

## Client Questionnaire For Non-Business Debtor

DATE: \_\_\_\_\_

### Section 1 Basic Information

#### Part A. Name and Address

Name: \_\_\_\_\_  
*Last First Middle*

Telephone Number Home: \_\_\_\_\_ Work: \_\_\_\_\_  
Cell: \_\_\_\_\_ Other: \_\_\_\_\_  
Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Social Security Number: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Driver' License No.: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

County: \_\_\_\_\_

Have you lived at this address for at least 180 days?  No  Yes

Have you lived at this address for at least 730 days (2 years)?  No  Yes

#### Part B. Name and Address of Spouse

Please fill in the following information about your spouse:

Name: \_\_\_\_\_  
*Last First Middle*

Telephone Number Home: \_\_\_\_\_ Work: \_\_\_\_\_  
Cell: \_\_\_\_\_ Other: \_\_\_\_\_  
Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Social Security Number: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Driver' License No.: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Are you planning to file this case jointly with your spouse?  No  Yes

#### Part C. Prior/Pending Bankruptcy Cases

Have you or your spouse filed any other bankruptcy case in the last 8 years?  No  Yes

#### Debtors Who Reside as Tenants of Residential Property

If you rent your home, does a landlord hold a judgment against you?  No  Yes

## Section 2 Property You Own

### Part A. Real Estate (Schedule A)

List all real estate which you own or are a joint owner of, even if you still owe money on the property.

Address and description of each piece of property: Example: "3BR/2.5BA single family home on 2 acres of land. Purchased in 2005 for \$150,000".	How much is this property currently worth?	List all mortgages, home equity loans, and liens: What's the name of your mortgage company? Please specify if this is a 1 <sup>st</sup> or 2 <sup>nd</sup> mortgage. How much do you still owe on the mortgage(s)? What is your monthly payment? Are you behind on the payments? (If so, # of payments behind)

### Part B. Personal Property (Schedule B)

For each type of property listed below, indicate whether you own any property of that category, and, if you do, fill in the remaining information. You can think of the value as the replacement value. For property acquired for personal or family use, replacement value is the price a retail merchant would charge for a property of that kind, considering the age and condition of that property.

Type of Property	Yes or No	Description & Location	How much is it worth?
Checking/Savings Account & other bank accounts			
Household goods, furniture, including audio, video, and computer equipment			
Motor vehicles: <i>Please go to <a href="http://www.nada.com">www.nada.com</a> and look up the RETAIL value of your vehicle(s), and write the amount(s) in the far right column.</i>		Year, make & model, and miles on odometer:	

## Section 3 Debts

List below all debts that you owe, or that creditors claim that you owe.

Type of Debt	Creditor Name and Address	Amount owed
Home loans, mortgages, or liens		
Car loans		
Student loans		
Credit/charge cards		
Unpaid medical bills		
Unpaid taxes		
Unpaid alimony or child support		
All other unpaid debts/bills		

## Section 4 Current Income

Marital Status:

- Married
- Single
- Divorced
- Separated
- Widowed
- Domestic Partner

List all dependents of you and your spouse, their ages, and their relationship to you:		
Name	Age	Relationship

### Part A. Debtor's Income

### Part B. Joint Debtor's Income

1. What is your occupation? \_\_\_\_\_
2. Name and address of your employer:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
3. How long have you been employed there? \_\_\_\_\_
4. What is the gross amount of your paycheck, **before** taxes/other deductions are taken out? \$ \_\_\_\_\_
5. How often do you get paid?     once a week  
 every two weeks                       twice a month  
 once a month                       other \_\_\_\_\_
6. Do you receive overtime/bonus pay outside of your salary? If so, how much per pay period? \$ \_\_\_\_\_
7. How much is taken out of each paycheck for taxes and social security? \$ \_\_\_\_\_
8. How much is taken out for all insurance? \$ \_\_\_\_\_
9. Are there other deductions? If so, what are they and how much? \_\_\_\_\_

1. What is your **spouse's** occupation? \_\_\_\_\_
2. Name and address of your spouse's employer:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
3. How long employed there? \_\_\_\_\_
4. What is the gross amount of your spouse's paycheck, **before** taxes/other deductions? \$ \_\_\_\_\_
5. How often does he/she get paid?     once a week  
 every two weeks                       twice a month  
 once a month                       other \_\_\_\_\_
6. Does your spouse receive overtime/bonus pay outside of your salary? How much per pay period? \$ \_\_\_\_\_
7. How much is taken out of each paycheck for taxes and social security? \$ \_\_\_\_\_
8. How much is taken out for all insurance? \$ \_\_\_\_\_
9. Are there other deductions? If so, what are they and how much? \_\_\_\_\_

