

GRAND HAVEN BANKRUPTCY CENTER

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BANKRUPTCY CLIENT QUESTIONNAIRE

Section 1 – Basic Information

Part A. Name and Address

Name: _____
Last First Middle

Have you used any other names in the past eight years? No Yes *If yes list other names:*

Social Security Number: ____ - ____ - ____

Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

County: _____ Length of time at that address: _____

Mailing Address (if different): _____

Home telephone: _____ Cell phone: _____

Email address: _____

Part B. Name and Address of Spouse

If you are filing jointly with your spouse, fill in the following information about your spouse>

Name: _____
Last First Middle

Has your used any other names in the past eight years? No Yes *If yes list other names:*

Social Security Number: ____ - ____ - ____

Date of Birth: _____

Address (if different from your address): _____

City: _____ State: _____ Zip: _____

County: _____ Length of time at that address: _____

Home telephone: _____ Cell phone: _____

Email address: _____

Part C. Marital Status

Married Single Divorced Separated Widowed

Part D. Dependants

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

	<u>Name</u>	<u>Age</u>	<u>Relationship</u>
1.			
2.			
3.			
4.			
5.			

Part E. Prior/Pending Bankruptcy Cases

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

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

Case Number: _____ Date filed: _____

Are there currently any bankruptcy cases pending for you, your business, your spouse, or your spouse's business? No Yes

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

Case Number: _____ Date filed: _____ Judge: _____

In which district of which state was the case filed? _____

If you rent your home (or have rented in the past):

Does a landlord hold a judgment against you? No Yes

If yes, please provide the name and address of the landlord:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Section 2 – Property

Part A. Real Estate

List all real estate which you own or are a joint owner of, even if you still owe money on the property. If you are on the deed of your parents' or anyone else's home, that property must be listed.

Address and description of property	Owned by Husband, Wife, Joint	Best Estimate of Value	Your % ownership if you & spouse are not sole owners	List all mortgages, home equity loans, and liens: List: (a) Balance due (b) Monthly payment (c) Remaining term of loan	Names & Addresses of all mortgage companies

Part B. Personal Property (Schedule B)

List all property that you own. The estimated value should be what you could get for the property if you sold it (think garage sale, thrift store, Craig's List value).

Type of Property	Description & Location	Who owns the property – Wife, Husband, Joint (if joint with someone other than spouse, specify)	Best Estimate of Value
1. Cash on hand (wallet, change jars, home safe, etc.)			
2. Checking/Savings Account, Certificates of deposit, other bank accounts			
3. Security deposits held by utility companies, landlord			
4. Household goods, furniture, audio & video equipment, computer equipment			

Type of Property	Description & Location	Who Owns?	Value
5. Books, pictures, art objects, records, compact discs, collectibles			
6. Clothing			
7. Furs and jewelry (include engagement & wedding rings)			
8. Sports equipment, cameras, hobby equipment, firearms, and collectibles			
9. Interest in insurance policies – specify term insurance or cash value			
10. Annuities			
11. Interests in an education IRA			
12. Interests in pension, 401(k), 403(b), IRA, or other retirement account			
13. Stocks & interests in business – include membership interest in LLC			
14. Interests in partnerships/joint ventures			
15. Bonds			
16. Accounts Receivable			

Type of Property	Description & Location	Who owns?	Value
17. Alimony and/or child support owed to you			
18. Any money owed to you by another person			
19. Equitable or future interests or life estates			
20. Expected inheritance			
21. Estimated state & federal tax refunds			
22. Patents, copyrights, other intellectual property			
23. Licenses, franchises			
24. Customer List or other compilation			
25. Automobiles, trucks, trailers, motorcycles, RVs, and accessories			
26. Boats, motors, and accessories			
27. Aircraft and accessories			
28. Office equipment and supplies			
29. Machinery, fixtures etc for business			
30. Inventory			

Type of Property	Description & Location	Who Owns?	Value
31. Animals (include pets)			
32. Crops – growing or harvested			
33. Farming equipment & implements			
34. Farm supplies, chemicals, feed			
35. Other personal property of any kind not listed.			

