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CLIENT QUESTIONNAIRE

Dear Client:

Date:

The decision to file bankruptcy is not an easy one. Usually bankruptcy is the last resort. We understand that, and we thank you for trusting us through this process.

Though it may be difficult to answer the personal questions contained in this packet, we need to know your answers to complete your bankruptcy documents and to properly advise you of your rights and responsibilities. As with all communications between us, the information you supply is **ABSOLUTELY CONFIDENTIAL**. Never keep information from us because you are afraid or embarrassed. To properly assist you, your attorney must have all the facts.

You might view these questions as your second step toward financial recovery. The first step was visiting us. Remember, the information and instructions you read while completing this form are not meant to replace your attorney's legal advice should you have specific questions.

Andrea L. Wasson
S. Leeann Thornhill

CHAPTER _____

DATE DELIVERED _____

___ DOCUMENTS
___ CREDIT COUNSELING
___ FINAL BALANCE

EXPECTED FILE DATE _____

PETITION INFORMATION

	Debtor 1	Debtor 2
Last Name		
First & Middle Name		
Street Address:		
Mailing Address:		
County of Residence		
Home Phone:		
Work Phone:		
Other Phone:		
Email Address:		
Other Names You Have Used in the Last Eight (8) Years		
Social Security No.		
Other Tax ID No.		

PRIOR BANKRUPTCIES: List All prior bankruptcies you have filed, including cases that were not completed:				
Case Number	Location (State)	Date Filed	Chapter	Completed (Y/N)

PROPERTY INFORMATION

REAL ESTATE

(Please provide a copy of your most recent county property tax notice for each piece of property)

YOUR HOME	Address:	Name of Co-Owners		Market Value
<i>Principal residence</i>		1		\$
		2		
		3		
	Name of Lender	Monthly Payment	Amount in Default	Mortgage Balance
	1st:	\$	\$	\$
	2nd:	\$	\$	\$
	3rd:	\$	\$	\$

OTHER REAL ESTATE	Description and Address:	Name of Co-Owners		Market Value
		1		\$
		2		
		3		
	Name of Lender	Monthly Payment	Amount in Default	Mortgage Balance
	1st:	\$	\$	\$
	2nd:	\$	\$	\$
	3rd:	\$	\$	\$

OTHER REAL ESTATE	Description and Address:	Name of Co-Owners		Market Value
		1		\$
		2		
		3		
	Name of Lender	Monthly Payment	Amount in Default	Mortgage Balance
	1st:	\$	\$	\$
	2nd:	\$	\$	\$
	3rd:	\$	\$	\$

PERSONAL PROPERTY

Market value of property means the *present fair market value* (what you could sell it for) of the property. List all property you own including property, which is not in your possession. If an item of property is not in your possession, list on the backside of this form the name, address and telephone number of the individual or entity who has possession. Also list why this individual or entity has the property.

ITEM(S)	Owner <i>1=Debtor 1 2=Debtor 2 J=Joint Prop</i>	Market Value (Garage Sale Value)	<i>If item is pledged as collateral</i>			
			Creditor Name	Total Amount Owed to Creditor		
16		Cash On Hand		\$		
17		Savings Account		\$	Bank:	
17		Checking Account		\$	Bank:	
22		Security Deposits		\$		
6		Microwave Oven		\$		
6		Sewing Machine		\$		
6		Washer		\$		
6		Dryer		\$		
6		Refrigerator		\$		
6		Carpets		\$		
6		Freezer		\$		
6		Stove		\$		
6		Dishes/Silverware		\$		
6		Beds/Bedding		\$		
6		End Tables/Lamps		\$		
6		Chairs		\$		
6		Sofa/Loveseat		\$		
7		Televisions		\$		
7		VCR/DVD Player		\$		
7		Stereo		\$		
7		Radio		\$		
6		Kitchen Table/Chairs		\$		
6		Typewriter		\$		
7		Computer		\$		
7		Printer		\$		
9		Books		\$		
8		Artwork		\$		
8		Collections		\$		

