$
Firearms	\$
Sports or Hobby Equipment (Golf clubs, cameras, exercise equipment, musical instruments, etc.)	\$

2. If any of your major or minor property items are being financed through a company (a Rent-A-Center rental agreement, a rent-to-own contract or a rental-purchase contract), provide the following information:

Item	Name and Address of Financing Company
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3. Do you have any pets, livestock (such as horses, chickens, goats, etc.), and exotic or breed animals?
YES NO

*If YES, provide the following information:

Type of Animal	Estimated Value	Type of Animal	Estimated Value
	\$		\$
	\$		\$

4. Do you own machinery, tools, or fixtures (such as workbenches, shelving, etc.) you use at home, in your own business or at work? YES NO

*If YES, provide the following:

Item	Estimated Value	Item	Estimated Value
	\$		\$
	\$		\$

5. Do you own any inventory (either home or from a former or current business)? YES NO

*If YES, provide the following information:

Item	Estimated Value	Item	Estimated Value
	\$		\$
	\$		\$

6. Do you own anything else of value (such as a patent, liquor license, franchise license, other licenses of value, trademarks, copyrights, etc.)? YES NO

*If YES, provide:

Item Description	Sale Amount
	\$
	\$
	\$

7. Do you have riders or endorsements on your homeowners' insurance policy that cover special items (such as fur coats, jewelry, oriental rugs, electronics, etc.)? YES NO

*If YES, list:

Item	Amount of Coverage
	\$
	\$
	\$

**REMINDER: Please bring a copy of your homeowners' insurance policy containing the riders/endorsements to your meeting with Attorney Simonian.*

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8. Does anyone have any of your property (including property in the possession of a pawnbroker, storage company, repairman, family member, or a check you may have given to a payday lender or check cashing service)? YES NO

*If YES, provide the following information:

Type of Property	Value	Name/Address of Person Holding Property	Reason for Holding Property
	\$		
	\$		
	\$		

9. Do you expect to inherit any property in the near future or are you the beneficiary of a trust?
YES NO

SECTION SIX: YOUR MONEY & ACCOUNTS

1. How much cash do you have on hand (this is cash on you or in your home, not in the bank)?
\$

2. Provide the following information on money you have in banks, savings and loan associations, credit unions, online banks, or other financial institutions:

Name of Financial Institution	Type of Account (Checking, Savings, CD, Money Market, Christmas Club, or Other)	Balance Amount
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$

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3. Has any money in your financial accounts been taken or frozen because of a debt?

YES NO

*If YES, provide the following information:

Name and Address of Creditor	Amount	Date(s)
	\$	
	\$	

4. Did you give a security deposit to a landlord, utility company, or anyone else? YES NO

*If YES, provide the following information:

Name and Address of Person/Company	Deposit Amount	Date(s)
	\$	
	\$	

5. Do you have any life insurance policies? YES NO

*If YES, provide the following:

Company Name	Type of Policy (term, whole or universal)	Cash Surrender Value	Name of Beneficiary
		\$	
		\$	
		\$	

**REMINDER: Bring a copy of your yearly statement or policy page that shows the cash surrender value to your meeting with Attorney Simonian.*

6. Do you have loans against your life insurance policies? YES NO

*If YES, provide:

Year(s) Taken Out	How Much Owed	\$
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7. Do you and/or your spouse/partner expect to receive money from anyone or any type of insurance in the near future (this could be from a trust, will, life estate, inheritance, life insurance proceeds, or accident claim)? YES NO

*If YES, please provide details:

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8. Do you and/or your spouse/partner own stocks, mutual funds, or other investment accounts?

