

NEW CLIENT QUESTIONNAIRE FOR BANKRUPTCY

FIRST NAME **FULL MIDDLE NAME** **LAST NAME** **SUFFIX**

SPOUSE'S FIRST NAME **FULL MIDDLE NAME** **LAST NAME** **SUFFIX**

Physical Address: _____			
City _____	State _____	Zip _____	County _____
Mailing Address(if different): _____			
City _____	State _____	Zip _____	Email _____
Home Phone: _____	Work Phone: _____	Cell: _____	
Have you lived in Virginia for the past two years continuously? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Length of time at present address: _____		Spouse length(if different) _____	

Your Sex: _____ Age: _____ Social Security Number _____

Your Date of Birth: _____

Spouse's Sex: _____ Age: _____ Social Security Number _____

Spouse's Date of Birth: _____

MARITAL STATUS: MARRIED SINGLE SEPARATED DIVORCED WIDOWED

Other Names used Past 8 Years(if any): _____

Have you or your spouse ever filed Bankruptcy? Yes No (if yes, complete table below)

Name of Filer(s)	Year Filed	Type	County/City you lived in at the time
		<input type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 13 <input type="checkbox"/> Husband Only <input type="checkbox"/> Wife Only <input type="checkbox"/> Joint Filing(both)	
		<input type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 13 <input type="checkbox"/> Husband Only <input type="checkbox"/> Wife Only <input type="checkbox"/> Joint Filing(both)	

APPROXIMATE GROSS INCOME FROM EMPLOYMENT OR OPERATION OF A BUSINESS

- SINCE JAN 1ST OF THIS YEAR(2011): _____ LAST YEAR(2010): _____
YEAR BEFORE(2009): _____
- SPOUSE'S SINCE JAN 1ST OF THIS YEAR(2011): _____
LAST YEAR (2010): _____ YEAR BEFORE (2009): _____

HAVE YOU HAD ANY GARNISHMENTS IN THE LAST 60 DAYS? YES NO
 HAS ANYONE SUED YOU & OBTAINED A JUDGMENT AGAINST YOU? YES NO
 ARE ANY LAWSUITS PENDING AGAINST YOU AT THIS TIME? YES NO
 HAVE ANY FORECLOSURE BEEN THREATENED AGAINST YOU? YES NO
 IF SO, HAS A DATE BEEN SET FOR THE FORECLOSURE? YES NO
 DATE? _____

DOES ANYONE OWE YOU ANY MONEY?: YES NO

DO YOU HAVE THE RIGHT TO SUE ANYONE FOR ANY REASON? YES NO
 TYPE OF CASE? Personal Injury/Workers Comp Prop Damage Collection Other

DO YOU HAVE A LAWYER? IF SO, LAWYER'S NAME: _____

HAVE YOU FILED ALL OF THE TAX RETURNS FOR EVERY YEAR THAT YOU WERE
 REQUIRED TO FILE? YES NO If no, which years were not filed? _____

IF YOU OWE TAXES, COMPLETE THE FOLLOWING TABLE.

Taxing Creditor (IRS, State, County, etc.)	Year	Type of Tax (Income, real estate, pers prop, etc.)	Was that year's tax return filed on time?	Amount Due
			Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable <input type="checkbox"/>	
			Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable <input type="checkbox"/>	
			Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable <input type="checkbox"/>	
			Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable <input type="checkbox"/>	
			Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable <input type="checkbox"/>	

DO YOU OWE BACK CHILD SUPPORT? Yes No If so, how much owed? _____

IF YOU HAVE CHILDREN, PLEASE COMPLETE THE FOLLOWING.

SON OR DAUGHTER	AGE	LIVES WITH YOU?
		Yes <input type="checkbox"/> No <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>

Have you attended Credit Counseling in the past 6 months? Yes No

● IF YES, NAME OF CREDIT COUNSELING AGENCY _____

ADDRESS OF AGENCY _____

DATE OF SERVICES _____

Did they prepare a REPAYMENT PLAN for you? Yes No

HOW DID YOU HEAR ABOUT OUR LAW FIRM? _____

DO YOU HAVE ANY BANK ACCOUNTS? YES NO

IF SO, PLEASE IDENTIFY THE ACCOUNT AND STATE YOUR CURRENT BALANCE:

	BANK NAME	BALANCE	OWNER
<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Other: _____			<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint <input type="checkbox"/> Other: _____
<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Other: _____			<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint <input type="checkbox"/> Other: _____
<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Other: _____			<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint <input type="checkbox"/> Other: _____
<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Other: _____			<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint <input type="checkbox"/> Other: _____

DO YOU OWN (BUYING) YOUR HOME? Yes No (if yes, complete the table below)