8		Antiques		\$		
11		Clothing		\$		
12		Jewelry		\$		
9		Camera		\$		
9		Bikes		\$		
9		Sports Equipment		\$		
7		Camcorder		\$		
9		Video Games		\$		
14		Piano		\$		
10		Guns		\$		
23		Annuities		\$		
21		Retirement Plan/IRA		\$		
21		401k Plan		\$		
18		Stocks		\$		
18		Bonds		\$		
28		Tax Refund		\$		
4		Boat		\$		
4		Aircraft		\$		
39		Office Equipment		\$		
13		Animals		\$		
40		Satellite Dish		\$		
1		Burial Plot		\$		
14		Misc. Tools		\$		
33		Personal Injury Claims		\$		
34		Workman Comp Claims		\$		
14		Other		\$		
3		Vehicle No.1		\$		\$
3		Vehicle No.2		\$		\$
3		Vehicle No.3		\$		\$
3		Vehicle No.4		\$		\$
3		Vehicle No.5		\$		\$

**** If you own other property not listed above, please include these items on the attached sheet.

The list provided is simply to assist you in listing your property; it is not meant as a complete list.

CREDITOR QUESTIONS

The following forms are used to list your creditors. You must list all your debts even though some debts may be non-dischargeable in your bankruptcy (e.g., taxes, child or spousal support, traffic tickets, and student loans.) Your attorney will explain which debts are not dischargeable. If in doubt as to whether a person or business is a creditor, go ahead and list the person or business as a creditor

Secured Creditors

Secured debts are car loans, home loans, home equity loans, second mortgages or any other loan where property is pledged as security. All other types of debts are unsecured.

Creditor Name		Date Incurred		Name & Address of Co-Signers:
Address Including ZIP		1, 2, or Joint		
		Market Value	\$	
		Balance Owed	\$	
Account Num		Reaffirm/Surrender		
		Default Amount	\$	

Description of Collateral:

Creditor Name		Date Incurred		Name & Address of Co-Signers:
Address Including ZIP		1, 2, or Joint		
		Market Value	\$	
		Balance Owed	\$	
Account Num		Reaffirm/Surrender	\$	
		Default Amount	\$	

Description of Collateral:

Creditor Name		Date Incurred		Name & Address of Co-Signer
Address Including ZIP		1, 2, or Joint		
		Market Value	\$	
		Balance Owed	\$	
Account Num		Reaffirm/Surrender	\$	
		Default Amount	\$	

Description of Collateral:

Creditor Name		Date Incurred		Name & Address of Co-Signers:
Address Including ZIP		1, 2, or Joint		
		Market Value	\$	
		Balance Owed	\$	
Account Num		Reaffirm/Surrender	\$	
		Default Amount	\$	

Description of Collateral:

Creditor Name		Date Incurred		Name & Address of Co-Signers:
Address Including ZIP		1, 2, or Joint		
		Market Value	\$	
		Balance Owed	\$	
Account Num		Reaffirm/Surrender	\$	
		Default Amount	\$	

Secured Creditors Continued

Description of Collateral:				
Creditor		Date Incurred		Name & Address of Co-Signers:
Address Including ZIP		1, 2, or Joint		
		Market Value	\$	
		Balance Owed	\$	
Account Num		Reaffirm/Surrende		
		Default Amount	\$	
Description of Collateral:				
Creditor		Date Incurred		Name & Address of Co-Signers:
Address Including ZIP		1, 2, or Joint		
		Market Value	\$	
		Balance Owed	\$	
Account Num		Reaffirm/Surrende		
		Default Amount	\$	
Description of Collateral:				

Priority Creditors				
Priority creditors include all state and federal tax debts, alimony and child support.				
Account Num		Tax Year(s) & Type of Tax	Amount Due	Name & Address of Co-Debtor:
Creditor Name	Internal Revenue Service		\$	
Address Including ZIP			\$	
			\$	
			\$	
Account Num	State Revenue Department	Tax Year(s) & Type of Tax	Amount Due	Name & Address of Co-Debtor:
Creditor Name			\$	
Address Including ZIP			\$	
			\$	
			\$	

