

Questionnaire

Name: _____ Spouse Name: _____

Address: _____ Phone #: _____
_____ E-Mail: _____@_____

Have you ever filed bankruptcy before? Yes/No (Circle One). If so:

Filing Date: __/__/__ Chapter 7 or 13 (Circle One)

Overall Debt

Please give totals for:

Credit Cards: \$_____ Medical Bills: \$_____ Loans: \$_____

Do you owe taxes? Yes/No (Circle One) If yes, how much? \$_____ Tax Year(s): _____

Do you owe student loans? Yes/No (Circle One) If yes, how much? \$_____

Do you owe back alimony or child support? Yes/No (Circle One) If yes, how much? \$_____

Do you owe surcharges/finest from a traffic ticket? Yes/No (Circle One)
If yes, how much? \$_____

Do you have a home mortgage(s)? Yes/No (Circle One)
Are you behind on payments? Yes/No (Circle One)
How many? _____
Amount of Monthly Payment: \$_____

Income

Gross Monthly Income: Yours: \$_____ Spouse: \$_____ Total: \$_____

Number of People in Household: _____