Address	What is your "best guess" as to the VALUE of your home?	City/County Tax Assessment (if known)	Owner As listed on the Deed
			<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint <input type="checkbox"/> Other: _____

DO YOU OWN (BUYING) ANY OTHER LAND OR REAL ESTATE? Yes No

Address	What is you "best guess" as to the VALUE of your home?	City/County Tax Assessment (if known)	Owner As listed on the Deed
			<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint <input type="checkbox"/> Other: _____
			<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint <input type="checkbox"/> Other: _____

DO YOU RENT A HOUSE OR APARTMENT? YES NO

●IF YES- LANDLORD'S NAME: _____
 LANDLORD'S ADDRESS: _____

●DO YOU HAVE A WRITTEN LEASE? YES NO

●ARE YOU IN A "RENT-TO-OWN" AGREEMENT? YES NO

DO YOU RENT A VEHICLE OR FURNITURE? YES NO

●IF YES-WHAT ARE YOU RENTING?: _____

WHO ARE YOU RENTING FROM? _____

ADDRESS: _____

APPROXIMATELY HOW MANY MORE MONTHS OF PAYMENTS: _____

LIST YOUR VEHICLES(ALL OF THEM-EVEN IF PAID FOR OR IF "JUNK")

YEAR MAKE/MODEL	OWNER AS LISTED ON TITLE	APPROX. MILEAGE	APPROX. VALUE YOUR BEST GUESS	LOAN PAYOFF IF ANY
Date Purchased: _____	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint <input type="checkbox"/> Other			Balance Due:\$ _____ Approx. Number of Payments Left on Loan: _____
Date Purchased: _____	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint <input type="checkbox"/> Other			Balance Due:\$ _____ Approx. Number of Payments Left on Loan: _____
Date Purchased: _____	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint <input type="checkbox"/> Other			Balance Due:\$ _____ Approx. Number of Payments Left on Loan: _____
Date Purchased: _____	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint <input type="checkbox"/> Other			Balance Due:\$ _____ Approx. Number of Payments Left on Loan: _____
Date Purchased: _____	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint <input type="checkbox"/> Other			Balance Due:\$ _____ Approx. Number of Payments Left on Loan: _____

DO YOU HAVE ANY CASH ON HAND? YES NO AMOUNT:\$ _____

DO YOU HAVE A LIFE INSURANCE POLICY YES NO

DOES IT HAVE CASH SURRENDER VALUE OR IS IT A TERM POLICY? Term Cash Value:\$ _____

DO YOU OWN ANY STOCK OR PARTNERSHIP INTEREST? YES NO

IF SO, PLEASE IDENTIFY THE STOCK OR PARTNERSHIP INTEREST AND ITS VALUE:

ARE YOU CURRENTLY EXPECTING TO RECEIVE ANY INHERITANCE OR LIFE INSURANCE PROCEEDS FROM ANYONE'S DEATH? YES NO

HAVE YOU RECEIVED OR DO YOU EXPECT TO RECEIVE EITHER A FEDERAL OR STATE TAX REFUND?: YES NO

Amount of the last tax refunds received by you: _____
FEDERAL STATE

How much do you expect next year? More Less Same Amount

Amount of any tax refunds still owed to you (if any): _____
FEDERAL STATE

HAVE YOU USED YOUR CREDIT CARDS, BORROWED ANY MONEY, OR TAKEN ANY CASH ADVANCES IN THE LAST 90 DAYS? YES NO

DO YOU HAVE ANY RETIREMENT ACCOUNTS [401(k), IRA, VRS, 403(b)]? YES NO

DO YOU HAVE ANY 401(k) LOANS: YES NO

● IF YES- BALANCE OF LOAN: \$ _____
WHEN WILL THE LOAN BE PAID OFF?: _____
BALANCE (VALUE) OF ACCOUNT? _____

DO YOU HAVE ANY INVESTMENT ACCOUNTS OF ANY KIND (STOCKS, BONDS, OR ANNUITIES) OTHER THAN YOUR RETIREMENT ACCOUNT (IF ANY)? YES NO

● IF YES- NAME OF ACCOUNT: _____
BALANCE OF ACCOUNT: \$ _____

DO YOU HAVE ANY STUDENT LOANS? YES NO

DO YOU HAVE AN IRA OR §529 EDUCATION SAVINGS PLAN? YES NO

● IF YES- TYPE OF ACCOUNT: _____
BALANCE OF ACCOUNT: \$ _____

HAS ANYONE ELSE COSIGNED FOR YOU ON ANY OF YOUR DEBTS? YES NO

● IF YES-

NAME OF CREDITOR	COSIGNER'S NAME	COSIGNER'S ADDRESS

PERSONAL PROPERTY

- Mark the NUMBER of items you have and their TOTAL approximate value
- Please use the "blank" lines to list all other personal property that you own
- REPLACEMENT VALUE IS DEFINED AS THE AMOUNT OF MONEY IT WOULD COST YOU TO PURCHASE PROPERTY TO REPLACE YOUR PROPERTY IN LIKE CONDITION. IF YOU ARE UNSURE, PLEASE PROVIDE YOUR BEST GUESS.

Quantity (#)	Description	Replacement Value (\$\$\$\$\$)	Husband's Wife's, or Joint
	Sofas/Couches		
	Love Seats		
	Dining Tables		
	Dining Chairs		
	Kitchen Tables		
	Kitchen Chairs		
	Stoves		
	Refrigerators		
	Dishwashers		
	Microwaves		
	Other Kitchen Major Appliances		
	Washers		
	Dryers		
	Recliner Chairs		
	Rocking Chairs		
	Other Chairs		
	Entertainment Centers		
	Desks		
	Coffee Tables		
	Other Tables		
	Nightstands		
	Dressers		
	Beds		
	Other Bedroom Furniture		
	TVs		
	VCRs		
	DVD Players		
	Stereos		
	Computers		
	Lamps		

Quantity (#)	Description	Replacement Value (\$\$\$\$\$)	Husband's Wife's, or Joint
	China Sets		
	Silverware Sets		
	Antiques? List in Comments Section		
	Collectibles? List in Comments Section		
	Golf Clubs		
	Weight Lifting Set		
	Treadmill		
	Other Exercise Equip of Value		
	Riding Mowers		
	Push Mowers		
	Weed Eaters		
	Wedding Rings		
	Other Rings		
	Watches		
	Earrings		
	Necklaces		
	Bracelets		
	Other Jewelry		
	Fur Coats		
	Other Special Clothing		
	Pets		
	Show Quality Animals of Value		
	Other Animals or Livestock		
	Tractors		
	Hand Tools		
	Power Tools		
	Lawn Furniture		
	Guns/Firearms: Make & Model _____		
	Safety Deposit Boxes		
	Other not listed above: _____		
	Other not listed above: _____		

PLEASE REMEMBER: WE MUST HAVE YOUR MOST RECENT 2 MONTHS (CONSECUTIVE) OF PAY STUBS OR WE WILL BE UNABLE TO ADVISE YOU ON YOUR OPTIONS IN BANKRUPTCY?

INCOME

LIST ALL ADULT MEMBERS OF YOUR HOUSEHOLD & THEIR RELATIONSHIP TO YOU

FIRST NAME	AGE	RELATIONSHIP	CONTRIBUTES INCOME TO HOUSEHOLD?	
			Yes <input type="checkbox"/>	No <input type="checkbox"/>
			Yes <input type="checkbox"/>	No <input type="checkbox"/>
			Yes <input type="checkbox"/>	No <input type="checkbox"/>