Other Priority Creditors

Description of Debt:				
Account Num		Date Incurred		Name & Address of Co-Signers:
Creditor Name		1, 2, or Joint		
Address Including ZIP		Balance Owed	\$	
		Default Amount	\$	

Domestic Support Obligations (child support, maintenance):

Are you current with payments? Y N If not, how far behind are you? \$ _____

Unsecured Creditors

Secured debts are car loans, home loans, home equity loans, second mortgages, or any other loans where property is pledged as security. All other types of debt (creditors have no collateral) are unsecured and should be listed below.

Creditor Name		Description of Debt:		Name & Address of Co-Signers:
Address Including ZIP		Date Incurred		
		1, 2, or Joint		
Account Num		Balance Owed	\$	
Creditor Name		Description of Debt:		Name & Address of Co-Signers:
Address Including ZIP		Date Incurred		
		1, 2, or Joint		
Account Num		Balance Owed	\$	
Creditor Name		Description of Debt:		Name & Address of Co-Signers:
Address Including ZIP		Date Incurred		
		1, 2, or Joint		
Account Num		Balance Owed	\$	
Creditor Name		Description of Debt:		Name & Address of Co-Signers:
Address Including ZIP		Date Incurred		
		1, 2, or Joint		
Account Num		Balance Owed	\$	
Creditor Name		Description of Debt:		Name & Address of Co-Signers:
Address Including ZIP		Date Incurred		
		1, 2, or Joint		
Account Num		Balance Owed	\$	
Creditor Name		Description of Debt:		Name & Address of Co-Signers:
Address Including ZIP		Date Incurred		
		1, 2, or Joint		
Account Num		Balance Owed	\$	
Creditor Name		Description of Debt:		Name & Address of Co-Signers:
Address Including ZIP		Date Incurred		
		1, 2, or Joint		
Account Num		Balance Owed	\$	

Account Num		Balance Owed	\$	
Creditor Name		Description of Debt:		Name & Address of Co-Signers:
Address Including ZIP		Date Incurred		
		1, 2, or Joint		
Account Num		Balance Owed	\$	
Creditor Name		Description of Debt:		Name & Address of Co-Signers:
Address Including ZIP		Date Incurred		
		1, 2, or Joint		
Account Num		Balance Owed	\$	
Creditor Name		Description of Debt:		Name & Address of Co-Signers:
Address Including ZIP		Date Incurred		
		1, 2, or Joint		
Account Num		Balance Owed	\$	
Creditor Name		Description of Debt:		Name & Address of Co-Signers:
Address Including ZIP		Date Incurred		
		1, 2, or Joint		
Account Num		Balance Owed	\$	
Creditor Name		Description of Debt:		Name & Address of Co-Signers:
Address Including ZIP		Date Incurred		
		1, 2, or Joint		
Account Num		Balance Owed	\$	
Creditor Name		Description of Debt:		Name & Address of Co-Signers:
Address Including ZIP		Date Incurred		
		1, 2, or Joint		
Account Num		Balance Owed	\$	
Creditor Name		Description of Debt:		Name & Address of Co-Signers:
Address Including ZIP		Date Incurred		
		1, 2, or Joint		
Account Num		Balance Owed	\$	

Creditor Name		Description of Debt:		Name & Address of Co-Signers:
Address Including ZIP		Date Incurred		
		1, 2, or Joint		
Account Num		Balance Owed	\$	
Creditor Name		Description of Debt:		Name & Address of Co-Signers:
Address Including ZIP		Date Incurred		
		1, 2, or Joint		
Account Num		Balance Owed	\$	
Creditor Name		Description of Debt:		Name & Address of Co-Signers:
Address Including ZIP		Date Incurred		
		1, 2, or Joint		
Account Num		Balance Owed	\$	
Creditor Name		Description of Debt:		Name & Address of Co-Signers:
Address Including ZIP		Date Incurred		
		1, 2, or Joint		
Account Num		Balance Owed	\$	
Creditor Name		Description of Debt:		Name & Address of Co-Signers:
Address Including ZIP		Date Incurred		
		1, 2, or Joint		
Account Num		Balance Owed	\$	
Creditor Name		Description of Debt:		Name & Address of Co-Signers:
Address Including ZIP		Date Incurred		
		1, 2, or Joint		
Account Num		Balance Owed	\$	

