

CLIENT QUESTIONNAIRE

Answer all questions and give complete information. If married, give complete information for both persons. Thank you.

Referred by: Friend: _____ **DATE:** _____

Yellow Pages: _____ Other: _____

I was a previous client: _____

1. **DEBTOR - 1** FULL LEGAL NAME: _____
FIRST MIDDLE LAST

Driver's License No.: _____

2. **DEBTOR - 2** FULL LEGAL NAME: _____
FIRST MIDDLE LAST

Driver's License No.: _____

3. List any other names you have used during the past 8 years (maiden, prev. marriage, nicknames, business)
_____ How long married? _____

4. **Debtor-1** Social Sec. # _____ Date of Birth: _____

5. **Debtor-2** Social Sec. # _____ Date of Birth: _____

6. Residence Address: _____
Street County

City State Zip

Mailing address:

Street County

City State Zip

7. Home Phone: () _____ If no phone, list a nearby number (friend or relative) and "X" here. ()

Work/cell **Debtor-1**: () _____
(circle)

Work/cell **Debtor-2**: () _____
(circle)

Email Address: _____
May we contact you via email: _____

8. Number of children living with you: _____

Full Name: _____ Age: _____

Full Name: _____ Age: _____

Full Name: _____ Age: _____

9. Name of nearest living relative: _____ Phone #: _____

10. Name of **Debtor-1** Employer: _____ How long? _____

Address: _____
Street

_____ City State Zip

Dates of Pay (Circle One): Weekly / Every Two Weeks / Twice a Month / Monthly

Monthly cash Income: _____ Net Income: _____
(before withholding) (after withholding)

Yearly Gross Income: Amount Source

Present year to-date: _____

Last Year: _____

Prior Year: _____

11. Name of **Debtor-2** Employer: _____ How long? _____

Address: _____
Street

_____ City State Zip

Dates of Pay (Circle One): Weekly / Every Two Weeks / Twice a Month / Monthly

Monthly cash Income: _____ Net Income: _____
(before withholding) (after withholding)

Yearly Gross Income: Amount Source

Present year to-date: _____

Last Year: _____

Prior Year: _____

**IF SELF-EMPLOYMENT INFORMATION PERTAINS TO YOU PLEASE ALSO COMPLETE PAGE 7.
THANK YOU.**

12. Self-Employment Information:

Name of Business: _____

Address: _____

Street

City

State

Zip

Style of Business: Individual _____ Partnership _____ Corporation _____

Type of Business: _____

Gross Income for past 2 years: 20__ : \$ _____ and 20__ : \$ _____

Questions relating to your residence and/or real estate:

13. Do you own or rent your residence? Own _____ Rent _____

14. Type of residence:

Mobile Home: _____ Amount of payment? _____

Home: _____ Payment current? Yes _____ No _____

Apartment: _____ Amount Behind: \$ _____

15. If you own: Value of house? \$ _____

Amount you feel you could sell for? \$ _____

Balance:

To Whom:

1st Mortgage \$ _____

2nd Mortgage \$ _____

Other Lien(s): \$ _____

Delinquent
Property Taxes \$ _____

Are any balloon payments due under any of the loans on the above property(ies)? Yes/No \$ _____

16. Do you want to retain all of the property? Yes _____ No _____

17. Is any land divisible from the residence? Yes _____ No _____

18. Have you owned real property within the last (4) years? Yes _____ No _____

Questions relating to vehicles you own or are buying:

19. Do you own/purchasing a vehicle? Yes _____ No _____

Year/Make/Model _____ Resale Value \$ _____

Amount Owed \$ _____ Payment Amount \$ _____ Interest Rate: _____

Amount Behind \$ _____ To Whom: _____

Year/Make/Model _____ Resale Value \$ _____

Amount Owed \$ _____ Payment Amount \$ _____ Interest Rate: _____

Amount Behind \$ _____ To Whom: _____

Year/Make/Model _____ Resale Value \$ _____

Amount Owed \$ _____ Payment Amount \$ _____ Interest Rate _____

Amount Behind \$ _____ To Whom: _____

Have you added any additional insurance, warranty or maintenance agreements to the purchase contract on your vehicle(s)? No _____ Yes _____ If yes, do you wish to keep them? Yes _____ No _____

