

PRELIMINARY BANKRUPTCY QUESTIONNAIRE

How Did You Hear About Us? Please check (✓) one:

Letter ____ Yellow Pages ____ Internet ____
I was already a client ____ Yellow Book ____ Window Sign: ____
From another client of ours ____ Street Sign ____ Other - Please Explain: ____
(name of previous client _____)

INDIVIDUAL

SPOUSE (IF APPLICABLE)

First Name: _____

First Name: _____

Full Middle Name (no initials): _____

Full Middle Name (no initials): _____

Last Name: _____

Last Name: _____

Other names used in past 8 years:

Other names used in past 8 years

Soc Sec No: _____ - _____ - _____

Soc Sec No: _____ - _____ - _____

Complete Address: _____

Complete Address: _____

County of Residence: _____

County of Residence: _____

Mailing Address (if different): _____

Mailing Address (if different): _____

Best Number to Reach You: _____

Best Number to Reach You: _____

Home Phone: _____

Home Phone: _____

Cell Phone: _____

Cell Phone: _____

Email Address: _____

Email Address: _____

OK to Leave Detailed Messages? YES / NO

OK to Leave Detailed Messages? YES / NO

Employer: _____

Employer: _____

Occupation: _____

Occupation: _____

How Long There: _____

How Long There: _____

Work Phone: _____ Extension: _____

Work Phone: _____ Extension: _____

Hourly Rate _____ or Annual Salary _____

Hourly Rate _____ or Annual Salary _____

of Hours Worked per Week: _____

of Hours Worked per Week: _____

Get Overtime? _____

Get Overtime? _____

Any other source of income? _____

Any other source of income? _____

Name, Address and Phone Number of Nearest Relative: _____

Marital Status (Circle One): Single Married Separated Divorced Widowed

of Minor & Dependent Children _____ Ages _____

CIRCLE YES OR NO IF APPLICABLE TO YOU OR YOUR SPOUSE:

Have you ever filed bankruptcy before?	YES	NO
Have you ever lived in any state other than Indiana in last 2 years?	YES	NO
Have you owned a business (singly or partnership) in last 8 years?	YES	NO
Has anyone cosigned any debts for you or have you cosigned for anyone?	YES	NO
Is an ex-spouse liable for any of your debts?	YES	NO
Do you own or are you buying any real estate? If yes, is it VA, FHA, or Conventional? (circle one)	YES	NO
If yes, do you own more than one piece of real estate?	YES	NO
Is your name on anyone else's real estate? (i.e. relative, friend)	YES	NO
Have you, within the last year, removed your name from any real estate, automobiles, or bank accounts by sale or otherwise in the past 2 years?	YES	NO
Are you involved as a plaintiff in any personal injury action or any other action in which you might receive money?	YES	NO
Have you been sued in any Court or received any notices from any Court or Small Claims Court?	YES	NO
Are your wages being garnished or threatened with garnishment?	YES	NO
Are you expecting a tax refund you have not received yet?	YES	NO
Do you owe any income taxes for previous tax years?	YES	NO
Are you buying a vehicle that you still owe on?	YES	NO
Are you leasing any vehicles?	YES	NO
Do you own any vehicles which are paid off?	YES	NO
Do you have any student loans?	YES	NO
Do any of the following debts include bad checks?	YES	NO
Do you pay child support?	YES	NO
Do you owe back child support?	YES	NO
Has your driver's license been suspended because of an accident?	YES	NO

_____ Advised

Office Use Only: Reviewed by _____ Date _____

*****FOR OFFICE USE ONLY*****

Bkcy Fees Charged: BR _____ + FF _____ = _____ Split Contract? _____

DATE	AMOUNT PAID	BREAKDOWN OF PAYMENT	FORM OF PAYMENT	BALANCE DUE	INITIALS
		RET BR FF			
		BR FF			
		BR FF			
		BR FF			
		BR FF			
		BR FF			
		BR FF			
		BR FF			
		BR FF			
		BR FF			

CASE PIF – GAVE TO CASE MANAGER ON _____ BY _____

Additional Services Fees Paid:

DATE	AMOUNT PAID	BREAKDOWN OF PAYMENT -AND- DESCRIPTION OF ADDITIONAL SERVICES CHARGED	FORM OF PAYMENT	BALANCE DUE	INITIALS
		BR FF			
		BR FF			
		BR FF			

*****FOR OFFICE USE ONLY*****