YOUR INFORMATION

WHAT IS THE NAME OF YOUR EMPLOYER: _____

EMPLOYER'S PAYROLL ADDRESS: _____

WHAT IS YOUR POSITION: _____ HOW LONG EMPLOYED: _____

HOW OFTEN ARE YOU PAID: Weekly Biweekly Semimonthly Monthly

ANY OTHER SOURCES OF INCOME? PART TIME JOBS? YES NO

 ●NAME OF PART TIME EMPLOYER: _____

DO YOU RECEIVE A PENSION OR RETIREMENT INCOME? YES NO

 ●IF YES-HOW MUCH PER MONTH:\$ _____

DO YOU RECEIVE SOCIAL SECURITY INCOME?: YES NO

 ●IF YES-HOW MUCH PER MONTH:\$ _____

DO YOU RECEIVE SPOUSAL OR CHILD SUPPORT? YES NO

 ●IF YES-HOW MUCH PER MONTH:\$ _____

 ■COURT ORDERED? YES NO

SPOUSE'S INFORMATION

WHAT IS THE NAME OF YOUR SPOUSE'S EMPLOYER _____

EMPLOYER'S PAYROLL ADDRESS _____

WHAT IS SPOUSE'S POSITION _____ HOW LONG EMPLOYED _____

HOW OFTEN ARE YOU PAID: Weekly Biweekly Semimonthly Monthly

ANY OTHER SOURCES OF INCOME? PART TIME JOBS? YES NO

 ●NAME OF PART TIME EMPLOYER: _____

DO YOU RECEIVE A PENSION OR RETIREMENT INCOME? YES NO

 ●IF YES-HOW MUCH PER MONTH:\$ _____

DO YOU RECEIVE SOCIAL SECURITY INCOME?: YES NO

 ●IF YES-HOW MUCH PER MONTH:\$ _____

DO YOU RECEIVE SPOUSAL OR CHILD SUPPORT? YES NO

 ●IF YES-HOW MUCH PER MONTH:\$ _____

 ■COURT ORDERED? YES NO

EXPENSES	AVERAGE MONTHLY AMOUNT
Rent/Mortgage Payment Includes Real Estate Taxes Yes <input type="checkbox"/> No <input type="checkbox"/> Includes Property Insurance Yes <input type="checkbox"/> No <input type="checkbox"/> Lot Rent(if any)\$ _____	1st Mortgage\$ _____ 2nd Mortgage\$ _____ Rent \$ _____
Electricity and heating fuel	\$ _____
Water & Sewer	\$ _____
Telephone:\$ _____ Cell Phone:\$ _____	Fill out spaces to the left
Cable/Satellite:\$ _____ Internet:\$ _____	Fill out spaces to the left
Other Utilities-specify: _____	\$ _____
Home Maintenance, repairs & upkeep	\$ _____
Food/Groceries	\$ _____
Clothing	\$ _____
Laundry and dry cleaning	\$ _____
Medical and dental expenses not covered by insurance Prescriptions(must be able to support with proof, like receipts)	\$ _____ \$ _____
Transportation(gas, repairs, cab & bus fare if any)	\$ _____
Recreation, clubs, entertainment, newspapers, etc.	\$ _____
Charitable contributions(must have proof of all contributions)	\$ _____
Homeowner's or Renter's Insurance	\$ _____
Life Insurance	\$ _____
Health Insurance(other than payroll deducted insurance)	\$ _____
Auto Insurance	\$ _____
Personal Property Taxes(per year:\$ _____)	\$ _____
Real Estate Taxes(per year:\$ _____)	\$ _____
Car/Truck Payments-specify: _____ Car/Truck Payments-specify: _____ Other Installment Payments-specify: _____ Rent-to-own Payments-specify: _____	\$ _____ \$ _____ \$ _____ \$ _____
Alimony, maintenance & support paid to others	\$ _____
Payments for dependents not living at your home	\$ _____
Hair care & Grooming	\$ _____
Pet care/food	\$ _____
Day Care Expenses	\$ _____

Please list the address the creditor has provided you, within the last 60 days, for written notices/correspondence. Do not use the "payment address" unless no other address has been provided or is available for written notices/correspondence.

SECURED CREDITORS ONLY ON THIS PAGE(car, house, furniture, etc.)

Use the other pages in this Packet for "Unsecured" creditors, such as credit cards, medical bills, signature loans, etc.

Name & Address:	Account #:	Monthly Payment:
	Balance Due:	Items Purchased: <input type="checkbox"/> Check if you have a cosigner <input type="checkbox"/> Check if they have a judgment against you
	Months Behind:	
	Approx. when did you incur the debt?	
Debt Type-check one: <input type="checkbox"/> Individual <input type="checkbox"/> Joint <input type="checkbox"/> Husband <input type="checkbox"/> Wife		

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UNSECURED CREDITORS

Name & Address:	Account #:	Monthly Payment:
	Balance Due:	Items Purchased: <input type="checkbox"/> Check if you have a cosigner <input type="checkbox"/> Check if they have a judgment against you
	Months Behind:	
	Approx. when did you incur the debt?	
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	Months Behind:	
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Debt Type-check one: <input type="checkbox"/> Individual <input type="checkbox"/> Joint <input type="checkbox"/> Husband <input type="checkbox"/> Wife		

Please list the address the creditor has provided you, within the last 60 days, for written notices/correspondence. Do not use the "payment address" unless no other address has been provided or is available for written notices/correspondence.

UNSECURED CREDITORS

Name & Address:	Account #:	Monthly Payment:
	Balance Due:	Items Purchased: <input type="checkbox"/> Check if you have a cosigner <input type="checkbox"/> Check if they have a judgment against you
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DOCUMENT CHECKLIST FOR CHAPTER 7 AND CHAPTER 13 BANKRUPTCY

- 2 months pay stubs
- evidence of disability, SSI, V A
- printout of last 6 months income
- most recent tax return
- copy of house deed
- copy of house deeds of trust
- printout of 401(k); retirement
- child support order
- name and address of person receiving child support
- previous 3 months bank statements
- list of asset sheet
- retainer of \$ _____
- homestead deed
- all bills including car; house
- debt counseling
- other
- credit report: Go to annualcreditreport.com
- car insurance declaration page(showing premium, coverage and policy period-must be current)