Section 3 – Debts

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

Type of Debt	1. Creditor Name and Address 2. Account Number; if any 3. Date/range of dates when debt was incurred	Amount owed	Name & address of codebtor, in any	Name & Address of any collection company
Home loans/ mortgages				
Car loans				
Other bank loans				
Personal loans				
Student loans				
Major credit card debts (Visa, Am Ex, Mastercard, Discover)				

Type of Debt	1. Creditor Name and Address 2. Account Number; if any 3. Date/range of dates when debt was incurred	Amount owed	Name & address of codebtor, in any	Name & Address of any collection company
Department store credit cards				
Other credit cards (Gas cards, phone cards, etc.)				
Unpaid medical bills				
Unpaid rent				
Unpaid taxes				
Unpaid alimony or child support				
All other unpaid debts/bills				

Do any of your debts arise from:

A fine or penalty imposed by court?	Yes _____	No _____
Credit purchases of luxury goods or services in the last 90 days?	Yes _____	No _____
Loans or cash advances in the last 70 days?	Yes _____	No _____
Debts from willful injury to another person or another person's property?	Yes _____	No _____
Child Support or Alimony?	Yes _____	No _____
Student loans?	Yes _____	No _____
Recent income tax debts and all other tax debts?	Yes _____	No _____
Fraud, embezzlement, misappropriation?	Yes _____	No _____
Debt for personal injury or death caused by your intoxicated driving?	Yes _____	No _____
Obtaining property by false pretences/ fraudulent misrepresentation	Yes _____	No _____

Explain any "yes" answer:

Section 4 – Unexpired Leases and Contracts (Schedule G)

List below any leases or contracts that are still current that you are a party to. Include residential, car and business leases, and service or business contracts. **Provide copy of lease.**

Nature and Description of Contract	Name and Address of Other Party or Parties	Date that Contract Expires

Section 5 – Current Income

Part A. Debtor's Income

1. Present Occupation: _____
2. Full Name and Address of Present Employer: _____

3. How long have you been employed there? _____
4. How often do you get paid: once a week every 2 weeks twice per month
 once per month other _____
5. Do you have a 2nd job? If so, give name and address of employer: _____

6. Monthly Income

Net Employment Income	_____	Food stamps/Bridge card	_____
Retirement Income	_____	Social Security	_____
Child Support	_____	Spousal Support	_____
Unemployment	_____	Rental Income	_____
Self-employment income (Receipts minus Expenses)	_____	Net Income of Spouse (if married but filing alone)	_____
Investment/Dividend Income	_____	Other Income	_____
		Total Monthly Income	_____

Part B. Joint Debtor's Income

1. Present Occupation: _____
2. Full Name and Address of Present Employer: _____

3. How long have you been employed there? _____
4. How often do you get paid: once a week every 2 weeks twice per month
 once per month other _____
5. Do you have a 2nd job? If so, give name and address of employer: _____

6. Monthly Income

Net Employment Income	_____	Food stamps/Bridge card	_____
Retirement Income	_____	Social Security	_____
Child Support	_____	Spousal Support	_____
Unemployment	_____	Rental Income	_____
Self-employment income (Receipts minus Expenses)	_____	Net Income of Spouse (if married but filing alone)	_____
Investment/Dividend Income	_____	Other Income	_____
		Total Monthly Income	_____

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

Section 6 – Current Expenses

Do you and your spouse maintain separate households? No Yes. If so, fill one page out for your household and one for your spouse's.

The following questions ask for your expenses each month. These amounts represent an **average monthly amount over an entire year**. They should be neither winter nor summer but an average of both. 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 that amount.