YES NO

*If YES, provide:

Company Name	Number of Shares	Price per Share
		\$
		\$
		\$

9. Do you and/or your spouse/partner own bonds (including U.S. Savings bonds)? YES NO

*If YES, provide the following information:

Company Name	Type of Bond	Value
		\$
		\$
		\$

10. Do you and/or your spouse/partner have an IRA (including Roth or education IRA) or any other pension plan or savings and investment plan, such as 401k or 403b? YES NO

*If YES, provide the following:

Financial Institution/Company where the Funds are Invested	Amount in Fund
	\$
	\$
	\$
	\$
	\$
	\$

11. Do you and/or your spouse own a business (self-employed, incorporated, LLC, partnership)?

YES NO

If YES, please provide year business opened, type of business, percentage interest you own, list of assets of business, and value of business, if known.

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12. Has money been deducted from your paycheck or taken or frozen from your bank account by a creditor because of a debt? YES NO

*If YES, provide the following information:

Name and Address of Creditor	Amount	Date(s)
	\$	
	\$	

13. Did you and/or your spouse/partner have your name on any bank accounts (savings, checking, certificates of deposit, etc.) during the past 12 months that you have since closed? YES NO

*If YES, please provide the following information:

Bank/Credit Union's Name	Type of Account	Date Closed	Final Balance
			\$
			\$
			\$

14. Do you and/or your spouse/partner currently have a safe deposit box or storage unit, or did you have one during the last year? YES NO

*If YES, provide:

Bank or Storage Company's Name and Address	Name and Address of Everyone with Access to the Box or Storage Unit	Contents of Box or Unit	Date Closed
--------------------------------------------	---------------------------------------------------------------------	-------------------------	-------------

15. Do you and/or your spouse/partner have any money, property, furniture, or anything of value that belongs to another person or that you are holding for the benefit of someone else (such as in a trust)?

YES NO

*If YES, provide the following:

Type of Property	Address Where Property Is Kept	Property Value	Name/Address of Owner	Relationship of Owner To You (i.e. relative, business partner, friend)
		\$		

16. Does anybody (person or a company) owe you or your spouse/partner any money or child support? YES NO

*If YES, complete the following:

Who Owes You Money	How Much Owed	\$
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Confidential Personal Bankruptcy Questionnaire

17. Do you or your spouse/partner owe money to a check cashing service, cash advance company, or payday loan company? YES NO

*If YES, complete the following:

Name and Address of Company	Amount Owed
	\$
	\$
	\$
	\$
	\$
	\$
	\$

18. Not including taxes, do you or your spouse/partner owe money to the U.S. Government, any state government, county, district or city (for example: overpayments of Social Security disability, Veterans Affairs payments, welfare, unemployment compensation or food stamps, an SBA loan, or unpaid sewer bills, water bills, fire taxes, etc.)? YES NO

*If YES, please provide the following:

Branch of Government Owed	What Is Owed	Amount Owed
		\$
		\$
		\$

19. Do you and/or your spouse/partner have any reason to sue any person, company, or organization (for example, as a result of injuries to yourself or any household member from an accident or slip and fall, or damage to your property) or do you have a lawsuit currently pending? Are you involved in a class action lawsuit? YES NO

*If YES, provide:

Name of Person/Party You Could Sue	Reason for Lawsuit	Case Result or Indicate if Pending
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**REMINDER: Bring all papers related to any lawsuit to your meeting with Attorney Simonian.*

Confidential Personal Bankruptcy Questionnaire

20. Has any person, company, or organization ever sued you and/or your spouse for any reason?
YES NO

*REMINDER: Bring all papers related to any lawsuit to your meeting with Attorney Simonian.

21. Did you and/or your spouse/partner lose more than \$1,000 as a result of fire, theft, or gambling during the last year? YES NO

*If YES, provide the following information:

Cause of Loss	Value of Lost Property/Money	Date of Loss	Amount of Loss Paid By Insurance	Date of Insurance Payment
	\$		\$	

22. Did you and/or your spouse/partner consult with a credit counseling agency, debt settlement company, or anyone offering repayment services in the past year? YES NO

*If YES:

Name and Address of Service	Date of Contact	Amount Paid	Amount and Terms of Repayment or Debt Settlement Plan
		\$	\$

23. Did any of your debts result from a refinancing loan or a consolidation loan? YES NO

**REMINDER: Bring all paperwork related to these refinancing/consolidation loans to your meeting with Attorney Simonian.*

24. Within the past 12 months, have you lost anything of value because of fire, theft, natural disaster, or gambling? If yes, please describe the property lost, how the loss occurred, whether there was insurance coverage for the loss, date of loss, and value of property lost. YES NO

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SECTION SEVEN: YOUR OCCUPATION & INCOME

1. Where do you work? (List primary job and any second or third jobs)

Name and Address of Your Current Employer(s):

A.

