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BANKRUPTCY QUESTIONNAIRE

Bring the following items when you return this completed questionnaire:

1. A copy of your state and federal tax returns for the last **two (2) years**. (If you have not filed your return for the past year, bring the last one you filed.)
2. A copy of any foreclosure or collection letters.
3. A copy of any lawsuits or garnishments.
4. Pay stubs for the past **SIX (6) months**, including the most recent pay stubs for each job you have (including spouse, even if spouse is not filing).
5. Bank statements for the past **four (4) months**.
6. Picture ID and Social Security Card for each Debtor.

IMPORTANT

Prior to filing Chapter 7 or Chapter 13:

1. **DO NOT Pay any relatives any money.**
2. **DO NOT Take any cash advances from your charge cards.**
3. **DO NOT Transfer or sell any assets to anyone without first discussing it with the attorney.**

We are a Debt Relief Agency and we file Bankruptcy petitions under the United States Bankruptcy Code.

WARNING:

Our job is to help you get the fantastic protection and relief you deserve under the Federal Bankruptcy laws.

Your job is to provide us with information that is both complete and truthful.

We will use the information you provide to prepare the Official Court forms necessary to get your case filed.

Failure to provide information which is as complete and accurate as possible will delay the filing of your case and any false or intentional untruthful information may constitute a Federal crime.

INSTRUCTIONS FOR COMPLETING THIS QUESTIONNAIRE

1. **PLEASE** read each question carefully and then answer to the best of your knowledge. Answer **ALL** of the questions thoroughly. If you do not understand a question, make a list of all your questions and contact us or bring the list when you return to the office.
2. Please write neatly, so we can read your answers.
3. Answer each and every question and fill in each blank. Some questions may not apply to you, so simply answer it "N/A" or "None". **YOU MUST ANSWER EACH QUESTION.**
4. If you do not know exact dates or exact amounts, answer the best you can.
5. **ALL of your creditors MUST be listed with a complete correspondence address in this questionnaire. Failure to list someone may allow that creditor to pursue you regardless of the bankruptcy. To list someone after filing WILL result in ADDITIONAL FEES!**
6. Please read the directions at the top of each section throughout the questionnaire for guidance in completing the questionnaire. If you need additional space, please add pages.
7. **CHAPTER 13 DEBTORS:** Please read, sign and date pages 37 through 38 of this questionnaire – Final Checklist-Chapter 7 & 13, and Have You Told Us About All of Your Property & Debts. **It is a federal crime to not list property you own or to intentionally leave off debts that you owe, including family members and friends.**
8. **CHAPTER 7 DEBTORS:** Please read, sign and date pages 37 through 39 of this questionnaire – Final Checklist-Chapter 7 & 13, Have You Told Us About All of Your Property & Debts, and Chapter 7 Cases. **It is a federal crime to not list property you own or to intentionally leave off debts that you owe, including family members and friends.**

****NOTE**** You will only need to return the Bankruptcy Questionnaire and the Requested Documentation listed on the front page. Keep any loose bankruptcy information and/or instructions that we have provided with your bankruptcy folder for future reference. Please remember to make sure you list all creditors in this questionnaire.

Chapter: 7 Liquidation 13 Consolidation
Filing Status: Individual Joint

If you are married and filing individually, you need to fill out your Spouse's information on this page.

MARITAL STATUS Single Married Separated Divorced Widowed

DEBTOR (**Husband** if joint filing)

SPOUSE (**Wife** if joint filing)

FULL NAME:

First, Middle, Last

First, Middle, Last

STREET ADDRESS:

MAILING ADDRESS:

If different from street address

COUNTY:

HOME PHONE:

WORK PHONE:

CELL:

OTHER PHONE #

(where we can contact you in an emergency)

DATE OF BIRTH:

SOCIAL SECURITY #

E-MAIL ADDRESS:

Can we use this to correspond with you regarding your case? Yes No

Have you used any other names in the last 8 years? (Maiden name, former married name, nickname, business name, etc.) Yes No If yes, name(s) used:

Have you operated a business or been self-employed in the last 8 years? Yes No
If yes, provide the Name of the Business, and dates of operation,

Have you ever filed for Bankruptcy protection under Chapter 7 Straight Bankruptcy, or Chapter 13 Debt Consolidation (i.e., debtor's court)? Yes No

If yes, list case number, date, and location where filed:

Has your spouse or business partner ever filed for Bankruptcy protection under Chapter 7 Straight Bankruptcy, or Chapter 13 Debt Consolidation? Yes No

If yes, list case number, date, and location where filed:

HOUSES, LAND, & MOBILE HOMES

Property 1:

Address of Property: _____

Is this a __House __ Mobile Home __ Rental Property? Is it: __ a lot or _____ acres?

If this is a Mobile Home, do you: Own the Land Pay Lot Rent

Land belongs to someone else

Do you live on this property? Yes No

What could you sell it for? \$ _____

Are there any Co-Owners? Yes No If yes, provide following:

Name & Address: _____

Relationship: _____

Do you want to keep the Property and continue paying the loan or surrender the property? __ **Keep** __ **Surrender**

First Mortgage: *Attach the most recent statement.* None

Creditor Name: _____

Address: _____

Account Number: _____

Whose debt is this? __ Husband __ Wife __ Joint __ Individual (if not married)

Name & relationship of any Co-Debtors (not spouse): _____

Date of Loan _____ Monthly Payment: \$ _____ Owe: \$ _____

Are taxes and insurance included? Yes No

If yes, What is the escrow payment? \$ _____

Are payments current? Yes No What months are you behind? _____

Second Mortgage: *Attach the most recent statement.* None

Creditor Name: _____

Address: _____

Account Number: _____

Whose debt is this? Husband Wife Joint Individual (if not married)

Name & relationship of any Co-Debtors (not spouse): _____

Date of Loan _____ Monthly Payment: \$ _____ Owe: \$ _____

Are payments current? Yes No What months are you behind? _____

Property 2:

Address of Property: _____

Is this a House Mobile Home Rental Property? Is it: a lot or _____ acres?

