



C L I E N T Q U E S T I O N N A I R E

S E C T I O N 1 - B A S I C I N F O R M A T I O N

Part A. Name and Address

Name: _____

Have you used any other names in the past eight years? No Yes

If yes, please list other names used: _____

Telephone Numbers\Email address:

Home: _____ Work: _____

Cell: _____ Email: _____

Social Security Number: _____

Driver's License Number: _____ Expiration Date: _____ State: _____

Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____ County: _____

Have you lived at this address for at least 180 days? No Yes

Have you lived at this address for at least 730 days (2 years)? No Yes

If you answered no to either of the questions above, please list your previous address:

Address: _____

City: _____ State: _____ Zip: _____ County: _____

If you have a different mailing address, please list:

Mailing Address: _____

City: _____ State: _____ Zip: _____ County: _____

Part B. Name and Address of Spouse

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

Name: _____

Has your spouse used any other names in the past eight years? No Yes

If yes, please list other names used: _____

Telephone Numbers\Email address:

Home: _____ Work: _____

Cell: _____ Email: _____

CLIENT QUESTIONNAIRE

SECTION 1 - BASIC INFORMATION

Social Security Number: _____

Driver's License Number: _____ Expiration Date: _____ State: _____

Date of Birth: _____

Address:(enter only if different address) _____

City: _____ State: _____ Zip: _____ County: _____

If your spouse has a different mailing address, please list:

Mailing Address:(enter only if different address) _____

City: _____ State: _____ Zip: _____ County: _____

Part C. Prior and/or Pending Bankruptcy Cases

Have you 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 involving you, your business, your spouse, or your spouse's business? No Yes

If yes, name of debtor: _____

Relationship to you: _____

Case Number: _____

Date Filed: _____

District (If known): _____

Judge (If known): _____

Part D. Exhibit "C" to the Voluntary Petition (Hazards to Public HHealth\Safety)

Do you own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety? No Yes

If yes, please list and describe the property: _____

Part E. Debtors who reside as Tenants of Residential Property

If you rent your place of residence, 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: _____

CLIENT QUESTIONNAIRE

SECTION 2 - PROPERTY

Part A. Real Estate (Schedule A)

List **ALL** real estate which you individually or jointly own. This could include your primary residence (house, condo or apartment(if owned)), additional residence (house, condo or apartment(if owned)), rental property, burial plot, undeveloped land and farm land:

Address and Description of Property	List all mortgages, home equity loans and other liens against the property: Please provide details requested below.	Estimated Value of Property	If filing Jointly: Owned by Husband, Wife, Joint or Community?	If you are not the only owner: Please enter the % of the property you own?	Office Use Only Exemptions?
Address: Description:	1. Who issued the mortgage, lien or loan? (Name and Address) 2. What is the amount of the mortgage, lien or loan? 3. What is your current interest rate on the loan? 4. What is your monthly payment? 5. Does payment include taxes and/or insurance? <input type="checkbox"/> No <input type="checkbox"/> Yes 6. How many payments are left?				
Address: Description:	1. Who issued the mortgage, lien or loan? (Name and Address) 2. What is the amount of the mortgage, lien or loan? 3. What is your current interest rate on the loan? 4. What is your monthly payment? 5. Does payment include taxes and/or insurance? <input type="checkbox"/> No <input type="checkbox"/> Yes 6. How many payments are left?				

If you have additional property, please list the necessary information on a separate page and attach to this questionnaire.

CLIENT QUESTIONNAIRE

SECTION 2 - PROPERTY

Part B. Personal Property (Schedule B)

For each type of property listed below, indicate whether you own any property of that category, and, if you do, fill in the remaining information. For property acquired for personal or family use, the value is the price a retail merchant would charge for a property of that kind, considering the age and condition of that property.

Type of Property	Do you own this type of property?	Description and Location of Property	Value of Property	If filing Jointly: Owned by Husband, Wife, Joint or Community?	Office Use Only Exemptions?
1. Cash on hand	<input type="checkbox"/> No <input type="checkbox"/> Yes				
2. Checking/Savings Account, Certificates of deposit, other bank accounts	<input type="checkbox"/> No <input type="checkbox"/> Yes				
3. Security deposits held by utility companies, landlord	<input type="checkbox"/> No <input type="checkbox"/> Yes				
4. Household goods, furniture, including audio, video, and computer equipment	<input type="checkbox"/> No <input type="checkbox"/> Yes				
5. Books, pictures, art objects, records, compact discs, collectibles	<input type="checkbox"/> No <input type="checkbox"/> Yes				
6. Clothing	<input type="checkbox"/> No <input type="checkbox"/> Yes				
7. Furs and jewelry	<input type="checkbox"/> No <input type="checkbox"/> Yes				
8. Sports, photographic, hobby equipment, firearms	<input type="checkbox"/> No <input type="checkbox"/> Yes				
9. Interest in insurance policies-specify refund or cancellation value	<input type="checkbox"/> No <input type="checkbox"/> Yes				

CLIENT QUESTIONNAIRE

SECTION 2 - PROPERTY

Part B. Personal Property (Schedule B)

Type of Property	Do you own this type of property?	Description and Location of Property	Value of Property	If filing Jointly: Owned by Husband, Wife, Joint or Community?	Office Use Only Exemptions?
10. Annuities	<input type="checkbox"/> No <input type="checkbox"/> Yes				
11. Interests in an education IRA, as defined in 26 USC § 530(b)(1)	<input type="checkbox"/> No <input type="checkbox"/> Yes				
12. Interests in pension or profit sharing plans	<input type="checkbox"/> No <input type="checkbox"/> Yes				
13. Stock and interests in incorporated/unincorporated business	<input type="checkbox"/> No <input type="checkbox"/> Yes				
14. Interests in partnerships/joint ventures	<input type="checkbox"/> No <input type="checkbox"/> Yes				
15. Bonds	<input type="checkbox"/> No <input type="checkbox"/> Yes				
16. Accounts receivable	<input type="checkbox"/> No <input type="checkbox"/> Yes				
17. Alimony/family support to which you are entitled	<input type="checkbox"/> No <input type="checkbox"/> Yes				
18. Other liquidated debts owed to you, including tax refunds	<input type="checkbox"/> No <input type="checkbox"/> Yes				
19. Equitable or future interests or life estates	<input type="checkbox"/> No <input type="checkbox"/> Yes				