Do **you** receive

- a) income from business operations outside of your regular paycheck listed above? If so, what is the business and how much do you receive per **month**?
  - b) income from real estate property? If so, how much per **month**?     No     Yes \$ \_\_\_\_\_
  - c) interest or dividends? If so, how much per **month**?  
 No     Yes \$ \_\_\_\_\_
  - d) alimony or family support payments for your use or for the care of your dependents? If so, how much per **month**?     No     Yes \$ \_\_\_\_\_
  - e) social security or other forms of monetary government assistance?  No     Yes \$ \_\_\_\_\_
  - f) retirement or pension money?  No     Yes \$ \_\_\_\_\_
- Do you have any other sources of income not listed?  
 No     Yes

Does **your spouse** receive

- a) income from business operations outside of the regular paycheck listed above? If so, what is the business and how much does your spouse receive per **month**?
  - b) income from real estate property? If so, how much per **month**?     No     Yes \$ \_\_\_\_\_
  - c) interest or dividends? If so, how much per **month**?  
 No     Yes \$ \_\_\_\_\_
  - d) alimony or family support payments for spouse's use or for care of dependents? If so, how much per **month**?  
 No     Yes \$ \_\_\_\_\_
  - e) social security or other forms of monetary government assistance?  No     Yes \$ \_\_\_\_\_
  - f) retirement or pension money?  No     Yes \$ \_\_\_\_\_
- Does your spouse have any other income not listed?  
 No     Yes

Are you or your spouse expecting any increase or decrease in salary next year? If so, explain.

## Section 5 Current Expenses

The following questions ask for your expenses each month. If you are unsure of the amount you pay each month, but know the amount for a different period (per week, per day, every 2 months, etc.), write in the amount and the frequency that you pay the amount.

**Indicate how much you pay for each item each month...**

- |  |          |
|--|----------|
| 1. your rent or your mortgage payment (first mortgage only)  | \$ _____ |
| Does that amount include real estate taxes? <input type="checkbox"/> No <input type="checkbox"/> Yes |          |
| Does it include property insurance? <input type="checkbox"/> No <input type="checkbox"/> Yes         |          |
| 2. electricity and heating   | \$ _____ |
| 3. water and sewage  | \$ _____ |
| 4. telephone service/long distance   | \$ _____ |
| 5. Do you have any other utility bills? If so, what, and how much per month?                         |          |
| _____  | \$ _____ |
| 6. home maintenance, including repairs and general upkeep  | \$ _____ |
| 7. food  | \$ _____ |
| 8. clothing  | \$ _____ |
| 9. laundry and dry cleaning  | \$ _____ |
| 10. medical and dental expenses  | \$ _____ |
| 11. transportation (not including car payments)  | \$ _____ |
| 12. entertainment, recreation, newspapers, magazines   | \$ _____ |
| 13. charitable contributions   | \$ _____ |
| 14. insurance not deducted from paycheck   |          |
| a) homeowner's or renter's insurance   | \$ _____ |
| b) life insurance  | \$ _____ |
| c) health insurance  | \$ _____ |
| d) auto insurance  | \$ _____ |
| 15. taxes not deducted from paycheck   | \$ _____ |
| 16. installment payments (for 2 <sup>nd</sup> mortgage, car, furniture, etc.) (Specify)              |          |
| _____  | \$ _____ |
| _____  | \$ _____ |
| _____  | \$ _____ |
| 17. alimony, maintenance, support paid to others   | \$ _____ |
| 18. childcare  | \$ _____ |
| 19. education expense for your children under 18   | \$ _____ |
| 20. other expenses not listed above: <u>Car tag(s)</u>   | \$ _____ |
| <u>Personal grooming (haircuts)</u>  | \$ _____ |
| _____  | \$ _____ |
| _____  | \$ _____ |

**When you are done, please send the Questionnaire to us:  
 Kenneth A. Parker, P.C. P.O. Box 550, Buford, Georgia 30515  
 Phone: (678) 541-6770 / Fax: (678) 541-6771 / Email: [kenparker@kenparker.com](mailto:kenparker@kenparker.com)**

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