If this is a Mobile Home, do you: Own the Land Pay Lot Rent

Land belongs to someone else

Do you live on this property? Yes No

What could you sell it for? \$ _____

Are there any Co-Owners? Yes No If yes, provide following:

Name & Address: _____

Relationship: _____

Do you want to keep the Property and continue paying the loan or surrender the property? **Keep** **Surrender**

First Mortgage: *Attach the most recent statement.* None

Creditor Name: _____

Address: _____

Account Number: _____

Whose debt is this? ___ Husband ___ Wife ___ Joint ___ Individual (if not married)

Name & relationship of any Co-Debtors (not spouse): _____

Date of Loan _____ Monthly Payment: \$ _____ Owe: \$ _____

Are taxes and insurance included? Yes No

If yes, What is the escrow payment? \$ _____

Are payments current? Yes No What months are you behind? _____

If you have a second mortgage, home equity loan, or other secured loan on this property, attach additional pages.

Does this land produce income? (i.e.: do you rent it, farm the land, etc.) ___ Yes ___ No

How much income do you receive? \$ _____ per month.

How long is the lease if the income is rental income? _____

Attach a copy of the lease

Property 3:

Address of Property: _____

Is this a ___ House ___ Mobile Home ___ Rental Property? Is it: ___ a lot or _____ acres?

If this is a Mobile Home, do you: Own the Land Pay Lot Rent

Land belongs to someone else

Do you live on this property? Yes No

What could you sell it for? \$ _____

Are there any Co-Owners? Yes No If yes, provide following:

Name & Address: _____

Relationship: _____

Do you want to keep the Property and continue paying the loan or surrender the property? **Keep** **Surrender**

First Mortgage: *Attach the most recent statement.* None

Creditor Name: _____

Address: _____

Account Number: _____

Whose debt is this? Husband Wife Joint Individual (if not married)

Name & relationship of any Co-Debtors (not spouse): _____

Date of Loan _____ Monthly Payment: \$ _____ Owe: \$ _____

Are taxes and insurance included? Yes No

If yes, What is the escrow payment? \$ _____

Are payments current? Yes No What months are you behind? _____

If you have a second mortgage, home equity loan, or other secured loan on this property, attach additional pages.

Does this land produce income? (i.e.: do you rent it, farm the land, etc.) Yes No

How much income do you receive? \$ _____ per month.

How long is the lease if the income is rental income? _____

Attach a copy of the lease

PERSONAL PROPERTY

Please write none or n/a if they do not apply to you. Attach additional sheets if necessary.

1. Cash that you have in your pocket, purse, home, safe box, etc. \$ _____
2. List all Checking, Savings, or other financial accounts, certificates of deposit, shares in banks, savings and loan, or credit unions with your name on it. (ALL open accounts must be listed, even if they have \$0.00 balance.)

Bank Name	Last 4 digits of account no.	Type: Checking, Savings, Other (specify)	Owner(s)
1.			
2.			
3.			
4.			

3. List any Security Deposits with public utilities, telephone companies, landlords, and others that will **not** be applied to the last bill.

Deposit with: _____ Amount \$ _____

Deposit with: _____ Amount \$ _____

4. List all household goods & furnishings, including audio, video, and computer equipment and give the Fair Market Value. (**Please use yard sale, flea market, newspaper advertisement values of what you could sell the property for as a guide in determining the value of your property).**)

Living Room Furniture	\$ _____	TV (how many ____)	\$ _____
Bedroom Furniture (how many ____)	\$ _____	DVD Players (how many ____)	\$ _____
Dining Room Furniture	\$ _____	VCR (how many ____)	\$ _____
Kitchen Table	\$ _____	Stereo (how many ____)	\$ _____
Kitchen Appliances	\$ _____	Video game systems	\$ _____
Kitchenware	\$ _____	Video games	\$ _____
Lawn mower	\$ _____	Computer(s)	\$ _____
Weed eater	\$ _____		\$ _____
Garden tools	\$ _____	Tools	\$ _____
Other (be specific):			\$ _____

5. List collectibles of value. Be specific and list each item/collection and value. (Ex: antiques, figurines, artwork, books, pictures, stamps, coins, baseball cards, memorabilia, etc.)

6. Clothing: \$ _____

7. Furs & Jewelry:

Watches \$ _____ Rings \$ _____ Necklaces \$ _____

Bracelets \$ _____ Costume Jewelry \$ _____

Other _____ \$ _____ Other _____ \$ _____

8. List all firearms & related equipment. Be specific, list owner if joint case. List value for each item.

9. List all sports, photographic, & other hobby equipment. Be specific, list owner if joint case. List value for each item.