CLIENT QUESTIONNAIRE

SECTION 2 - PROPERTY

Part B. Personal Property (Schedule B)

Type of Property	Do you own this type of property?	Description and Location of Property	Value of Property	If filing Jointly: Owned by Husband, Wife, Joint or Community?	Office Use Only Exemptions?
20. Interests in estate of decedent or life insurance plan or trust	<input type="checkbox"/> No <input type="checkbox"/> Yes				
21. Other contingent/unliquidated claims, including tax refunds, counterclaims	<input type="checkbox"/> No <input type="checkbox"/> Yes				
22. Patents, copyrights, other intellectual property	<input type="checkbox"/> No <input type="checkbox"/> Yes				
23. Licenses, franchises	<input type="checkbox"/> No <input type="checkbox"/> Yes				
24. Customer List or other compilation	<input type="checkbox"/> No <input type="checkbox"/> Yes				
25. Automobiles, trucks, trailers, and accessories	<input type="checkbox"/> No <input type="checkbox"/> Yes				
26. Boats, motors, and accessories	<input type="checkbox"/> No <input type="checkbox"/> Yes				
27. Aircraft and accessories	<input type="checkbox"/> No <input type="checkbox"/> Yes				
28. Office equipment, supplies	<input type="checkbox"/> No <input type="checkbox"/> Yes				
29. Machinery, fixtures etc. for business	<input type="checkbox"/> No <input type="checkbox"/> Yes				

CLIENT QUESTIONNAIRE

SECTION 2 - PROPERTY

Part B. Personal Property (Schedule B)

Type of Property	Do you own this type of property?	Description and Location of Property	Value of Property	If filing Jointly: Owned by Husband, Wife, Joint or Community?	Office Use Only Exemptions?
30. Inventory	<input type="checkbox"/> No <input type="checkbox"/> Yes				
31. Animals	<input type="checkbox"/> No <input type="checkbox"/> Yes				
32. Crops: growing or harvested	<input type="checkbox"/> No <input type="checkbox"/> Yes				
33. Farming equipment and implements	<input type="checkbox"/> No <input type="checkbox"/> Yes				
34. Farm supplies, chemicals, feed	<input type="checkbox"/> No <input type="checkbox"/> Yes				
35. Other personal property of any kind not listed.	<input type="checkbox"/> No <input type="checkbox"/> Yes				

CLIENT QUESTIONNAIRE

SECTION 3 - DEBTS

Part A. Debts Secured by Property

Please list below all debts that you owe OR that creditors claim you owe that are secured by property.

Type of Debt	Creditor Information	Property Information:	Codebtor	Do you dispute the debt?	Office Use Only
Home loan and/or Mortgage	1. Amount Owed (amount of claim): 2. Creditor Name and Address: 3. Account Number, if any: 4. Date/range of dates when debt was incurred: 5. Contact person's name and address if different:	1. Describe property: 2. Monthly payment amount: 3. Number of payments remaining:	Is there a codebtor or cosigner on this loan? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please provide name and address:	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Home loan and/or Mortgage	1. Amount Owed (amount of claim): 2. Creditor Name and Address: 3. Account Number, if any: 4. Date/range of dates when debt was incurred: 5. Contact person's name and address if different:	1. Describe property: 2. Monthly payment amount: 3. Number of payments remaining:	Is there a codebtor or cosigner on this loan? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please provide name and address:	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Home loan and/or Mortgage	1. Amount Owed (amount of claim): 2. Creditor Name and Address: 3. Account Number, if any: 4. Date/range of dates when debt was incurred: 5. Contact person's name and address if different:	1. Describe property: 2. Monthly payment amount: 3. Number of payments remaining:	Is there a codebtor or cosigner on this loan? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please provide name and address:	<input type="checkbox"/> No <input type="checkbox"/> Yes	

CLIENT QUESTIONNAIRE

SECTION 3 - DEBTS

Part A. Debts Secured by Property

Please list below all debts that you owe OR that creditors claim you owe that are secured by property.

Type of Debt	Creditor Information	Property Information:	Codebtor	Do you dispute the debt?	Office Use Only
Home loan and/or Mortgage	1. Amount Owed (amount of claim): 2. Creditor Name and Address: 3. Account Number, if any: 4. Date/range of dates when debt was incurred: 5. Contact person's name and address if different:	1. Describe property: 2. Monthly payment amount: 3. Number of payments remaining:	Is there a codebtor or cosigner on this loan? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please provide name and address:	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Car loans	1. Amount Owed (amount of claim): 2. Creditor Name and Address: 3. Account Number, if any: 4. Date/range of dates when debt was incurred: 5. Contact person's name and address if different:	1. Describe property: 2. Monthly payment amount: 3. Number of payments remaining:	Is there a codebtor or cosigner on this loan? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please provide name and address:	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Car loans	1. Amount Owed (amount of claim): 2. Creditor Name and Address: 3. Account Number, if any: 4. Date/range of dates when debt was incurred: 5. Contact person's name and address if different:	1. Describe property: 2. Monthly payment amount: 3. Number of payments remaining:	Is there a codebtor or cosigner on this loan? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please provide name and address:	<input type="checkbox"/> No <input type="checkbox"/> Yes	

CLIENT QUESTIONNAIRE

SECTION 3 - DEBTS

Part A. Debts Secured by Property

Please list below all debts that you owe OR that creditors claim you owe that are secured by property.

Type of Debt	Creditor Information	Property Information:	Codebtor	Do you dispute the debt?	Office Use Only
Car loans	1. Amount Owed (amount of claim): 2. Creditor Name and Address: 3. Account Number, if any: 4. Date/range of dates when debt was incurred: 5. Contact person's name and address if different:	1. Describe property: 2. Monthly payment amount: 3. Number of payments remaining:	Is there a codebtor or cosigner on this loan? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please provide name and address:	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Other Property loans	1. Amount Owed (amount of claim): 2. Creditor Name and Address: 3. Account Number, if any: 4. Date/range of dates when debt was incurred: 5. Contact person's name and address if different:	1. Describe property: 2. Monthly payment amount: 3. Number of payments remaining:	Is there a codebtor or cosigner on this loan? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please provide name and address:	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Other Property loans	1. Amount Owed (amount of claim): 2. Creditor Name and Address: 3. Account Number, if any: 4. Date/range of dates when debt was incurred: 5. Contact person's name and address if different:	1. Describe property: 2. Monthly payment amount: 3. Number of payments remaining:	Is there a codebtor or cosigner on this loan? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please provide name and address:	<input type="checkbox"/> No <input type="checkbox"/> Yes	

CLIENT QUESTIONNAIRE

SECTION 3 - DEBTS

Part A. Debts Secured by Property

Please list below all debts that you owe OR that creditors claim you owe that are secured by property.

Type of Debt	Creditor Information	Property Information:	Codebtor	Do you dispute the debt?	Office Use Only
Other Property loans	1. Amount Owed (amount of claim): 2. Creditor Name and Address: 3. Account Number, if any: 4. Date/range of dates when debt was incurred: 5. Contact person's name and address if different:	1. Describe property: 2. Monthly payment amount: 3. Number of payments remaining:	Is there a codebtor or cosigner on this loan? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please provide name and address:	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Other Property loans	1. Amount Owed (amount of claim): 2. Creditor Name and Address: 3. Account Number, if any: 4. Date/range of dates when debt was incurred: 5. Contact person's name and address if different:	1. Describe property: 2. Monthly payment amount: 3. Number of payments remaining:	Is there a codebtor or cosigner on this loan? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please provide name and address:	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Other Property loans	1. Amount Owed (amount of claim): 2. Creditor Name and Address: 3. Account Number, if any: 4. Date/range of dates when debt was incurred: 5. Contact person's name and address if different:	1. Describe property: 2. Monthly payment amount: 3. Number of payments remaining:	Is there a codebtor or cosigner on this loan? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please provide name and address:	<input type="checkbox"/> No <input type="checkbox"/> Yes	

CLIENT QUESTIONNAIRE

SECTION 3 - DEBTS

Part B. Credit Card Debts

Please list below all credit card debts that you owe OR that creditors claim you owe.

Type of Debt	Creditor Information	Codebtor	Do you dispute the debt?	Office Use Only
Major credit card debts (Visa, American Express, Master Card, Discover)	1. Amount Owed (amount of claim): 2. Creditor Name and Address: 3. Account Number, if any: 4. Date/range of dates when debt was incurred: 5. Contact person's name and address if different:	Is there a codebtor or cosigner on this loan? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please provide name and address:	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Major credit card debts (Visa, American Express, Master Card, Discover)	1. Amount Owed (amount of claim): 2. Creditor Name and Address: 3. Account Number, if any: 4. Date/range of dates when debt was incurred: 5. Contact person's name and address if different:	Is there a codebtor or cosigner on this loan? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please provide name and address:	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Major credit card debts (Visa, American Express, Master Card, Discover)	1. Amount Owed (amount of claim): 2. Creditor Name and Address: 3. Account Number, if any: 4. Date/range of dates when debt was incurred: 5. Contact person's name and address if different:	Is there a codebtor or cosigner on this loan? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please provide name and address:	<input type="checkbox"/> No <input type="checkbox"/> Yes	

CLIENT QUESTIONNAIRE

SECTION 3 - DEBTS

Part B. Credit Card Debts

Please list below all credit card debts that you owe OR that creditors claim you owe.

Type of Debt	Creditor Information	Codebtor	Do you dispute the debt?	Office Use Only
Major credit card debts (Visa, American Express, Master Card, Discover)	1. Amount Owed (amount of claim): 2. Creditor Name and Address: 3. Account Number, if any: 4. Date/range of dates when debt was incurred: 5. Contact person's name and address if different:	Is there a codebtor or cosigner on this loan? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please provide name and address:	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Major credit card debts (Visa, American Express, Master Card, Discover)	1. Amount Owed (amount of claim): 2. Creditor Name and Address: 3. Account Number, if any: 4. Date/range of dates when debt was incurred: 5. Contact person's name and address if different:	Is there a codebtor or cosigner on this loan? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please provide name and address:	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Major credit card debts (Visa, American Express, Master Card, Discover)	1. Amount Owed (amount of claim): 2. Creditor Name and Address: 3. Account Number, if any: 4. Date/range of dates when debt was incurred: 5. Contact person's name and address if different:	Is there a codebtor or cosigner on this loan? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please provide name and address:	<input type="checkbox"/> No <input type="checkbox"/> Yes	

CLIENT QUESTIONNAIRE

SECTION 3 - DEBTS

Part B. Credit Card Debts

Please list below all credit card debts that you owe OR that creditors claim you owe.