20. Questions relating to furniture, jewelry, appliances and equipment you are buying?

Describe: _____ Resale Value \$ _____

Amount Owed? \$ _____ Payment Amount? \$ _____

Amount Behind \$ _____ To Whom: _____

Describe: _____ Resale Value \$ _____

Amount Owed? \$ _____ Payment Amount? \$ _____

Amount Behind \$ _____ To Whom: _____

Describe: _____ Resale Value \$ _____

Amount Owed? \$ _____ Payment Amount? \$ _____

Amount Behind \$ _____ To Whom: _____

21. Do you have any Unpaid Student Loans? Yes _____ No _____ Amount \$ _____

Are there any Student Loan co-signers? Yes _____ No _____ Name: _____

22. Do you owe any taxes (not real estate) to any state or government entity?

Yes _____ No _____

Timely

IRS: \$ _____ Years: _____ Filed Returns: Yes ___ No ___ When? _____

If no, was extension filed? Yes _____ No _____ If so, When? _____

Who prepared Return? You _____ or IRS _____

State of _____ Timely

Oregon: \$ _____ Years: _____ Filed Returns: Yes ___ No ___ When? _____

If no, was extension filed? Yes _____ No _____ If so, When? _____

State of _____: _____ Timely

\$ _____ Years: _____ Filed Returns: Yes ___ No ___ When? _____

If no, was extension filed? Yes _____ No _____ If so, When? _____

23. Are you expecting any income tax refunds? Yes _____ No _____

IRS: \$ _____ State: \$ _____

Amount of refund, if any, you received last year? IRS \$ _____ State \$ _____

24. Are there any other co-signers or co-debtors for any of your loans?

Yes _____ No _____

Name of Co-signer: _____

Name of Lender: _____

25. Have you been involved in an auto accident or other accident within the last (2) years? _____ When? _____

26. Do you anticipate incurring large future medical expenses not covered by insurance? Yes ___ No ___

27. Are you delinquent on any spousal or child support? Yes _____ No _____

Amount: \$ _____ Paid to Whom: _____

28. Do you owe any traffic tickets? Yes _____ No _____

Amount: \$ _____ County: _____

29. Do you owe any restitution or fines associated with a criminal conviction?

Yes _____ No _____ Amount: \$ _____

30. Have you ever filed bankruptcy before? Yes _____ No _____ When _____

Where: _____ What Chapter? _____

31. Have you made any credit card cash advances or purchases over \$1,000.00 on one card within the last sixty (60) days? Yes _____ No _____

To whom: _____

Have you repaid any creditors \$600.00 or more within the last ninety (90) days? Yes _____ No _____

Have you repaid any family members money you owed to them within the last twelve (12) months?

Yes _____ No _____

32. Are your wages being garnished at this time? Yes _____ No _____

By whom? _____ When is next pay-day? _____

33. Are you a trustee or signer on anyone else's bank account?

Yes _____ No _____ Who? _____

34. Is your name shown on anyone else's property?

Yes _____ No _____ Who? _____

35. Approximate number of unsecured creditors? (i.e., credit card debt, medical bills)

Number _____ Approximate amount: \$ _____

36. Do you have any unpaid NSF checks or checks returned noted "closed account"?

Yes _____ No _____ Number _____ Amount \$ _____

37. Are you bonded for any reason by a bonding company or insurance company?

Yes _____ No _____

38. Does your business require you to be bonded for any reason?

Yes _____ No _____

39. Do you or your children have a bank account with a Credit Union?

Yes _____ No _____ Do you owe any money to this Credit Union? Yes _____ No _____

40. Are you currently contributing to a retirement plan of any sort? Yes _____ No _____

Client Signature(s): _____

Attachment For Business Debtor

Basic Information

Part A. Name and Address

Name of business: _____

Contact Person's name: _____

Telephone Number: _____ ext.: _____ Alternative Number: _____

Has the business gone by any other names in the past six years? No Yes *If yes, list other names:*

Federal Tax ID or Social Security Number: _____

Address: _____

City: _____ State: _____ Zip: _____

County: _____ Has the business been at this address for at least 180 days?
No Yes

If there is a different mailing address, please list:

Mailing Address: _____

City: _____ State: _____ Zip: _____

Part B. Nature of Business

1. Location of principal assets, if different from address above: _____

City: _____ State: _____ Zip: _____

2. Please describe the nature of your business: _____

3. Who is the authorized signer? _____ His/Her title? _____

4. Do any of the following describe your business? : Railroad Stockbroker Commodity Broker

Part C. Prior/Pending Bankruptcy Cases

1. Has a bankruptcy case been filed by your company or against your company in the last 6 years?
No Yes

If yes, in which district of which state was the case filed?

Case Number: _____ Date filed: _____

2. Are there currently any bankruptcy cases pending involving you, your business, your business partner, or any of your affiliates? No Yes

If yes, name of debtor: _____ Relationship to you:

Case Number: _____ Date filed: _____ Judge:

District in which the case was filed: _____

(FOR OFFICE USE ONLY)

Informational Worksheet Chapters 7 and 13
(Circle a Chapter)

DEBTOR(S): _____ DATE: _____

PRIORITY NOTES: GARNISHMENT LAWSUIT/JUDGMENT REPOSSESSION NONE

FILING STATUS RUSH STANDARD FILE AFTER: _____

SPECIAL CONCERNS: TAXES OWING UN-FILED RETURNS CASH ADVANCE >\$600

CHARGES >\$600 522(F) MATTERS PYMTS TO FAMILY

STUDENT LOANS PROPERTY TRANSFERS NEW VEHICLES

OTHER: _____ NONE

CHAPTER 13 REASONS: PRIORITY TAXES LATE RETURNS FRAUD MATTERS

PRIOR BANKRUPTCY HOME FORECLOSURE OTHER: _____

N/A

NOTES FOR ABOVE:
