

QUESTIONNAIRE on BANKRUPTCY
Paul Drew Stuber's Law Office 303/442-6448

INSTRUCTIONS: Please complete EVERY question on this questionnaire. If you are married, complete the Spouse information if you are both filing. If single or filing without your spouse, answer NA for each question. If information is missing, or is unavailable, your attorney will not be responsible for the dismissal of your case by the Court. If a question is not applicable, write None in the blank. If there is not enough room on the sheet, write the answer on the back of the sheet and mark "over" for the answer.

PRELIMINARY INFORMATION

1.a. What is your full name, address, and social security number?

Name: _____ SS#:

Address:

What is Spouse's full name and social security number?

Name: _____ SS#:

2. What other names have you used within the past 6 years?

Yours:

Spouse:

3. What are your phone numbers, work and home?

Phone No.: (w) _____ (h)

4. What County do you live in?

5. Have you ever filed a bankruptcy? If so, please state the district, case number, and date of filing.

PROPERTY

Do you own any real estate? If so, please give a description of the property, the value of the property and the amount you owe on the property. *Please make sure the mortgage is listed on a debt sheet.

A. REAL ESTATE

B. PERSONAL PROPERTY (paid for or not)

Fill in below the description of the property and the value to the right, next to the dollar sign.

Type of property, description and location. MARKET VALUE

- | | |
|---|----|
| 1. Cash on hand (what you will carry in wallet or purse on date we file)..... | \$ |
| 2. Deposits with banks, checking, savings, etc | \$ |
| 3. Deposits with utilities and landlords | \$ |
| 4. Household goods, supplies and furnishings..... | \$ |

(If you sold your goods today, (not being brand new) what would be the market value for your household furniture, appliances, cookware, lawn and garden equipment, tools, and household goods of any kind? Using a separate sheet of paper or the back of this sheet, make a list showing each of these items that has a market value of \$10.00 or more. Example - 1 rocking chair - \$15.00.)

- | | |
|---|----|
| 5. Books, pictures, and other art objects; stamp, coin and other collections..... | \$ |
| 6. Clothing (Debtor \$) (Spouse \$)..... | \$ |
| 7. Jewelry and Furs (Debtor \$) (Spouse \$)..... | \$ |
| 8. Firearms (\$) Sports Equip. (\$)..... | \$ |
| 9. Insurance Policies (cash value not pay on death value)..... | \$ |
| 10. Annuities | \$ |
| 11. IRAs or other pension or profit-sharing plans..... | \$ |
| 12. Stock certificates | \$ |
| 13. Interest in partnerships, joint ventures | \$ |
| 14. Bonds | \$ |
| 15. Accounts receivable | \$ |
| 16. Any alimony or support payments which you are entitled to..... | \$ |
| 17. Any specific debts that other people owe you | \$ |
| 18. Any future interests that you are sure you will get | \$ |
| 19. Any inheritance or insurance or trusts held for you | \$ |
| 20. Any claim you might have against someone else | \$ |
| 21. Any patents, copyrights, or that type of property..... | \$ |
| 22. Any licenses or franchises | \$ |
| 23. Any automobiles, trailers or other vehicles (Please describe it below)..... | \$ |

State make, model, year and miles

- | | |
|--|----|
| 24. Boats and accessories | \$ |
| 25. Airplanes and accessories | \$ |
| 26. Any office equipment (needed for your business)..... | \$ |
| 27. Any machinery equipment used in business | \$ |
| 28. Any business inventory | \$ |
| 29. Animals | \$ |
| 30. Any crops | \$ |
| 31. Farming equipment | \$ |
| 32. Farming supplies | \$ |
| 33. Any other kind of property not yet listed | \$ |

LEASES, ETC.

Do you have any interest in any leases in real property or personal property, including timeshares or the sort. If so, please state the name and address of the other parties on the lease, and the description of the lease or contract agreement. If you are renting your home list the Landlord with an address.

GENERAL INFORMATION

1. If you were employed over the last two years, state the income and source.

YOURS:

Current Occupation/Employer/Address:

Year to date income:

Employer Name Amount Earned Last Year

Employer Name Amount Earned Year Before Last

SPOUSE:

Current Occupation/Employer/Address:

Year to date income:

Employer Name Amount Earned Last Year

Employer Name Amount Earned Year Before Last

2. Have you received any other income other than from your employment or operation of business? If so, state the amount and the source from where it was received.

3.a. Have you made any payments to any unsecured creditor over the last three months that would total more than \$600.00? If so, please list below the name and address of the creditor paid, the dates paid, the amount paid, and the amount that is still owing.

b. Have you made any payments within the last year to family members or business partners. If so, please state below the name and address of the person, your relationship to that person, the date of the payments, the amount paid and the amount still owing.

4.a. Have you been sued by anyone? If so, please state the case number and the name of the case,

the type of case, the court where the case is being held, and the status of the case.

Case No. _____ County

Party suing

Do they have a judgment? If so how much?