Type of Debt	Creditor Information	Codebtor	Do you dispute the debt?	Office Use Only
Department Store credit card debts	1. Amount Owed (amount of claim): 2. Creditor Name and Address: 3. Account Number, if any: 4. Date/range of dates when debt was incurred: 5. Contact person's name and address if different:	Is there a codebtor or cosigner on this loan? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please provide name and address:	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Department Store credit card debts	1. Amount Owed (amount of claim): 2. Creditor Name and Address: 3. Account Number, if any: 4. Date/range of dates when debt was incurred: 5. Contact person's name and address if different:	Is there a codebtor or cosigner on this loan? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please provide name and address:	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Other credit card debts (Gas cards, phone cards, etc.)	1. Amount Owed (amount of claim): 2. Creditor Name and Address: 3. Account Number, if any: 4. Date/range of dates when debt was incurred: 5. Contact person's name and address if different:	Is there a codebtor or cosigner on this loan? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please provide name and address:	<input type="checkbox"/> No <input type="checkbox"/> Yes	

CLIENT QUESTIONNAIRE

SECTION 3 - DEBTS

Part B. Credit Card Debts

Please list below all credit card debts that you owe OR that creditors claim you owe.

Type of Debt	Creditor Information	Codebtor	Do you dispute the debt?	Office Use Only
Other credit card debts (Gas cards, phone cards, etc.)	1. Amount Owed (amount of claim): 2. Creditor Name and Address: 3. Account Number, if any: 4. Date/range of dates when debt was incurred: 5. Contact person's name and address if different:	Is there a codebtor or cosigner on this loan? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please provide name and address:	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Other credit card debts (Gas cards, phone cards, etc.)	1. Amount Owed (amount of claim): 2. Creditor Name and Address: 3. Account Number, if any: 4. Date/range of dates when debt was incurred: 5. Contact person's name and address if different:	Is there a codebtor or cosigner on this loan? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please provide name and address:	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Other credit card debts (Gas cards, phone cards, etc.)	1. Amount Owed (amount of claim): 2. Creditor Name and Address: 3. Account Number, if any: 4. Date/range of dates when debt was incurred: 5. Contact person's name and address if different:	Is there a codebtor or cosigner on this loan? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please provide name and address:	<input type="checkbox"/> No <input type="checkbox"/> Yes	

CLIENT QUESTIONNAIRE

SECTION 3 - DEBTS

Part B. Credit Card Debts

Please list below all credit card debts that you owe OR that creditors claim you owe.

Type of Debt	Creditor Information	Codebtor	Do you dispute the debt?	Office Use Only
Cash Advances	1. Amount Owed (amount of claim): 2. Creditor Name and Address: 3. Account Number, if any: 4. Date/range of dates when debt was incurred: 5. Contact person's name and address if different:	Is there a codebtor or cosigner on this loan? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please provide name and address:	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Cash Advances	1. Amount Owed (amount of claim): 2. Creditor Name and Address: 3. Account Number, if any: 4. Date/range of dates when debt was incurred: 5. Contact person's name and address if different:	Is there a codebtor or cosigner on this loan? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please provide name and address:	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Cash Advances	1. Amount Owed (amount of claim): 2. Creditor Name and Address: 3. Account Number, if any: 4. Date/range of dates when debt was incurred: 5. Contact person's name and address if different:	Is there a codebtor or cosigner on this loan? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please provide name and address:	<input type="checkbox"/> No <input type="checkbox"/> Yes	

CLIENT QUESTIONNAIRE

SECTION 3 - DEBTS

Part C. Medical Debts

Please list below all unpaid medical bill debts that you owe OR that creditors claim you owe.

Type of Debt	Creditor Information	Codebtor	Do you dispute the debt?	Office Use Only
Unpaid Medical Bills	1. Amount Owed (amount of claim): 2. Creditor Name and Address: 3. Account Number, if any: 4. Date/range of dates when debt was incurred: 5. Contact person's name and address if different: 6. Any additional information about the debt:	Is there a codebtor or cosigner on this loan? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please provide name and address:	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Unpaid Medical Bills	1. Amount Owed (amount of claim): 2. Creditor Name and Address: 3. Account Number, if any: 4. Date/range of dates when debt was incurred: 5. Contact person's name and address if different: 6. Any additional information about the debt:	Is there a codebtor or cosigner on this loan? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please provide name and address:	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Unpaid Medical Bills	1. Amount Owed (amount of claim): 2. Creditor Name and Address: 3. Account Number, if any: 4. Date/range of dates when debt was incurred: 5. Contact person's name and address if different: 6. Any additional information about the debt:	Is there a codebtor or cosigner on this loan? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please provide name and address:	<input type="checkbox"/> No <input type="checkbox"/> Yes	

CLIENT QUESTIONNAIRE

SECTION 3 - DEBTS

Part D. Tax Debts

Please list below all unpaid tax debts that you owe OR that creditors claim you owe.

Type of Debt	Creditor Information	Codebtor	Do you dispute the debt?	Office Use Only
Unpaid taxes	1. Amount Owed (amount of claim): 2. Creditor Name and Address: 3. Account Number, if any: 4. Date/range of dates when debt was incurred: 5. Contact person's name and address if different: 6. Any additional information about the debt:	Is there a codebtor or cosigner on this loan? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please provide name and address:	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Unpaid taxes	1. Amount Owed (amount of claim): 2. Creditor Name and Address: 3. Account Number, if any: 4. Date/range of dates when debt was incurred: 5. Contact person's name and address if different: 6. Any additional information about the debt:	Is there a codebtor or cosigner on this loan? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please provide name and address:	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Unpaid taxes	1. Amount Owed (amount of claim): 2. Creditor Name and Address: 3. Account Number, if any: 4. Date/range of dates when debt was incurred: 5. Contact person's name and address if different: 6. Any additional information about the debt:	Is there a codebtor or cosigner on this loan? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please provide name and address:	<input type="checkbox"/> No <input type="checkbox"/> Yes	

CLIENT QUESTIONNAIRE

SECTION 3 - DEBTS

Part E. Student Loan Debts

Please list below all Student Loan debts that you owe OR that creditors claim you owe.