10. List any interest in insurance policies, the owner, and beneficiary (even if there is no cash value).

Value: \$ _____

11. List all annuities (where someone is paying you periodic payments such as personal injury, trust fund, etc.).

Value: \$ _____ Owner: _____

12. List any interest in an Education IRA or under a qualified State tuition plan.

Value: \$ _____ Owner: _____

13. List any interest in IRA, ERISA, Keogh, 401(k) Plans, or other pension, retirement, or profit sharing plans:

1. Name & Address: _____

Account no.: _____ Type of plan: _____

Value: \$ _____ Owner: _____

Have you borrowed from this account? Yes No

Date of loan: _____ Monthly payment: \$ _____ Owe: \$ _____

Are payments deducted from your paycheck? Yes No

Are your payments current? Yes No What months are you behind? _____

Do you want to keep the account? Yes No

2. Name & Address: _____

Account no.: _____ Type of plan: _____

Value: \$ _____ Owner: _____

Have you borrowed from this account? Yes No

Date of loan: _____ Monthly payment: \$ _____ Owe: \$ _____

Are payments deducted from your paycheck? Yes No

Are your payments current? Yes No What months are you behind? _____

Do you want to keep the account? Yes No

3. Name & Address: _____

Account no.: _____ Type of plan: _____

Value: \$ _____ Owner: _____

Have you borrowed from this account? Yes No

Date of loan: _____ Monthly payment: \$ _____ Owe: \$ _____

Are payments deducted from your paycheck? Yes No

Are your payments current? Yes No What months are you behind? _____

Do you want to keep the account? Yes No

14. List any stock and interest in incorporated and unincorporated businesses (even if the business has closed):

Value: \$ _____ Owner: _____

15. List any interest in partnerships or joint ventures:

Value: \$ _____ Owner: _____

16. List any government and corporate bonds and other negotiable and non-negotiable instruments:

Value: \$ _____ Owner: _____

17. Does anyone owe you money? Yes No

Value: \$ _____

18. List any alimony, child support, and/or property settlements owed to you:

Value: \$ _____

19. List any other liquidated debts that are owed to you including tax refunds:

Value: \$ _____ Owner: _____

20. Do you have any future interest in land such as a life estate, the right to live on land, etc? Yes No

Value: \$ _____ Owner: _____

21. Do you have an interest in property from anyone who has died? This may be property, money, life insurance money, or trust money. Yes No

Value: \$ _____ Owner: _____

22. Are you currently suing someone, or do you have the right to do so? (Examples: accidents, class action lawsuits, employment disputes, etc.) Yes No

Person/Business you are suing or have possible claim against: _____

Basis for possible lawsuit? _____

Your attorney: _____ Value: \$ _____

23. List any patents, copyrights, and other intellectual property:

Value: \$ _____ Owner: _____

24. List any licenses, franchises, and other general intangibles :

Value: \$ _____ Owner: _____

25. List any animals, including pets:

Value \$ _____

26. Any other assets or property:

_____ Value \$ _____
_____ Value \$ _____
_____ Value \$ _____

27. Do you own or have any interest in any business related property including farming?

Yes _____ continue below
No _____ go to Vehicles (p. 13)

28. List any interests in partnerships or joint ventures:

Name of entity: _____ % of ownership interest: _____
Value: \$ _____

29. List any account receivables:

Value: \$ _____

30. List all office equipment, furnishings, and supplies:

Value: \$ _____

31. List all machinery, fixtures, equipment, tools, and supplies used in business:

Value: \$ _____

32. List any inventory:

Value: \$ _____

33. List any customer lists or other compilations containing personally identifiable information provided to you by individuals in connection with obtaining a product or service from you primarily for personal, family, or household purposes:

Value \$ _____

34. List any crops – growing or harvested:

Value \$ _____

35. List all farm equipment:

Value \$ _____

36. List all farm supplies, chemicals, and feed:

Value \$ _____

Vehicles

Cars, Trucks, Boats, Trailers, Motorcycles, ATVs, Ski-Jets, Aircraft, etc

List all vehicles even if it is inoperable or wrecked.

If you are not in possession of the vehicle, include who has it and location of vehicle.

Vehicle 1: Year: _____ Make: _____ Model: _____

VIN: _____

Mileage: _____ Condition: _____

Value: \$ _____ Owner(s): _____

Do you have a loan? Yes No

Is this a lease? Yes No

Creditor Name & Address: _____

Account Number: _____

Date of Loan: _____

Amount owe: \$ _____

Monthly payment \$ _____

Interest rate: _____

Are payments current? Yes No

How many months are behind? _____

Do you want to keep or surrender? Keep Surrender

Vehicle 2: Year: _____ Make: _____ Model: _____

VIN: _____

Mileage: _____ Condition: _____

Value: \$_____ Owner(s): _____

Do you have a loan? Yes No

Is this a lease? Yes No

Creditor Name & Address: _____

Account Number: _____

Date of Loan: _____ Amount owe: \$_____

Monthly payment \$_____ Interest rate: _____

Are payments current? Yes No

How many months are behind? _____

Do you want to keep or surrender? Keep Surrender

Vehicle 3: Year: _____ Make: _____ Model: _____

VIN: _____

Mileage: _____ Condition: _____

Value: \$_____ Owner(s): _____

Do you have a loan? Yes No

Is this a lease? Yes No

Creditor Name & Address: _____

Account Number: _____

Date of Loan: _____ Amount owe: \$_____

Monthly payment \$_____ Interest rate: _____

Are payments current? Yes No

How many months are behind? _____

Do you want to keep or surrender? Keep Surrender

Vehicle 4: Year: _____ Make: _____ Model: _____

VIN: _____

Mileage: _____ Condition: _____

Value: \$_____ Owner(s): _____

Do you have a loan? Yes No Is this a lease? Yes No

Creditor Name & Address: _____

Account Number: _____

Date of Loan: _____ Amount owe: \$_____

Monthly payment \$_____ Interest rate: _____

Are payments current? Yes No

How many months are behind? _____

Do you want to keep or surrender? Keep Surrender

Vehicle 5: Year: _____ Make: _____ Model: _____

VIN: _____

Mileage: _____ Condition: _____

Value: \$_____ Owner(s): _____

Do you have a loan? Yes No Is this a lease? Yes No

Creditor Name & Address: _____

Account Number: _____

Date of Loan: _____ Amount owe: \$_____

Monthly payment \$_____ Interest rate: _____

Are payments current? Yes No

How many months are behind? _____

Do you want to keep or surrender? Keep Surrender

Please attach additional pages if more space is needed.