B.

C.

Name and Address of Your Spouse's/Partner's Current Employer(s):

A.

B.

C.

2. What type of work do you do? (Describe work at both primary job and any second jobs)

You:

Your Spouse/Partner:

3. How long have you been at your current job(s)?

You:

Your Spouse/Partner:

**REMINDER: Please bring the pay stubs for you and your spouse/partner for the past 7 months to your meeting with Attorney Simonian.*

4. Do you expect your income to increase or decrease more than 10% in the next year?

You: YES NO

Your Spouse/Partner: YES NO

5. Does any employer owe you or your spouse/partner any vacation time? YES NO

*If YES, complete the following information:

Employer Name

Amount of Vacation Time Due

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6. Have you been involved in any administrative agency cases (such as unemployment compensation, worker's compensation, etc.) in the past 12 months? YES NO

*If YES, provide:

Case Name	Case Number	Agency's Name and Address	Type of Case	Result of Case
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7. Is any money being taken out of your paycheck because of a debt? YES NO

*If YES, provide the following information:

Name and Address of Creditor	Amount Taken	Start Date
	\$	
	\$	

8. Do you, your spouse/partner, or your dependents receive income from any other source besides your main job (for example: second jobs, alimony, child support, rental income from property you own, food stamps, public assistance, unemployment compensation, social security, SSI, pension or retirement income, etc.)? YES NO

*If YES, provide the following:

Source of Income	Recipient	Monthly Amount
		\$
		\$

9. Does anybody else (such as parents, boarders, etc.) contribute to your household income?

YES NO

*If YES, provide the following information:

Source of Contribution	Recipient	Monthly Amount
		\$
		\$

10. Do you have any right to receive commissions or other payments from any previous jobs you held?

YES NO

*If YES, provide the following information:

Person or Company Name	Amount Owed
	\$
	\$

11. Are you or your spouse/partner listed as a beneficiary on a trust? YES NO

12. Do you or your spouse/partner expect to receive or inherit any money or property at any time in the near future either as a gift or from a will, life insurance proceeds or probate court? YES NO

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13. Has anyone passed away and left you anything (including insurance benefits)? YES NO
* If YES, indicate what you received and its value:

SECTION EIGHT: YOUR EXPENSES

In this section, you will be asked to give realistic estimates of your expenses. The information you provide in this section is very important since it will determine whether you are eligible for bankruptcy and, if so, which type of bankruptcy should be filed.

1. What are your average expenses? (Enter the amount under the column that reflects your payment frequency). **Important Note:** Provide the household expense amount for each item, regardless of who pays for them. Be sure to include expenses for all members of your household, not just yourself.

	Frequency	Amount
Rent/Mortgage		\$
Real Estate Taxes (List only if not included in mortgage payment)		\$
Condo/Homeowners Association Fees		\$
Trash Pickup		\$
Electricity		\$
Heat (winter/summer average)		\$
Sewer		\$
Water		\$
Telephone (Landline and cell)		\$
Other Utilities (Cable TV, Internet, phone bundle, etc.)		\$
Home Maintenance (Repairs and upkeep)		\$
Food (Cash spent on food, coffee breaks, fast food, eating out, lunch money, etc.)		\$
Clothing		\$
Hygiene Items (Toothpaste, soap, shampoo, etc.)		\$
Diapers and Wipes		\$
Haircuts		\$
Other Personal Items		\$
Laundry and Cleaning		\$

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	Frequency	Amount
Household Cleaning Products		\$
Other Household Items		\$
Public Transportation		\$
Gas		\$
Automobile Upkeep (Oil changes, repairs, registration, etc.)		\$
School Expenses (Lunches, activities, books, uniforms)		\$
Daycare Expenses		\$
Recreation		\$
Charitable Contributions		\$
Union Dues (List only if not deducted from wages)		\$
Professional Licenses		\$
Homeowners Insurance (List only if not included in mortgage)		\$
Renter's Insurance		\$
Life Insurance (List only if not deducted from wages)		\$
Health Insurance (List only if not deducted from wages)		\$
Dental Insurance (List only not deducted from wages)		\$
Auto Insurance		\$
Other Insurance		\$
Medications (Over-the-counter, prescription, vitamins, co-pays, etc.)		\$
Medical Expenses (Co-pays, deductibles, etc.)		\$
Dental Expenses (Co-pays, deductibles, etc.)		\$
Fire District Taxes		\$
Auto Excise Taxes		\$
Other Taxes (List if not included in mortgage payments or deducted from wages)		\$
Second Mortgage Payments		\$
Equity Line Payments		\$
Car Loan Payments		
Car Loan #1		\$
Car Loan #2		\$

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	Frequency	Amount
Car Loan #3		\$
Student Loan Payments		
Student Loan #1		\$
Student Loan #2		\$
Student Loan #3		\$
Loan Rental Payments (Furniture, appliances, etc.)		\$
Other Installment Payments		\$
Alimony Payments (List only if not deducted from paycheck)		\$
Child Support Payments (List only if not deducted from paycheck)		\$
Other Payments for Support (such as from family members living here or elsewhere)		\$
Security System Expenses		\$
Bank Fees		\$
Other Expenses (Please describe)		
		\$
		\$
		\$

2. Do you pay for any expenses not listed above related to the care and support of an elderly, chronically ill or disabled member of your household or your immediate family, even if they don't live in the house with you? YES NO

3. Do you have any expenses not listed above that you pay to keep your family safe from domestic violence? YES NO

4. Do you pay any expenses for your dependent children (under the age of 18) to attend a private, parochial, charter, or public elementary, middle or high school? YES NO

5. Do you expect any increase or decrease in personal, home, medical, or other expenses in the near future? YES NO

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SECTION NINE: YOUR TAXES

1. Have you filed your state and federal income tax returns every year for the last 7 years?
YES NO

**REMINDER: Please bring a copy of your W-2 forms and any federal tax returns you have filed within the past 2 years to your meeting with Attorney Simonian.*

2. What is the amount of your expected income tax refunds for this year?

Federal \$ **State** \$

3. Did you already file for the refund? YES NO

4. When do you expect to receive the tax refund?

5. Is anyone expected to take or intercept your tax refund (for instance for child support, an education loan, etc.)? YES NO DON'T KNOW

6. Did you sign an agreement or refund anticipation loan with a tax preparer to receive your refund early? YES NO

7. Is any other person (such as a spouse/partner) entitled to part of your tax refund?
YES NO

8. Do you owe any taxes to the U.S. government (including the IRS)? YES NO

*If YES, provide the following information:

Name and Address of Tax Department or Agency	Type of Tax Owed	Years Owed	Total Tax Owed
			\$
			\$

9. Do you owe any taxes to any states? YES NO

*If YES, provide the following information:

Name and Address of Tax Department or Agency	Type of Tax Owed	Years Owed	Total Tax Owed
			\$
			\$

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10. Do you owe any taxes to a county, district, or city (include any sewer, water, auto excise or fire district taxes)? YES NO

*If YES, provide the following information:

Name and Address of Tax Department or Agency	Type of Tax Owed	Years Owed	Total Tax Owed
			\$
			\$

SECTION TEN: YOUR DEBTS

The law requires you to list all of your debts, including money you owe to family and friends. This also includes loans that you may have co-signed for a family member or other acquaintances and any debts that someone else may pay in the future, such as medical bills covered by insurance, or debts that the creditor may have already written off or sent to a collection agency.

Part 1: Secured Debts

Secured Debts are: mortgages, equity loans, payday loans, car loans, auto title loans, or any other type of loan or debt where the creditor required you to put up collateral, such as your home, car, electronics, furniture, appliances or other property or household goods, before giving you the loan. With secured debts, you signed an agreement allowing the finance company to take whatever collateral you listed if you do not keep up with the scheduled payments.

1. Do you have any secured debts (see above definition)? YES NO

**If YES, please bring to your meeting with Attorney Simonian any payment books or the most recent statement for each loan or secure debt that you have.*

2. Do you dispute any of these secured debts? YES NO

3. Are there any co-signers on any of these secured debts? YES NO

*If YES, provide:

Co-Signer's Name and Address

Type of Debt Co-Signed

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4. Are you the co-signer on someone else's loans or secured debts that aren't paid off yet?

YES NO

*If YES, please provide the following information:

Creditor's Name and Address	Date of Debt	Amount Owing	Name/Address of Person Co-Signed For
		\$	
		\$	
		\$	

5. Did you make any payments totaling more than \$600 to a creditor within the last 90 days?

YES NO

*If YES, please provide the following information:

Creditor's Name and Address	Is the Creditor a Relative?	Payment Dates	Amount of Payment
			\$
			\$

6. Did you make any payments within the last year to creditors who are or were associated to you in some way (such as a business partner, relatives, close friend, etc.)? YES NO

7. Have you made any payments to family members, for any reason, in the last 2 years?

YES NO

*If YES, please provide the name of the family member(s), relation to you, total amount paid to each family member in the last two years:

Part 2: Unsecured Debts

Unsecured debts are accounts you applied for or expenses you signed for. Unsecured debts are secured only by your signature and are typically "wiped out" during a bankruptcy. This means you are no longer responsible for paying them back.

Unsecured debts include credit cards, medical bills, telephone bills, back rent, bills owed to former landlords, utility bills (past balances on electric and gas bills can be removed and you can still keep your service), cable bills, payday loans, mail order bills, welfare debts, traffic or parking tickets, debts you owe from car accidents, money owed to creditor loans on your pension, bills for goods or services, loans provided to your dependents, student loans, school debts, store charges, criminal restitution debts, repossessed property, loans from relatives, court judgments against you, condominium assessments, debts you co-signed, and other debts secured **only by your signature** and not property or other collateral.

1. Do you have any unsecured debts (see above definition)? YES NO

*If YES, bring the latest statement for each debt to your meeting with Attorney Simonian.

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Remember to bring statements from all creditors, including those who have judgments against you or anyone who you think may have a claim against you, even if the claim is old. If a collection agency or an attorney is involved, include that paperwork, along with the last statement from the person or company you originally owed. Be sure to include all unsecured debts. It is against the law to knowingly leave any debt out of your bankruptcy.

2. Are there any co-signers on any of these unsecured debts? YES NO

*If YES, provide the following information:

Co-Signer's Name and Address

Type of Debt Co-Signed

3. Are you the co-signer on someone else's unsecured debts? YES NO

*If YES, provide:

Creditor's Name and Address

Date of Debt

Amount Owing

Name/Address of Person Co-Signed For

\$

\$

\$

4. Did you take any cash advances or write any convenience checks of more than \$750 in the last 2 years and/or used any credit cards to purchase more than \$500 worth of goods or services in the last 90 days? YES NO

5. Did you make any balance transfers of \$1,000 or more in the last 18 months? YES NO

6. Did you make any payments totaling more than \$600 to a creditor within the last 90 days?
YES NO

*If YES, please provide the following information:

Creditor's Name and Address

Is the Creditor a Relative?

Payment Dates

Amount of Payment

\$

\$

\$

\$

7. Do you have an outstanding student loan or did you co-sign for someone else's student loan?
YES NO

*If YES to either or both circumstances, complete the following:

Year of the Loan

School of the Loan

Debt Collector

Balance Owned on Loan \$

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Use this space to include any other information that you would like to address with Attorney Simonian.