Indicate how much you pay for each item each month:

1. Rent or Home Mortgage \$ _____
Does that amount include real estate taxes? No Yes
Does that amount include insurance? No Yes
2. Electricity and heating \$ _____
3. Water and sewage \$ _____
4. Telephone service/long distance \$ _____
5. Do you have any other utility bills (trash service, cable/satellite tv, cell phone, etc.)? If so, list:
_____ \$ _____
_____ \$ _____
_____ \$ _____
6. Home maintenance, including repairs & general upkeep \$ _____
7. Food \$ _____
8. Clothing \$ _____
9. Laundry and dry cleaning \$ _____
10. Medical and dental expenses \$ _____
11. Transportation (gas, upkeep, repairs & registration) \$ _____
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 \$ _____
e) Other insurance _____ \$ _____
15. Taxes not deducted from paycheck \$ _____

- | | |
|--|----------|
| 16. Car payment & other installment payments for student loans, furniture, etc. (Specify) | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |
| 17. Alimony, maintenance, support paid to others | \$ _____ |
| 18. Payments for support of dependents not living at home | \$ _____ |
| 19. Expenses from operation of business | \$ _____ |
| 20. Mandatory payroll deductions not already listed____ | \$ _____ |
| _____ | \$ _____ |
| 21. Court ordered payments not already listed_____ | \$ _____ |
| _____ | \$ _____ |
| 22. Education necessary to maintain employment | \$ _____ |
| 23. Education for a physically or mentally challenged child | \$ _____ |
| 24. Childcare | \$ _____ |
| 25. Disability insurance (if not listed on line 14) | \$ _____ |
| 26. Health savings account | \$ _____ |
| 27. Care for elderly, chronically ill, or disabled family members | \$ _____ |
| 28. Education expense for your children under 18 | \$ _____ |
| 29. Non-mandatory contributions to retirement accounts (including loan repayment) | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |
| 30. Other expenses not listed (examples: personal grooming, after-school activities, daycare, new baby expenses, pet supplies, etc.) | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |

Do you expect and increase or decrease in your expenses in the next year? If so, explain.

If you are paying child or spousal support, provide the name & address of the person receiving the payment.

Section 4 – Property Insurance

Type of Asset	Description and Location	Name & Address of Insurance Agent or Underwriter	Policy Limit & Expiration Date	Secured Parties
Homeowners or Renters Insurance				
Car Insurance (list all vehicles, boats, snowmobiles, etc.)				

Section 8 – Statement of Financial Affairs

If you are filing jointly with your spouse, include information about both you and your spouse.

If you have no information to report for a question, check the “NONE” box.

1. Income from employment or operation of business

State your gross income (before taxes and deductions) from employment or self-employment

NONE

<u>Period</u>	<u>\$ Amount</u>	<u>Source</u>	<u>Received by Husband/Wife</u>
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January 1 of this year to current date

Last year (January 1 – December 31)

The year before last (Jan 1 – Dec 31)

2. Income other than from employment or operation of business (include unemployment, social security, retirement distributions and withdrawals, rental income, child/spousal support, government assistance, etc.)

NONE

<u>Period</u>	<u>\$ Amount</u>	<u>Source</u>	<u>Husband/Wife</u>
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January 1 of this year to current date

Last year (January 1 – December 31)

The year before last (Jan 1 – Dec 31)

3. Payments to creditors

- a. If you paid \$600 or more to any single creditor within the last **90** days, provide the information below (include car payments, mortgage/rent, credit cards, medical bills, etc. **Note that a regular payment of \$200 per month or more would reach the \$600 level and need to be reported**).

NONE

<u>Name and Address of Creditor</u>	<u>Dates of Payments</u>	<u>Amount paid</u>	<u>Amount still owed</u>
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b. List any money paid to friends or relatives for repayment of loans in the **last year**?

NONE

Name and Address of Creditor
and Relationship to You Dates of Payments Amount paid Amount Still Owed

4. **Suits, executions, garnishments and attachments**

a. List all suits filed against you within the **last year**.

NONE

Caption of Suit and Nature of Proceeding Court Status or
Case Number Location Disposition

b. Describe all property that has been garnished, seized, or attached under any legal process within last **twelve months** (include garnishments of wages, tax returns, bank accounts, etc.).

NONE

Name and Address of Person/Company Description and
For Whom the Property Was Seized (Creditor) Date of Seizure Value of Property

5. **Repossessions, foreclosures, and returns** – List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure, or returned to the seller, within the **last twelve months**.

NONE

Name & Address of Creditor Date of Repossession Description and
Foreclosure, Transfer or Return Value of Property

6. **Assignments and receiverships** – Describe any assignment of property for the benefit of creditors made in the last **120 days**.

NONE

Name & Address of Assignee Date of Assignment Terms of Assignment/Settlement

7. **Gifts** – List all gifts or charitable contributions of \$100 or more made within the **last year**.

NONE

Name & Address of Recipient	Relationship to You, if Any	Date of Gift	Description & Value of Gift
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8. **Losses** – List all losses from fire, theft, gambling or other casualty within the **last year**.

NONE

Description & Value of Property	Description of Circumstances & Amount Covered by Insurance, if any	Date of Loss
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9. **Payments related to debt counseling or bankruptcy**

List all payments made to person, company, or attorney, for consultation concerning debt settlement, debt consolidation or bankruptcy.

NONE

Name & Address of Payee	Date of Payment	Name of Person Who Paid, if not you	Amount of Money/Description and Value of Property
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10. **Property transfers**

- a. List all property of any kind that you have sold or given away in the **last 2 years** (Property includes anything owned by you. For example, cars, houses, boats, trailers, motorcycles, jewelry, stocks, antiques, furniture, computers, household items. etc.)

NONE

Name & Address of Transferee And Relationship to You	Date of Transfer	Description of Property Transferred & Value Received
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- b. If you have a trust, list all property transferred to the trust within the last **10 years**.

NONE

Name of Trust	Date of Transfer	Amt. of Money or Property	Description
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11. **Closed financial accounts** – List all bank accounts, investment accounts, retirement accounts, and any other financial accounts that were closed within the **last year**.

NONE

<u>Name & Address of Institution</u>	<u>Type & Number of Account & Final Balance</u>	<u>Amount and Date of Sale or Closing</u>
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12. **Safe deposit boxes** – If you have a safe deposit box or closed one within the last year, its contents.

NONE

<u>Name & Address of Bank or other Depository</u>	<u>Name & Address of Those With Access to Box or Depository</u>	<u>Description of Contents</u>	<u>Date of Transfer, if any</u>
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13. **Setoffs** – List all setoffs made by any creditor, including a bank, against a debt or deposit of yours within the **last 90 days**.

NONE

<u>Name & Address of Creditor</u>	<u>Date of Setoff</u>	<u>Amount of Setoff</u>
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14. **Property held for another person** – List all property that you hold or control that is owned by another person.

NONE

<u>Name & Address of Owner</u>	<u>Description & Value of Property</u>	<u>Location of Property</u>
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15. **Prior address of debtor** - If you have not been at your current address for at least **3 years**, provide your previous address(es).

NONE

<u>Address</u>	<u>Your Name at the Time</u>	<u>Dates of Occupancy</u>
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16. **Spouses and Former Spouses** – If you lived in Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin within the last **8 years**, provide the name of your spouse and of any former spouse who lived with you in that state.

NONE

Name _____

17. **Environmental Information.**

a. List the name & address of every site for which you received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of any environmental law:

NONE

Site Name & Address	Name & Address of Governmental Unit	Date of Order	Environmental Law
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b. List the name & address of every site for which you provided notice to a governmental unit of a release of hazardous material.

NONE

Site Name & Address	Name & Address of Governmental Unit	Date of Order	Environmental Law
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c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which you are or were a party. Indicate the name & address of the governmental unit that is or was a party to the proceeding and the docket number.

NONE

Name & Address of Governmental Unit	Docket Number	Status or Disposition
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18. **Nature, location and name of business** – If you are or in the last **6 years** have been an officer, director, partner, member of a corporation, LLC, or partnership or self-employed or a sole proprietor, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending date of all businesses.

NONE

Name	Taxpayer I.D Number (EIN)	Nature of Business	Beginning & End Dates of Operation
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The following questions, #19-25, are only to be answered if you have been, in the last 6 years, an officer, director, managing executive, or owner of more than 5% of the voting securities of a corporation; a partner, other than a limited partner, of a partnership; a member of an LLC, a sole proprietor, or otherwise self-employed.

19. **Books, records, and financial statements**

a. List all bookkeepers and accountants who, within the last **2 years**, kept or supervised the keeping of books of account and records.

NONE

Name & Address	Dates Services Rendered
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b. List all firms or individuals who, within the last **2 years**, have audited the books of account and records, or prepared a financial statement of the debtor.

NONE

Name & Address	Dates Services Rendered
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c. List all firms or individuals who, at this time, are in possession of your books of account and records. If the records are not available, explain.

NONE

Name & Address	Comments
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d. List all financial institutions, creditors and other parties, to whom a financial statement was issued by the debtor within the last **2 years**

NONE

Name & Address	Date Issued
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20. **Inventories**

- a. List the dates of the last two inventories of your property, the name of the person who supervised the taking of each inventory, and the dollar amount and basis of each inventory.

NONE

<u>Date of Inventory</u>	<u>Inventory Supervisor</u>	<u>Dollar Amount of Inventory (specify cost, market, or other basis)</u>
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- b. List the name and address of the person possessing the records of each of the two inventories reported above.

NONE

<u>Date of Inventory</u>	<u>Name & Address of Custodian of Inventory Records</u>
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21. **Current partners, members, officers, directors and shareholders**

- a. If your business is a partnership or multi-member LLC, list the nature & percentage of partnership interest of each partner or member.

NONE

<u>Name & Address</u>	<u>Nature of Interest</u>	<u>Percentage of Interest</u>
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- b. If your business is a corporation, list all officers & directors of the corporation and each stockholder who directly or indirectly owns, controls, or holds 5% or more of the voting securities of the corporation.

NONE

<u>Name & Address</u>	<u>Title</u>	<u>Nature & Percentage of Stock Ownership</u>
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22. **Former partners, members officers, directors and shareholders**

- a. If your business is a partnership or LLC, list each partner or member who withdrew from the partnership within the last year.

NONE

<u>Name & Address</u>	<u>Date of Withdrawal</u>
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- b. If your business is a corporation, list all officers & directors whose relationship with the corporation terminated within the last year.

NONE

<u>Name & Address</u>	<u>Title</u>	<u>Date of Termination</u>
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23. **Withdrawals from a partnership or distributions by a corporation** – If your business is a partnership, LLC, or corporation, list all withdrawals or distributions credited or given to an insider, including compensation in any form, bonuses, loans, stock redemptions, options exercised an any other perquisite during the last year.

NONE

<u>Name & Address of Recipient and Relationship to You</u>	<u>Date & Purpose of Withdrawal</u>	<u>Amount of Money or Description and Value of Property</u>
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24. **Tax Consolidation Group** – If the debtor is a corporation, list the name and federal taxpayer identification number of the parent corporation of any consolidated group for tax purposes of which the debtor has been a member at any time in the last **6 years**.

NONE

<u>Name of Parent Corporation</u>	<u>Taxpayer Identification Number</u>
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25. **Pension Funds** – If the debtor is not an individual, list the name and federal taxpayer identification number of any pension fund to which the debtor, as an employer, has been responsible for contributing at any time within the last **6 years**.

NONE

<u>Name of Pension Fund</u>	<u>Taxpayer Identification Number</u>
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