OTHER SECURED LOANS

Fill out the following information **completely** for any **SECURED** creditor, business or individual that you owe money to not listed prior.

1. Creditor Name: _____

Address: _____

Collection Agency: _____

Address _____

Account Number: _____ () Husband () Wife () Joint () Individual

Date of Loan: _____ Amount owe: \$ _____

Monthly payment \$ _____ Interest rate: _____

Are payments current? Yes No How many months are behind? _____

List collateral (**Be specific**): _____

Did you already own the items above and just listed it as security for this loan?
 Yes No

Was the money borrowed from this creditor to purchase the items? Yes No

Do you want to keep or surrender? Keep Surrender

2. Creditor Name: _____

Address: _____

Collection Agency: _____

Address _____

Account Number: _____ () Husband () Wife () Joint () Individual

Date of Loan: _____ Amount owe: \$ _____

Monthly payment \$ _____ Interest rate: _____

Are payments current? Yes No How many months are behind? _____

List collateral (**Be specific**): _____

Did you already own the items above and just listed it as security for this loan?
 Yes No

Was the money borrowed from this creditor to purchase the items? Yes No

Do you want to keep or surrender? Keep Surrender

3. Creditor Name: _____

Address: _____

Collection Agency: _____

Address _____

Account Number: _____ () Husband () Wife () Joint () Individual

Date of Loan: _____ Amount owe: \$ _____

Monthly payment \$ _____ Interest rate: _____

Are payments current? Yes No How many months are behind? _____

List collateral (**Be specific**): _____

Did you already own the items above and just listed it as security for this loan?

Yes No

Was the money borrowed from this creditor to purchase the items? Yes No

Do you want to keep or surrender? Keep Surrender

PROPERTY TAXES OWED

Do you owe any Property Taxes? Yes No

List state, county, and local tax authorities you owe property taxes to.

1. Creditor Name & Address: _____

Property: _____

Owe: \$ _____ For years: _____

2. Creditor Name & Address: _____

Property: _____

Owe: \$ _____ For years: _____

3. Creditor Name & Address: _____

Property: _____

Owe: \$ _____ For years: _____

OTHER TAXES OWED

List all Federal, State, and Local taxes owed. (Ex. Income, sales, etc.)

1. Creditor Name & Address: _____

Type: _____

Owe: \$ _____ For year: _____

Owe: \$ _____ For year: _____

Owe: \$ _____ For year: _____

2. Creditor Name & Address: _____

Type: _____

Owe: \$ _____ For year: _____

Owe: \$ _____ For year: _____

Owe: \$ _____ For year: _____

3. Creditor Name & Address: _____

Type: _____

Owe: \$ _____ For year: _____

Owe: \$ _____ For year: _____

Owe: \$ _____ For year: _____

CHILD SUPPORT OWED

Do you owe any back child support? **Yes** **No** If yes, give details:

Owed to (Parent): _____

Address: _____

City: _____ State: _____ Zip: _____

Total Amount Owed: \$ _____

Case or Account Number: _____

Collecting Agency: (usually a State Agency): _____

Address: _____

City: _____ State: _____ Zip: _____

Is the child still a minor? **Yes** **No**

UNSECURED CREDITORS

Fill out the following information completely for each unsecured creditor, business or individual that you owe money to. (i.e.: credit/charge cards, medical bills, personal loans, family members, student loans, etc.)

If any of these have been turned over for collection, list the original creditor and the Collection Agency. Provide the correspondence address for both the original creditor & the collection agency.

If you have supplied us with a complete bill or invoice from a creditor, you do not need to list that creditor here.

1. Creditor Name: _____

Address: _____

Collection Agency: _____

Address _____

Account Number: _____ () Husband () Wife () Joint () Individual
Date or year of debt: _____ Owe: \$ _____
 Credit Card Medical Personal Loan NSF Check
 Repossessed Vehicle Student Loan Membership Club Utilities Rent
 Other: Explain _____

2. Creditor Name: _____

Address: _____

Collection Agency: _____

Address _____

Account Number: _____ () Husband () Wife () Joint () Individual
Date or year of debt: _____ Owe: \$ _____
 Credit Card Medical Personal Loan NSF Check
 Repossessed Vehicle Student Loan Membership Club Utilities Rent
 Other: Explain _____

3. Creditor Name: _____

Address: _____

Collection Agency: _____

Address _____

Account Number: _____ () Husband () Wife () Joint () Individual
Date or year of debt: _____ Owe: \$ _____
 Credit Card Medical Personal Loan NSF Check
 Repossessed Vehicle Student Loan Membership Club Utilities Rent
 Other: Explain _____

4. Creditor Name: _____

Address: _____

Collection Agency: _____

Address _____

Account Number: _____ () Husband () Wife () Joint () Individual

Date or year of debt: _____ Owe: \$ _____

Credit Card Medical Personal Loan NSF Check

Repossessed Vehicle Student Loan Membership Club Utilities Rent

Other: Explain _____

5. Creditor Name: _____

Address: _____

Collection Agency: _____

Address _____

Account Number: _____ () Husband () Wife () Joint () Individual

Date or year of debt: _____ Owe: \$ _____

Credit Card Medical Personal Loan NSF Check

Repossessed Vehicle Student Loan Membership Club Utilities Rent

Other: Explain _____

6. Creditor Name: _____

Address: _____

Collection Agency: _____

Address _____

Account Number: _____ () Husband () Wife () Joint () Individual
Date or year of debt: _____ Owe: \$ _____

- Credit Card Medical Personal Loan NSF Check
- Repossessed Vehicle Student Loan Membership Club Utilities Rent
- Other: Explain _____

7. Creditor Name: _____

Address: _____

Collection Agency: _____

Address _____

Account Number: _____ () Husband () Wife () Joint () Individual
Date or year of debt: _____ Owe: \$ _____

- Credit Card Medical Personal Loan NSF Check
- Repossessed Vehicle Student Loan Membership Club Utilities Rent
- Other: Explain _____

8. Creditor Name: _____

Address: _____

Collection Agency: _____

Address _____

Account Number: _____ () Husband () Wife () Joint () Individual
Date or year of debt: _____ Owe: \$ _____

- Credit Card Medical Personal Loan NSF Check
- Repossessed Vehicle Student Loan Membership Club Utilities Rent

Other: Explain_____

9. Creditor Name: _____

Address: _____

Collection Agency: _____

Address _____

Account Number: _____ () Husband () Wife () Joint () Individual

Date or year of debt: _____ Owe: \$ _____

Credit Card Medical Personal Loan NSF Check

Repossessed Vehicle Student Loan Membership Club Utilities Rent

Other: Explain_____

10. Creditor Name: _____

Address: _____

Collection Agency: _____

Address _____

Account Number: _____ () Husband () Wife () Joint () Individual

Date or year of debt: _____ Owe: \$ _____

Credit Card Medical Personal Loan NSF Check

Repossessed Vehicle Student Loan Membership Club Utilities Rent

Other: Explain_____

If you need additional space, please continue with all the above requested information on a separate sheet of paper including all of the above information for each creditor.

**LEASES, CELL PHONES, RENT TO OWNS,
TIMESHARES, AND LAND CONTRACTS**

List any leases, cell phones, rent to owns, and land contracts below, including name, address, city, state and zip of creditor, and description of lease.

Creditor _____ Description of Lease _____
(item)

Address: _____ City _____

State _____ Zip _____ Account No. _____

Monthly Payment: _____ () Husband () Wife () Joint () Individual

Retain Surrender

Creditor _____ Description of Lease _____
(item)

Address: _____ City _____

State _____ Zip _____ Account No. _____

Monthly Payment: _____ () Husband () Wife () Joint () Individual

Retain Surrender

Creditor _____ Description of Lease _____
(item)

Address: _____ City _____

State _____ Zip _____ Account No. _____

Monthly Payment: _____ () Husband () Wife () Joint () Individual

Retain Surrender

Creditor _____ Description of Lease _____
(item)

Address: _____ City _____

State _____ Zip _____ Account No. _____

Monthly Payment: _____ () Husband () Wife () Joint () Individual

Retain Surrender

CO-SIGNED LOANS

Have you co-signed on a loan? Yes No

Loan 1: Name of person: _____

Their Address: _____

Relationship to you: _____

Creditor Name: _____

(You **MUST** also list the creditor in the creditor information section)

What is this loan for? _____

Loan 2: Name of person: _____

Their Address: _____

Relationship to you: _____

Creditor Name: _____

(You **MUST** also list the creditor in the creditor information section)

What is this loan for? _____

If you need more space, please continue with same information on another sheet of paper.

EMPLOYER INFORMATION

Please provide the following information about each of your employer(s). **If you are married and filing individually, you must fill out Spouse information.** If you have more than one employer, please list additional employers on a separate sheet of paper and attach to this page.

DEBTOR

Employer's Name & Address: _____

Occupation Title: _____

How long have you been employed here? _____

How often are you paid? Weekly Every 2 weeks Monthly Twice a Month

SPOUSE

Employer's Name & Address: _____

Occupation Title: _____

How long have you been employed here? _____

How often are you paid? Weekly Every 2 weeks Monthly Twice a Month

ALL PEOPLE WHO LIVE WITH YOU

NAME	AGE	RELATIONSHIP
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Debtor or Spouse **Receives** **Pays** child support from/to _____
in the amount of \$ _____ per month.

Debtor or Spouse **Receives** **Pays** child support from/to _____
in the amount of \$ _____ per month.

*If you receive child support, is it paid regularly? **Yes** **No**

CURRENT INCOME

	Debtor	Spouse
Gross Monthly Wages	\$ _____	\$ _____
Estimated overtime (if any)	\$ _____	\$ _____
PAYROLL DEDUCTIONS		
a. Payroll taxes, FICA, Medicare	\$ _____	\$ _____
b. Insurance	\$ _____	\$ _____
c. Retirement / 401-K	\$ _____	\$ _____
d. Retirement / 401-K Loans	\$ _____	\$ _____
c. Union dues	\$ _____	\$ _____
d. Child Support	\$ _____	\$ _____
e. Other (Be Specific _____)	\$ _____	\$ _____
TAKE HOME PAY PER MONTH	\$ _____	\$ _____

LIST ANY OTHER SOURCE OF INCOME. SPECIFY THE AMOUNT AND SOURCE OF INCOME:

Regular income from operation of
business or profession or farm \$ _____ \$ _____

Income from rental property	\$ _____	\$ _____
Interest and dividends	\$ _____	\$ _____
Alimony, maintenance, child support payable to you for your use or that of your children (Specify: _____)	\$ _____	\$ _____
Social Security or other government assistance (Specify: _____) (Includes money to you and /or your children)	\$ _____	\$ _____
Unemployment	\$ _____	\$ _____
Food Stamps, AFDC, etc.	\$ _____	\$ _____
Pension or retirement income	\$ _____	\$ _____
Contribution from others living in your home	\$ _____	\$ _____
Other monthly income: (Specify: _____)	\$ _____	\$ _____
TOTAL PER MONTH	\$ _____	\$ _____

Any Expected Increase or Decrease in any Income? Explain _____

CURRENT MONTHLY EXPENSES

Estimate the average monthly expenses for you and your family below. Prorate any payments made bi-weekly, quarterly, semi-annually, or annually to show the **monthly** rate.

Check this box if a joint petition is filed and debtor's spouse maintains a separate household. If so, you will need to complete and label a separate schedule of expenditures.

Rent or home mortgage payments:	\$ _____
HELOC or Second mortgage payments:	\$ _____
Homeowners association dues:	\$ _____
Lot Rent:	\$ _____

Does your mortgage company pay your property tax? Yes No

Does your mortgage company pay your homeowners insurance? Yes No

Utilities

Electricity, heating fuel	\$ _____
Water, sewer	\$ _____
Garbage	\$ _____
Home phone	\$ _____
Cell phone	\$ _____
Cable, internet	\$ _____
Security	\$ _____

Household

Home maintenance	\$ _____
Food	\$ _____
Housekeeping supplies	\$ _____
Clothing, dry cleaning	\$ _____
Personal care products & services	\$ _____

Transportation

Gasoline	\$ _____
Maintenance	\$ _____
Tires	\$ _____
Repairs	\$ _____
Public transportation	\$ _____

Recreation/Entertainment

Gyms, health clubs	\$ _____
Newspapers, magazines	\$ _____
Clubs	\$ _____
Movies and other	\$ _____

Medical (do not include insurance)

Prescriptions	\$ _____
Doctor visits / co-pays	\$ _____
Eye care / vision	\$ _____
Dental care	\$ _____

Other

Childcare	\$ _____
School fees, activities	\$ _____
Pet care	\$ _____

Designate how often the following are paid:

Insurance (not deducted from wages or included in mortgage payments):

Homeowner's or renter's	\$ _____
Life	\$ _____
Health	\$ _____
Auto	\$ _____
Other (_____)	\$ _____

Taxes (not deducted from wages or included in mortgage payments)

Real estate	\$ _____
Property	\$ _____
Self employment	\$ _____

Alimony/Child support	\$ _____
Charitable contributions	\$ _____

Installment payments:

Vehicle no _____ Creditor _____ \$ _____

Vehicle no _____ Creditor _____ \$ _____

Other _____ Creditor _____ \$ _____

Other _____ Creditor _____ \$ _____

(Includes student loans, furniture, other secured loans, tax repayment plan not accounted for above, etc.)

Debts of non-filing spouse (NOT included above):

1. _____ \$ _____ 4. _____ \$ _____

2. _____ \$ _____ 5. _____ \$ _____

3. _____ \$ _____ 6. _____ \$ _____

If you have regular expenses from the operation of a business, attach a detailed list of expenses you incur monthly for your business.

STATEMENT OF FINANCIAL AFFAIRS

Give complete answers to all questions. If the question does not apply to you or your spouse, mark the box "None".

1. Income from employment or operation of business. None

State the total (gross) amount of income you received from your employment, profession, or from operation of your business.

(NOTE: Married Debtors MUST STATE INCOME FOR BOTH SPOUSES whether or not a joint petition is filed. UNLESS THE SPOUSES ARE SEPARATED AND ONLY ONE SPOUSE IS FILING)

IF YOU HAVE BEEN EMPLOYED ANYTIME IN THE PAST 3 YEARS YOU MUST LIST THIS!

	DEBTOR	JOINT DEBTOR
2023 YTD	\$ _____ (This can be taken from your last paycheck stub)	\$ _____
2022	\$ _____ (This can be taken from your W-2)	\$ _____
2021	\$ _____ (This can be taken from your W-2)	\$ _____

2. Income other than from employment of operation of business. None

State the total (gross) amount of income you received other than from employment or operation of your business and the source. Use additional sheets if needed. (EXAMPLES: Child support, Alimony, Unemployment, Social Security, Disability, Retirement funds, Sale of property, Food stamp, Government assistance, Lottery winnings, etc.)

	DEBTOR	JOINT DEBTOR	
2023 YTD	\$ _____	\$ _____	Source: _____
	\$ _____	\$ _____	Source: _____
	\$ _____	\$ _____	Source: _____
2022	\$ _____	\$ _____	Source: _____
	\$ _____	\$ _____	Source: _____
	\$ _____	\$ _____	Source: _____
2021	\$ _____	\$ _____	Source: _____
	\$ _____	\$ _____	Source: _____
	\$ _____	\$ _____	Source: _____

3. Payments to Creditors None

In the past 90 day, have you paid any one creditor \$600.00 or more total? List the creditor, the amount, and the dates. (This includes house and car payments, furniture loans, credit cards, etc.)

CREDITOR	AMOUNTS	DATES
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____

4. Do you owe any family member or insider money? None

If yes, give the following information:

NAME & COMPLETE ADDRESS	RELATIONSHIP	AMOUNT OWED
_____	_____	\$ _____
_____	_____	\$ _____

5. List all payments made in the last 12 months to family members or for the benefit of a family member or insider. None

Please attach additional sheets if needed.

Name _____ Relationship: _____
 Address: _____
 Dates of payment: _____
 Amount paid: \$ _____ Amount still owing: \$ _____

Reason for payment, include creditor name if applicable: _____

6. Lawsuits **None**

List all lawsuits, civil warrants, and administrative proceedings to which you were a party to within one year preceding the filing of this bankruptcy case. (Includes divorce proceedings, support or custody, personal injury, workers compensation, probate, debt collection, foreclosure, small claims, etc.)

Opposing side: _____ Court: _____
Case No: _____ Nature of case: _____

Status: Pending On Appeal Concluded

Opposing side: _____ Court: _____
Case No: _____ Nature of case: _____

Status: Pending On Appeal Concluded

Opposing side: _____ Court: _____
Case No: _____ Nature of case: _____

Status: Pending On Appeal Concluded

7. Repossessions, foreclosures, garnishments, seizures, levies **None**

Describe all property that was repossessed, foreclosed, garnished, or attached, seized, or levied in the past 12 months.

Creditor name & Address: _____

Property: _____ Value: \$ _____

Date: _____ What happened? _____

Creditor name & Address: _____

Property: _____ Value: \$ _____

Date: _____ What happened? _____

8. Setoff or refusal to make payment **None**

Has any creditor, bank, or financial institution frozen or taken money from your checking or savings account in the last 90 days or refused to make a payment because you owed a debt? If so, please list:

Institution: _____ Amount taken: \$ _____ Date: _____

9. Assignments and receiverships **None**

List any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official in the past 12 months.

10. Gifts and Charitable Contributions

None

List all gifts and charitable contributions with a total value of more than \$600 per recipient made in the last 2 years. (Includes family members, church, charity, etc.)

Name: _____ Name: _____
Address: _____ Address: _____
Amount: \$ _____ Amount: \$ _____
Dates: _____ Dates: _____

11. Losses

None

List all losses of property or records from fire, theft, flooding, other disaster, or gambling in the last 12 months.
Describe property and value, how loss occurred, date of loss, and if any insurance proceeds were received.

12. Payments related to debt counseling or bankruptcy

None

List all payments made or property transferred by you or for you for consultation concerning debt consolidation, relief under the bankruptcy law, or preparation of a petition in bankruptcy in the last 12 months.

This includes attorneys, bankruptcy petition preparers, debt consolidations, etc.

Do not include payments made to Law Offices of Chris Vonderau, PLLC.

Name: _____ Name: _____
Address: _____ Address: _____
Amount: \$ _____ Amount: \$ _____
Dates: _____ Dates: _____

13. Transfers

None

List all property you have transferred, sold, given away, trashed, or swapped any property to someone in the past two years. (Includes real property, land, auto, furniture, etc. Also includes transfers made as security such as new mortgage on real property.)

a. Describe property: _____
Name & Address of Recipient Date transferred Value received
_____ \$ _____

b. Describe property: _____
Name & Address of Recipient Date transferred Value received
_____ \$ _____

c. Describe property: _____
Name & Address of Recipient Date transferred Value received
_____ \$ _____

14. Self-settled trusts or asset-protection devices **None**

Within the past 10 years have you transferred any property to a self-settled trust or similar device of which you are a beneficiary?

Name of Trust: _____ Date of transfer: _____

Description of property transferred: _____
Value: \$ _____

15. Closed financial accounts **None**

List all financial accounts or instruments held in your name, or for your benefit, which were closed, sold, moved, or transferred in the past 12 months. (Include checking, savings, money market, or other financial accounts; certificates of deposit, shares in banks, credit unions, brokerage accounts, pension funds, retirement accounts, etc.)

Name & Address of Institution: _____

Type of Acct & last 4 digits of acct. no. : _____

Date of sale or closing: _____

Last balance before closing: \$ _____

Name & Address of Institution: _____

Type of Acct & last 4 digits of acct. no. : _____

Date of sale or closing: _____

Last balance before closing: \$ _____

16. Safe deposit boxes **None**

Have you had a safe deposit box or depository in the last 2 years?

Name & Address of institution: _____

Contents of box: _____

Who has access? _____

Do you still have it? _____

17. Property stored somewhere other than your home **None**

Have you stored property in a storage unit or place other than your home in the past 12 months?

Name & location: _____

Who has access? _____

Describe contents: _____

Do you still have it? _____

18. Property held for another person **None**

List all property owned by another person that you hold or control. (Include vehicles, household goods, etc.)

Owner's name & address: _____

Location of property: _____

Property & Value: _____

19. Prior addresses for the past 3 years **None**

Address _____	Dates from – to _____
_____	_____
_____	_____
_____	_____

20. Community Property States **None**

Within the last 8 years, have you resided in Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin? _____
Did your spouse or former spouse reside with you? _____

21. Hazardous Property **None**

Do you have hazardous property or property that needs immediate attention?
Property address: _____
What is the hazard? _____
If immediate attention is needed, why? _____

22. Environmental Notices **None**

Has any government unit notified you that you may be liable or potentially liable under or in violation of an environmental law?

Site Name& Address: _____
Government Unit & Address: _____
Date of Notice: _____
Environmental Law (if known): _____

23. Hazardous Materials **None**

Have you notified a government unit of any release of hazardous material?

Site Name& Address: _____
Government Unit & Address: _____
Date of Notice: _____
Environmental Law (if known): _____

24. Environmental Law **None**

Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

Opposing side: _____ Court: _____
Case No: _____ Nature of case: _____

Status: Pending On Appeal Concluded

25. Ownership or Connections to a Business

None

List all businesses you own or have any ownership interest in the past 4 years.

Name & Address	EIN	Nature of business	Beginning & Ending Dates
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

- Type: Sole proprietor/self-employed (full or part-time) LLC or LLP
 Officer, director, or managing executive of corporation
 Partnership Owner of at least 5% of the voting or equity securities

Name of accountant /bookkeeper: _____

26. Financial statements for business ownership.

None

If you marked none for question 25, this does not apply to you, select none.

List all financial institutions, creditors, or other parties to which you gave a financial statement about your business within the past 2 years.

Name & Address: _____
Date issued: _____

FINAL CHECKLIST – Chapter 7 & 13

I/We have prepared this draft of my/our Bankruptcy Schedules and Statement of Financial Affairs and they contain all of my property, both real and personal, and an accurate listing of **all** debts, **even debts I/We intend to continue paying**.

I/We understand the penalty for making a false statement or concealing property is a fine of up to \$500,000.00 or imprisonment for up to 5 years or both. (18 U.S.C. Sections 152 and 3571).

I/We understand that if I/We are in a Chapter 7 Bankruptcy and must add any creditors, **a \$31.00 filing fee plus a \$100.00 attorney fee must be paid in advance to the Law Offices of Chris Vonderau, PLLC.** I/We agree to pay any such additional filing fee and attorney fee and I/we understand this is not part of the standard cost and actual attorney fees for handling this case. Further, any additional legal work required by the Attorney, whether Chapter 7 or Chapter 13, is not included in the flat fee quoted and will be charged at \$250.00 per hour. This may include the following:

1. Any Adversary cases including discharge or dischargeability.
2. Any unusual Objections resulting in a “trial” of any such issue.
3. Excessive telephone calls from Debtor or Creditors.

* See Fee Agreement / Contract for more information.

I/We understand that all of my/our property must be retained until the Law Offices of Chris Vonderau, PLLC. or the Trustee has given me/us permission to sell or return any items.

In a Chapter 7, any property received through inheritance within 180 days following our bankruptcy filing must be turned over to the Trustee in my/our case.

In a Chapter 13, any property which I/We obtain during the bankruptcy, is property of my/our bankruptcy estate, and must be turned over to the Bankruptcy Trustee.

I/We understand that until an Engagement Letter & Fee Agreement is signed, the Law Offices of Chris Vonderau, PLLC. does not represent me/us.

I/We understand that the Law Offices of Chris Vonderau, PLLC is not representing me/us in any other legal matters.

Date: _____ Debtor
Date: _____ Debtor

HAVE YOU TOLD US ABOUT ALL OF YOUR PROPERTY?

These are some of the assets that are most commonly overlooked and you need to make sure that they are listed in the questionnaire you just completed.

1. People who owe you money. (ie: Loans, Debtors, Accounts Receivables)
2. Business Inventory (Sole Proprietor)
3. Business Equipment (Sole Proprietor)
4. Retirement Accounts / 401-K Plans
5. Cash surrender value of life insurance policies
6. Jewelry
7. Fancy Antiques
8. Any Timeshares.
9. Personal Injury or Workers Compensation Claims. (Settled or pending - even if you haven't hired an attorney to represent you in the claim or even if the lawsuit has not yet been filed)
10. Items owned by you and being used by a child or in possession of another person.
11. Inheritance you have been told about but not yet received.
12. Annuities and Trust funds.

HAVE YOU TOLD US ABOUT ALL OF YOUR DEBTS?

These are the bills that are most commonly overlooked and you need to make sure that they are listed in the questionnaire you just completed.

1. Debts owed to a family member or friend.
2. Heat Pump Loans
3. Retirement & Pension Loans
4. Debts against a 401-K
5. Broken Apartment Leases
6. Repossessions of vehicles in past 10 years
7. Debts owed to Ex-Spouses, Debts arising from a divorce, & Medical Bills of an Ex-Spouse or Children
8. Bad Checks
9. Debts where you owe your former bank money for overdrafts, etc.
10. Advances on your paycheck
11. Check / Cash Advance businesses that you owe
12. Loans from a credit union
13. Former mortgage company on a house that you let go back, including the Veteran's Administration, HUB or FHA mortgages.
14. Automobile accidents making sure you list both the accident victim and the insurance company who is collecting the debt.
15. Any Pawn Shops that you owe or any items that you have pawned.

Please sign that you have read this and that you **have not omitted any Property or Creditors.**

Date: _____ Debtor

Date: _____ Debtor

Chapter 7 Cases

I/We understand the following information:

1. In a Chapter 7 Case, I/we understand that the following are not discharged or dischargeable:
 - a. Recent Taxes (normally less than 3 years after filing the return)
 - b. Alimony (any form)
 - c. Child Support (any form)
 - d. Student Loans
 - e. DUI Accident Claims
 - f. Intentional Injuries
 - g. Fraud and Fraud in Fiduciary Capacities
 - h. Returned Checks (NSF Checks)
 - i. Restitution and Criminal Fines

2. I/We are aware that a Chapter 13 Bankruptcy is available to me/us and I/we have chosen not to file a Chapter 13.

3. I/We have signed a contract or will sign a contract which includes a full disclosure of fees. Any Legal Fees for a "Contested Matter" such as an Objection to Exemptions, Amendments to correct information and Complaints to Objection to Discharge or Dischargeability of a debt are not included in my flat attorney fee as stated in my/our Engagement Letter & Fee Agreement. (See contract)

4. I/We have listed **EVERY DEBT WE OWE** regardless of my/our intentions of paying the debt(s).

5. I/We understand that if we forget to list a creditor or creditors that an Amendment may be filed in my/our case, and if so, I/we will owe a fee of **\$131.00** for each Amendment (which includes the \$31.00 Court Filing Fee) and is due when I/We sign the Amendment.

6. If I/we own real property (home), I/we understand that my exemption is limited to \$70,000.00 in total, not per debtor. I/We understand that the Chapter 7 Trustee is allowed to sell my/our home if the Trustee feels there is any equity (value – debt – exemption = equity) in the property. I/We understand that the Law Offices of Chris Vonderau, PLLC's opinion of the possibility of sale by the Trustee is based entirely on the information of the home values. No guarantee has been made that the Trustee or realtor for the Trustee will not try to sell my/our home!

I/We have read and understand the above.

Date: _____
Debtor

Date: _____
Debtor

Date: _____
Law Offices of Chris Vonderau, PLLC
Attorney for Debtor(s)