Type of Debt	Creditor Information	Codebtor	Do you dispute the debt?	Office Use Only
Student Loan	1. Amount Owed (amount of claim): 2. Creditor Name and Address: 3. Account Number, if any: 4. Date/range of dates when debt was incurred: 5. Contact person's name and address if different: 6. Any additional information about the debt:	Is there a codebtor or cosigner on this loan? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please provide name and address:	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Student Loan	1. Amount Owed (amount of claim): 2. Creditor Name and Address: 3. Account Number, if any: 4. Date/range of dates when debt was incurred: 5. Contact person's name and address if different: 6. Any additional information about the debt:	Is there a codebtor or cosigner on this loan? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please provide name and address:	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Student Loan	1. Amount Owed (amount of claim): 2. Creditor Name and Address: 3. Account Number, if any: 4. Date/range of dates when debt was incurred: 5. Contact person's name and address if different: 6. Any additional information about the debt:	Is there a codebtor or cosigner on this loan? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please provide name and address:	<input type="checkbox"/> No <input type="checkbox"/> Yes	

CLIENT QUESTIONNAIRE

SECTION 3 - DEBTS

Part F. Other Debts

Please list below all debts not listed above that you owe OR that creditors claim you owe.

Type of Debt	Creditor Information	Codebtor	Do you dispute the debt?	Office Use Only
Describe:	1. Amount Owed (amount of claim): 2. Creditor Name and Address: 3. Account Number, if any: 4. Date/range of dates when debt was incurred: 5. Contact person's name and address if different: 6. Any additional information about the debt:	Is there a codebtor or cosigner on this loan? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please provide name and address:	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Describe:	1. Amount Owed (amount of claim): 2. Creditor Name and Address: 3. Account Number, if any: 4. Date/range of dates when debt was incurred: 5. Contact person's name and address if different: 6. Any additional information about the debt:	Is there a codebtor or cosigner on this loan? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please provide name and address:	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Describe:	1. Amount Owed (amount of claim): 2. Creditor Name and Address: 3. Account Number, if any: 4. Date/range of dates when debt was incurred: 5. Contact person's name and address if different: 6. Any additional information about the debt:	Is there a codebtor or cosigner on this loan? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please provide name and address:	<input type="checkbox"/> No <input type="checkbox"/> Yes	

CLIENT QUESTIONNAIRE

SECTION 3 - DEBTS

Part F. Other Debts

Please list below all debts not listed above that you owe OR that creditors claim you owe.

Type of Debt	Creditor Information	Codebtor	Do you dispute the debt?	Office Use Only
Describe:	1. Amount Owed (amount of claim): 2. Creditor Name and Address: 3. Account Number, if any: 4. Date/range of dates when debt was incurred: 5. Contact person's name and address if different: 6. Any additional information about the debt:	Is there a codebtor or cosigner on this loan? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please provide name and address:	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Describe:	1. Amount Owed (amount of claim): 2. Creditor Name and Address: 3. Account Number, if any: 4. Date/range of dates when debt was incurred: 5. Contact person's name and address if different: 6. Any additional information about the debt:	Is there a codebtor or cosigner on this loan? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please provide name and address:	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Describe:	1. Amount Owed (amount of claim): 2. Creditor Name and Address: 3. Account Number, if any: 4. Date/range of dates when debt was incurred: 5. Contact person's name and address if different: 6. Any additional information about the debt:	Is there a codebtor or cosigner on this loan? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please provide name and address:	<input type="checkbox"/> No <input type="checkbox"/> Yes	

CLIENT QUESTIONNAIRE

SECTION 5 - CURRENT INCOME

PART A. MARITAL STATUS AND DEPENDENTS

Please select your current Marital Status:

- Single Married Divorced Separated
 Widowed Common Law Unknown

Please list all dependents of you and your spouse with their age and relationship to you (if applicable). _____

PART B. DEBTOR'S EMPLOYER INFORMATION

Name and Address of your employer: _____

How long have you been employed at this job: _____

Occupation (please state job title or provide brief description): _____

Second employer (if applicable): _____

Name and Address of your **Second** employer: _____

How long have you been employed at this second job: _____

Occupation (please state job title or provide brief description): _____

Notes: _____

PART C. JOINT DEBTOR'S (SPOUSE'S) EMPLOYER INFORMATION

Name and Address of your spouse's employer: _____

How long has spouse been employed at this job: _____

Occupation (please state job title or provide brief description): _____

Second employer (if applicable): _____

Name and Address of your spouse's **Second** employer: _____

How long has spouse been employed at this second job: _____

Occupation (please state job title or provide brief description): _____

Notes: _____

CLIENT QUESTIONNAIRE

SECTION 5 - CURRENT INCOME

PART D. DEBTOR'S WAGE INFORMATION

What is the gross amount of your paycheck, before taxes/other deductions are taken out? _____

How often do you get paid? once a week every two weeks twice a month once a month other

What is your estimated overtime pay per month? _____

How much is taken out of each paycheck for taxes and social security? (combined total) _____

How much is automatically deducted for insurance? _____

How much is deducted for union dues? _____

Other Deduction (describe): _____

Other Deduction (describe): _____

Other Deduction (describe): _____

Do you receive income from business operations outside of your regular paycheck listed above? No Yes

If yes, how much do you receive per month? _____

Do you receive income from real estate property outside of your regular paycheck listed above? No Yes

If yes, how much do you receive per month? _____

Do you receive income from interest or dividends outside of your regular paycheck listed above? No Yes

If yes, how much do you receive per month? _____

Do you receive income from alimony or family support payments for your use or for the care of your dependents? No Yes

If yes, how much do you receive per month? _____

Do you receive social security payments or other forms of monetary government assistance? No Yes

If yes, please describe: _____

How much do you receive per month? _____

Do you receive other social security payments or other forms of monetary government assistance? No Yes

If yes, please describe: _____

How much do you receive per month? _____

Do you receive retirement or pension money? No Yes

If yes, how much do you receive per month? _____

Do you have any other source of income not listed? No Yes

If yes, please describe _____

How much do you receive per month? _____

Do you have any other source of income not listed? No Yes

If yes, please describe _____

How much do you receive per month? _____

Are you expecting any increase or decrease in salary next year? No Yes

If yes, please describe _____

CLIENT QUESTIONNAIRE

SECTION 5 - CURRENT INCOME

PART E. JOINT DEBTOR'S (SPOUSE'S) WAGE INFORMATION

What is the gross amount of your paycheck, before taxes/other deductions are taken out? _____

How often do you get paid? once a week every two weeks twice a month once a month other

What is your estimated overtime pay per month? _____

How much is taken out of each paycheck for taxes and social security? (combined total) _____

How much is automatically deducted for insurance? _____

How much is deducted for union dues? _____

Other Deduction (describe): _____

Other Deduction (describe): _____

Other Deduction (describe): _____

Do you receive income from business operations outside of your regular paycheck listed above? No Yes

If yes, how much do you receive per month? _____

Do you receive income from real estate property outside of your regular paycheck listed above? No Yes

If yes, how much do you receive per month? _____

Do you receive income from interest or dividends outside of your regular paycheck listed above? No Yes

If yes, how much do you receive per month? _____

Do you receive income from alimony or family support payments for your use or for the care of your dependents? No Yes

If yes, how much do you receive per month? _____

Do you receive social security payments or other forms of monetary government assistance? No Yes

If yes, please describe: _____

How much do you receive per month? _____

Do you receive other social security payments or other forms of monetary government assistance? No Yes

If yes, please describe: _____

How much do you receive per month? _____

Do you receive retirement or pension money? No Yes

If yes, how much do you receive per month? _____

Do you have any other source of income not listed? No Yes

If yes, please describe: _____

How much do you receive per month? _____

Do you have any other source of income not listed? No Yes

If yes, please describe: _____

How much do you receive per month? _____

Are you expecting any increase or decrease in salary next year? No Yes

If yes, please describe: _____

CLIENT QUESTIONNAIRE

SECTION 5 - CURRENT INCOME

Part F. Debtor's Current Monthly Income Calculation

Fill in your monthly income for the categories below in the column labeled "Month 1." If your income for one of the below categories varies from month to month, complete the below chart by entering in your income for all six months.

	Month 1 (last month) /	Month 2 (2 months ago) /	Month 3 /	Month 4 /	Month 5 /	Month 6 /	For Office Use Only
Gross wages, salary, tips, bonuses, overtime, commissions.							
Income from operation of business: a. Gross Income - b. Expenses = c. Net Income.							
Rent and other real property income:: a. Gross Income - b. Expenses = c. Net Income.							
Interest, dividends, and royalties.							
Pension and retirement income (NOT Social Security).							
Regular contributions from others to the household expenses, including child support.							
Unemployment Compensation.							
Social Security income.							
Other sources not already mentioned. Describe:							

CLIENT QUESTIONNAIRE

SECTION 5 - CURRENT INCOME

Part G. Joint Debtor's (Spouse's) Current Monthly Income Calculation

Fill in your monthly income for the categories below in the column labeled "Month 1." If your income for one of the below categories varies from month to month, complete the below chart by entering in your income for all six months.

	Month 1 (last month) /	Month 2 (2 months ago) /	Month 3 /	Month 4 /	Month 5 /	Month 6 /	For Office Use Only
Gross wages, salary, tips, bonuses, overtime, commissions.							
Income from operation of business: a. Gross Income - b. Expenses = c. Net Income.							
Rent and other real property income:: a. Gross Income - b. Expenses = c. Net Income.							
Interest, dividends, and royalties.							
Pension and retirement income (NOT Social Security).							
Regular contributions from others to the household expenses, including child support.							
Unemployment Compensation.							
Social Security income.							
Other sources not already mentioned. Describe:							

CLIENT QUESTIONNAIRE

SECTION 6 - CURRENT EXPENSES

Do you and your spouse live separately and maintain separate households? No Yes. If yes, please let your attorney know and they will have to provide you with an additional copy of this section to detail the expenses for the completely separate household.

The following questions ask for your expenses each month. 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 the 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 property insurance: No Yes

2. Utilities:

a. Electricity and heating fuel: \$ _____

b. Water and sewer: \$ _____

c. Telephone service/long distance: \$ _____

d. Do you have any other utility bills? If yes, describe and enter monthly amount below:
\$ _____
\$ _____
\$ _____

3. Home maintenance (including repairs and upkeep): \$ _____

4. Food: \$ _____

5. Clothing: \$ _____

6. Laundry and dry cleaning: \$ _____

7. Medical and dental expenses: \$ _____

8. Transportation (do NOT include car payments): \$ _____

9. Recreation and entertainment: \$ _____

10. Charitable contributions: \$ _____

11. Insurance NOT deducted from wages or included in home mortgage payments:

a. Homeowner's or renter's insurance: \$ _____

b. Life insurance: \$ _____

c. Health insurance: \$ _____

d. Auto insurance: \$ _____

e. Other insurance (describe and list monthly amount):
\$ _____
\$ _____
\$ _____

12. Tax bills NOT deducted from wages or included in home mortgage payments:

\$ _____
\$ _____
\$ _____
\$ _____

CLIENT QUESTIONNAIRE

SECTION 6 - CURRENT EXPENSES

- 13. Installment payments for car, furniture, etc. (Describe):
14. Alimony, maintenance and support paid to others:
15. Payments for support of additional dependents not living at your home:
16. Regular expenses from operation of business, profession or farm:
17. Other expenses (Describe):
19. Describe any increase or decrease in expenses you expect to occur within the next year?

Due to the nature of the Federal Bankruptcy forms there is a special separate category of expenses that needs to be filled out with some unusual numbering. Please ignore the numbering and fill out everything that you can below:

- 26. or 31. Additional Expenses (707(b)Expenses for Form 22)
28. or 33. Court ordered payments not already listed:
29. or 34. Education for employment or for a physically or mentally challenged child:
30. or 35. Child care (baby sitting, day care, nursery & preschool, etc.):
34b. or 39b. Disability Insurance (if not listed above):
34c. or 39c. Health Savings Account:
35. or 40. Care for elderly, chronically ill or disabled family members:
36. or 41. Protection from family violence:
38. or 43. Education expense for your children under 18:
55. (c13's) Non-mandatory contributions to retirement accounts (including loan repayments):

CLIENT QUESTIONNAIRE

SECTION 7 - STATEMENT OF FINANCIAL AFFAIRS

If you are filing jointly with your spouse, include information about both you and your spouse. If you know that you are filing under chapter 12 or 13, and you are married and not separated, you must provide information about your spouse even if you are not filing jointly.

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 from employment or operation of a business: If you have not received an income from employment during the **two years** immediately preceding this calendar year, check this box: **NONE**

Debtor

Nature and Description of Contract	Dollar Amount you were paid	Source (i.e. employer name or business name)
January 1 of this year through date of commencement of case		
Last year (January 1 - December 31)		
The year before last (January 1 - December 31)		

Joint Debtor or Spouse (if applicable)

Nature and Description of Contract	Dollar Amount you were paid	Source (i.e. employer name or business name)
January 1 of this year through date of commencement of case		
Last year (January 1 - December 31)		
The year before last (January 1 - December 31)		

2. Income other than from employment or operation of business

State the amount of income received other than from employment or operation of business during the **two years** immediately preceding the commencement of this case: **NONE**

Debtor

Nature and Description of Contract	Dollar Amount you were paid	Source (i.e. employer name or business name)
During the last year		
Year before last		

Joint Debtor or Spouse (if applicable)

Nature and Description of Contract	Dollar Amount you were paid	Source (i.e. employer name or business name)
During the last year		
Year before last		

CLIENT QUESTIONNAIRE

SECTION 7 - STATEMENT OF FINANCIAL AFFAIRS

3. Payments to creditors

- a. **If your debts are primarily consumer debts** (*i.e. non-business*), list all payments totaling over **\$600** made within the last 90 days on loans, installment purchases of goods or services, and other debts. Indicate with an asterisk (*) any payments that were made on account of a domestic support obligation (*i.e. alimony, child support, etc.*) or that were made as part of an alternative repayment plan. **NONE**

Debtor

Name and Address of Creditor	Dates of Payments	Amount Paid	Amount Still Owed

- b. **If your debts are primarily non-consumer debts** (*i.e. business*), list all payments totaling over **\$5,850** made within the last 90 days to any creditor. **NONE**

Debtor

Name and Address of Creditor	Dates of Payments	Amount Paid	Amount Still Owed

- c. **All debtors**, list all payments made within **one year** to any "insider" or for the benefit of any "insider". ("Insiders" include your relatives, your business partners and their relatives, your corporations, or your affiliates.) **NONE**

Debtor

Name and Address of Creditor	Dates of Payments	Amount Paid	Amount Still Owed

4. Suits, executions, garnishments and attachments

- a. List all suits and administrative proceedings to which you are or were a party within **one year** preceding the filing of this case. **NONE**

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

- b. Describe all property that has been garnished, seized, or attached under any legal or equitable process within **one year** immediately preceding the commencement of this case. **NONE**

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

CLIENT QUESTIONNAIRE

SECTION 7 - STATEMENT OF FINANCIAL AFFAIRS

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 **one year** immediately preceding the commencement of this case.

NONE

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

6. Assignments and receiverships

a. Describe any assignment of property for the benefit of creditors made within **120 days** immediately preceding the commencement of this case. **NONE**

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

b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within **one year** immediately preceding the commencement of this case. **NONE**

Name and Address of Custodian	Name and location of Court, Case Title and Number	Date of Order	Description and Value of Property

7. Gifts

List all gifts or charitable contributions made within **one year** immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. **NONE**

Name and Address of Recipient	Relationship to You, if Any	Date of Gift	Description and Value of Gift

8. Losses

List all losses from fire, theft, gambling or other casualty within **one year** immediately preceding the commencement of this case **or since the commencement of this case**. **NONE**

Description and Value of Property	Description of Circumstances and Amount Covered by Insurance, if Any	Date of Loss

CLIENT QUESTIONNAIRE

SECTION 7 - STATEMENT OF FINANCIAL AFFAIRS

9. Payments related to debt counseling or bankruptcy

List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consultation, relief under the bankruptcy law or preparation of the petition in bankruptcy within **one year** immediately preceding the commencement of this case. **NONE**

Name and Address of Payee	Date of Payment	Name of Person Who Paid, if Not You	Amount of Money/Description and Value of Property

10. Other transfers (including sale of your property)

a. List all other property, other than property transferred in your ordinary course of business or financial affairs, transferred either absolutely or as a security within **two years** immediately preceding the commencement of this case **NONE**

Name and Address of Transferee / Relationship to Debtor	Date of Transfer	Description of Property and Value Received

b. List all property you transferred within **10 years** immediately preceding the commencement of this case to a self-settled trust, or a similar device of which you are the beneficiary. **NONE**

Name of Trust or Similar Device	Date of Transfer	Amount of Money or Description and Value of Property or Interest

11. Closed financial accounts

List all financial accounts and instruments held in your name or for your benefit which were closed, sold, or otherwise transferred within **one year** immediately preceding the commencement of this case. **NONE**

Name and Address of Institution	Type and Number of Account & Final Balance	Amount and Date of Sale or Closing

12. Safe deposit boxes

List each safe deposit or other box or depository in which you have or have had securities, cash, or other valuables within **one year** immediately preceding commencement of this case. **NONE**

Name and Address of Bank or Other Depository	Name and Address of those with Access to Box or Depository	Description of Contents	Date of Transfer, if any

CLIENT QUESTIONNAIRE

SECTION 7 - STATEMENT OF FINANCIAL AFFAIRS

13. Setoffs

List all setoffs made by any creditor, including a bank, against a debt or deposit of yours within **90 days** preceding the commencement of this case. **NONE**

Name and Address of Creditor	Description and Value of Property	Amount of Setoff

14. Property held for another person

List all property that you hold or control that is owned by another person. **NONE**

Name and Address of Owner	Description and Value of Property	Location of Property

15. Prior address of debtor

If you have moved within the **three years** immediately preceding the commencement of this case, list all residences during the last three years, excluding your present address. **NONE**

Address	Your Name at the Time	Dates of Occupancy

16. Spouses and Former Spouses

If you reside or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the **eight-year period** immediately preceding the commencement of the case, identify the name of your spouse and of any former spouse who resides or resided with you in the community property state. **NONE**

Name

CLIENT QUESTIONNAIRE

SECTION 7 - STATEMENT OF FINANCIAL AFFAIRS

17. Environmental Information

For the purpose of this question, the following definitions apply:

“Environmental Law” means any federal, state, or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil surface water, ground water, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes, or material.

“Site” means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites.

“Hazardous Material” means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law.

- a. List the name and 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 an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law. **NONE**

Site Name and Address	Name and Address of Governmental Unit	Date of Notice	Environmental Law

- b. List the name and address of every site for which you provided notice to a governmental unit of a release of Hazardous Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

NONE

Site Name and Address	Name and Address of Governmental Unit	Date of Notice	Environmental Law

- 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 and address of the governmental unit that is or was a party to the proceeding, and the docket number. **NONE**

Name and Address of Governmental Unit	Docket Number	Status or Disposition

18. Nature, location and name of business

- a. If the debtor is an individual, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partnership, sole partnership, or was a self-employed professional within the **six years** immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within the **six years** immediately preceding the commencement of this case.

If the debtor is a partnership, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within the **six years** immediately preceding the commencement of this case.

NONE

Name	Taxpayer I.D. Number(EIN)	Address	Nature of Business	Beginning and End Dates of Operation

CLIENT QUESTIONNAIRE

SECTION 7 - STATEMENT OF FINANCIAL AFFAIRS

18. Nature, location and name of business

b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as define in 11 U.S.C. § 101. **NONE**

Name	Address

The following questions, #19-25, are only to be answered if you are a corporation or partnership of if you have been, in the six years immediately preceding this case, an officer, director, managing executive, or owner of more than 5% of the voting securities of the corporation; a partner, other than a limited partner, of a partnership; a sole proprietor, or otherwise self-employed.

19. Books, records, and financial statements

a. List all bookkeepers and accountants who, within the **two years** immediately preceding the filing of this bankruptcy case, kept or supervised the keeping of books of account and records. **NONE**

Name and Address	Dates Services Rendered

b. List all firms or individuals who, within the **two years** immediately preceding the filing of this bankruptcy case, have audited the books of account and records, or prepared a financial statement of the debtor. **NONE**

Name	Address	Dates Services Rendered

c. List all firms or individuals who, at the time of the commencement of this case, were in possession of your books of account and records. If the records are not available, explain. **NONE**

Name and Address	Comments

d. List all financial institutions, creditors and other parties, including mercantile and trade agencies, to whom a financial statement was issued by the debtor within **two years** immediately preceding the commencement of this case. **NONE**

Name and Address	Dates Issued

CLIENT QUESTIONNAIRE

SECTION 7 - STATEMENT OF FINANCIAL AFFAIRS

20. Inventories

a. List the dates of the last two inventories taken 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**

Date of Inventory	Inventory Supervisor	Dollar Amount of Inventory (specify cost, market, or other basis)

b. List the name and address of the person possessing the records of each of the two inventories reported in a.) above. **NONE**

Date of Inventory	Name and Address of Custodian of Inventory Records

21. Current partners, officers, directors, and shareholders

a. If your business is a partnership, list the nature and percentage of partnership interest of each member of the partnership. **NONE**

Name and Address	Nature of Interest	Percentage of Interest

b. If your business is a corporation, list all officers and directors of the corporation, and each stockholder who directly or indirectly own, controls, or holds 5% or more of the voting securities of the corporation. **NONE**

Name and Address	Title	Nature and Percentage of Stock Ownership

22. Former partners, officers, directors and shareholders

a. If your business is a partnership, list each member who withdrew from the partnership within **one year** immediately preceding the commencement of this case. **NONE**

Name and Address	Date of Withdrawal

b. If your business is a corporation, list all officers or directors whose relationship with the corporation terminated within **one year** immediately preceding the commencement of this case. **NONE**

Name and Address	Title	Date of Termination

CLIENT QUESTIONNAIRE

SECTION 7 - STATEMENT OF FINANCIAL AFFAIRS

23. Withdrawals from a partnership or distributions by a corporation

If your business is a partnership or corporation, list all withdrawals or distributions credited or given to an insider, including compensation in any form, bonuses, loans, stock redemptions, options exercised and any other perquisite during one year immediately preceding the commencement of this case. **NONE**

Name and Address of Recipient, and Relationship to You	Date and Purpose of Withdrawal	Amount of Money or Description and Value of Property

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 within the **six-year period** immediately preceding the commencement of the case. **NONE**

Name of Parent Corporation	Taxpayer Identification Number

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 **six-year period** immediately preceding the commencement of the case. **NONE**

Name of Pension Fund	Taxpayer Identification Number