- b. Did any of the creditors who had filed lawsuits against you attach or take away any of your property or wages within the last year. If so, please state the name and address of the person who took the property or wages, the date it was taken and the description of the property or if wages say garnished.
5. Has any of your property such as home or car been repossessed by a creditor within the last year? If so, please state the name of the creditor, the date it was repossessed and the type of property that was taken.
- 6.a. Have you assigned or voluntarily turned over any property to creditors who had a lien on it within the last year? If so, please state the name of the creditor you gave the assignment to, the date of the assignment and the reason why.
- b. Has the court forced you to turn over property to a receiver or custodian in the last year? If so, please state the name of the custodian, the name and case number of the court, the date of the Order and the description of the property that was turned over.
7. Have you given any gifts to charity over \$100.00 or gifts to family members or friends of more than \$200.00 within the last year? If so, please state the name of the person or organization, the relationship to you, the date of the gift and the value of the gift.
8. Have you had any property stolen or lost in a fire or by gambling within the last year? If so, please describe the property and its value, the reason it was lost and the date of the loss.
9. Have you paid any other attorneys or credit agencies regarding the filing of a bankruptcy within the last year? If so, please state the name of the attorney, the amount paid.
10. Did you sell any of your property, either personal or business, within the last year that would be out of the ordinary? If so, please state to whom you sold it, the date and what was sold.
11. Have you closed any accounts or Certificates of Deposit etc. in the last year? If so, please state the name of the bank, the type of the account, and the date of the sale or closing.
12. Do you have a safe deposit box or have you had one in the last year? If so, please state the name and address of the box, what is in the box and the date it was closed, if it was.
13. Have you made an agreement with any of your creditors in the last three months that allows the creditor to keep a certain asset of yours instead of repaying them. If so, please state the name

- and address of the creditor, the day that you gave that to them and the amount that was set off.
14. Are you holding any property that belongs to someone else? If so, please state the name and address of the person, the description and the value of the property you are holding, and the location of that property.
 15. Have you lived in a different address than the present one in the last 2 years? If so please state the address, the dates you lived there and under what name was the title or lease?

QUESTIONS 16 THROUGH 21 ARE TO BE ANSWERED BY ANYONE WHO HAS HAD HIS OWN BUSINESS OR BEEN MORE THAN A 5% OWNER OF A BUSINESS IN THE LAST TWO YEARS. IF NOT, WRITE NONE HERE.

16. Please state the type of business, the name of the business, the address of the business and your position within the business.

Name & Address	Nature of Business	Dates of Operation
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- 17.a. List the names and addresses and the dates they helped of all bookkeepers and accountants for the business in the past six years.
- b. If there have been any audits or financial statements of the business, please state the name and address and the dates that such audits were performed.
- c. Where are the books and records of the business now? Please state the name and address of the person holding them.
- d. Did you make a financial statement to any banks or the like in the last two years. If so, please state the name and address and the date of such financial statements.
- 18.a. Did you have any inventories in the last two years. If so, please state the date, the supervisor of the inventory and the value of the inventory.
- b. Who has copies of the records of these inventories?
19. If you do not own the business entirely yourself, list your partners names, address and percentage of ownership, or if a corporation, list the names and addresses of the directors, officers and shareholders of the corporation.
20. In the last year, what partners, officers, directors or shareholders left the business. Please state their name, address, title and the date they left the business.
21. Did the business pay anyone any income, bonuses, loans and stocks in the last year. If so, please state the name of the person who received the money, the reason for the payment, and the amount of the payment.

CURRENT INCOME OF INDIVIDUAL DEBTOR(S)

The column labeled "Spouse" must be completed in all cases filed by joint debtors and by a married debtor in a chapter 12 or 13 case whether or not a joint petition is not filed, unless the spouses are separated and a joint petition is not filed.

DEBTOR'S MARITAL STATUS: Married Single Divorced

DEPENDENTS OF DEBTOR AND SPOUSE

NAMES	AGE	RELATIONSHIP
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EMPLOYMENT	DEBTOR	SPOUSE
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Occupation:
 Name of Employer:
 How long employed:
 Address of Employer:

INCOME: (Estimate of average monthly income)	DEBTOR	SPOUSE
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Current monthly gross wages, salary, and commissions (Prorate if not paid monthly).	\$	\$
Estimated monthly overtime	\$	\$

LESS PAYROLL DEDUCTIONS

a. Payroll taxes and social security	\$	\$
b. Insurance	\$	\$
c. Union dues	\$	\$
d. Other (Specify)	\$	\$

TOTAL NET MONTHLY TAKE HOME PAY	\$	\$
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Regular income from operation of business or profession or farm (attach detailed statement)	\$	\$
Income from real property	\$	\$
Interest and dividends	\$	\$
Alimony, maintenance or support payments payable to the debtor for the debtor's use or that of dependents listed above.	\$	\$
Social security or other government assistance (Specify)	\$	\$
Pension or retirement income	\$	\$
Other monthly income	\$	\$

Describe any increase or decrease of more than 10% in any of the above categories anticipated to occur within the year following the filing of this document.

CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR(S)

Complete this schedule by estimating the average monthly expenses of the debtor and the debtor's family. Prorate any payments made bi-weekly, quarterly, semi-annually, or annually to show monthly rate.

Check this box if a joint petition is filed and debtor's spouse maintains a separate household.

Complete a separate schedule of expenditures labeled "Spouse."

- \$ _____ Rent or home mortgage payment (include lot rented for mobile home)
Are real estate taxes included? Yes__ No__ Is property insurance included? Yes__ No
- \$ _____ Utilities: Electricity and heating fuel
- \$ _____ Water and sewer
- \$ _____ Telephone
- \$ _____ Other
- \$ _____ Home maintenance (repairs and upkeep)
- \$ _____ Food
- \$ _____ Clothing
- \$ _____ Laundry and dry cleaning
- \$ _____ Medical and dental expenses
- \$ _____ Transportation, gas, oil changes etc. (not including car payments)
- \$ _____ Recreation, clubs and entertainment, newspapers, magazines,etc
- \$ _____ Charitable contributions
- Insurance: (not deducted from wages or in mortgage payments)
- \$ _____ Homeowner's or renter's
- \$ _____ Life
- \$ _____ Health
- \$ _____ Auto
- \$ _____ Other
- \$ _____ Taxes (not deducted from wages paid monthly)
- Installment payments: (In chapter 12 and 13 cases, do not list payments to be included in the plan)
- \$ _____ Auto
- \$ _____ Other
- \$ _____ Other
- \$ _____ Other
- \$ _____ Alimony, maintenance, and support paid to others
- \$ _____ Payments for support of additional dependents not living with you
- \$ _____ Regular expenses from operation of business or profession.
- \$ _____ Other _____ \$

TOTAL MONTHLY EXPENSES \$ _____

YOUR DEBTS

Attached to this questionnaire are a number of Debt Sheets. It is very important that you list EVERY debt. It is also required that you answer EVERY question about each debt on the Debt Sheet. .

1. Do you owe any federal, state, or local taxes?
If so, give the type of tax owed, the amount, the name and address of the taxing authority, and the date the tax became due, and mark TAX on top of the form.
2. Do you owe any debts that are secured by mortgages, liens, or security interests on your property?
Fill out a separate debt sheet for each debt and mark the word SECURED on top of each form.
3. Do you owe anyone for wages, salary or commissions, including vacation or sick leave pay?
Do you owe anyone for contributions to employee benefit plans?
If yes to either question, provide a list of persons owed, the amount owed to each and the dates the amounts were earned.
4. Do you owe anyone for deposits made to you for either the purchase, lease, or rental of property that was not delivered, or for services for personal, family, or household uses that were not provided?
5. Fill out a separate debt sheet for each one of your debts. If more than one debt to the same creditor you may use the same sheet but just put down all of the account numbers and total due.
Be sure that the name and address of the attorney or collection agency appears on the debt form.

FINAL INSTRUCTIONS

Bring the following papers with you when you come to the office.

1. Copies of deeds, deeds of trust, mortgages, liens, contracts and tax notices on any real estate.
2. Copies of your federal and state income tax returns for the last two years. This is needed for the creditor's meeting about one month from filing.
3. Copies of all lawsuits or other court papers served on or filed against you.
4. Copies of all documents relating to any prior bankruptcy or Chapter 13 case you have filed.
5. Copies of all copyrights, patents, annuity contracts, and other documents that you were requested to bring or attach in any of the questions above.
6. A Debt Sheet for each of your debts, completely filled out and with a copy of the most recent statement or bill attached to each form.

Thank you for your effort on this. I know that it is not easy to fill this out. If you have questions, you may call me.

Paul Stuber

DEBT SHEET

tax secured

Is this a tax or secured debt? If so, mark the box above. Complete one of these forms for every debt that you owe. If available, attach the creditor's most recent statement or bill. Fill in every blank on this form, putting N/A in the blanks that do not apply. If you need more space, use the back of this sheet. WE CANNOT PROCESS YOUR BANKRUPTCY PAPERS UNLESS THIS FORM IS COMPLETELY FILLED OUT.

1. Creditor's Name: _____
Address: _____

Account Number: _____ Phone #: () _____
2. How much do you owe on this debt? \$ _____
3. When was this debt first owed by you? Or if it is a credit card when was the last charge and for what?
Date: _____ Item: _____
4. List who owes on this debt:
5. If secured, list what property is secured (like a car, house or tv bought with financing):
6. Has this debt been turned over to an attorney or collection agency by the original creditor? If yes, complete the following:
Name:

Address:

Phone Number: () _____ Account Number: _____
7. If this debt has been guaranteed or co-signed by anyone else, give their name and address.
Name:

Address:
8. If this debt is the debt of someone else that you have co-signed, give their name and address.
Name:

Address:
9. Please check the boxes, if any, that apply:
 Unliquidated (something has to be repossessed or sold first)
 Disputed (you do not believe that you owe this debt)
 Contingent (something has to happen before it is really owed)