Leases or Contracts

If you are a party to a lease, rental agreement or contract (e.g. cell phone contract, gym membership) then complete the following information on each contract below:

Name of Lease/Contract Holder		Description	
Address including ZIP		Monthly Payment	
		Balance Remaining	
		Keep/Reject	
Name of Lease/Contract Holder		Description	
Address including ZIP		Monthly Payment	
		Balance Remaining	
		Keep/Reject	
Name of Lease/Contract Holder		Description	
Address including ZIP		Monthly Payment	
		Balance Remaining	
		Keep/Reject	

Budget Questions

The following form is used to gather information about your income and expenses, it is important that all questions are answered completely and accurately.

	Debtor 1	Debtor 2 (or Spouse if Filing Single)
Marital Status		
Age		

Dependents

Name	Age	Relationship	Name	Age	Relationship

Employment Information

	Debtor 1		Debtor 2	
	1st (Main Job)	2nd (Part Time Job)	1st (Main Job)	2nd (Part Time Job)
Occupation				
Length of Employment				
Employer Name				
Employer Address				

Income Information

List your **monthly** income below.

Regular Employment Income (monthly)

	Debtor 1		Debtor 2	
	1st (Main Job)	2nd (Part Time Job)	1st (Main Job)	2nd (Part Time Job)
Current monthly gross wages, salary, commissions (Pro-rate if not paid monthly)	\$	\$	\$	\$
Estimated monthly overtime	\$	\$	\$	\$
Taxes and social security withheld each month	\$	\$	\$	\$
Insurance withheld each month	\$	\$	\$	\$
Union dues withheld each month	\$	\$	\$	\$
Other payroll deductions: _____	\$	\$	\$	\$

Other Income (monthly)

Regular monthly income from business, profession or farm (Attach a detailed statement)	\$	\$
Monthly income from real property	\$	\$
Alimony, maintenance, or support payments (Amount received monthly for debtor or debtors dependants use)	\$	\$
Social Security or government assistance	\$	\$
Pension or retirement	\$	\$
Last year's tax refunds divided by 12	\$	\$
Other monthly income: _____	\$	\$
Describe any increase or decrease of more than 10% in any previous category anticipated to occur in the year following this filing.		

Monthly Living Expense Information

Average Monthly Amount	Expense
1st \$ 2nd \$ 3rd \$	Rent or Home Mortgage <input type="checkbox"/> Yes <input type="checkbox"/> No Does this include real estate taxes? <input type="checkbox"/> Yes <input type="checkbox"/> No Does this include property insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you have a variable interest rate that affects your monthly mortgage payment amount?
\$	Electricity and heating fuel (average monthly)
\$	Water and sewer (average monthly)
\$	Telephone
\$	Cell Phone
\$	Cable
\$	Internet
\$	Home maintenance
\$	Food
\$	Clothing
\$	Laundry and dry cleaning
\$	Medical and dental expenses
\$	Transportation (not including car payments)
\$	Recreation, clubs and entertainment, newspapers, etc.
\$	Charitable contributions
\$	Homeowner's or renters insurance (not included in rent or mortgage payment)
\$	Life insurance (not deducted from wages)
\$	Health insurance (not deducted from wages)
\$	Auto insurance
\$	Other Insurance (Specify: _____)
\$	Taxes not deducted from wages or in home mortgage payments
\$	Installment auto payments
\$	Other installment payments not included in Chapter 13 Plan
\$	Alimony, maintenance and support payments (not deducted from wages)
\$	Payments for dependants not living at your home
\$	School Lunches/Expenses
\$	Daycare
\$	Operation expenses of business, profession, or farm (Attach Itemized Profit and Loss)
\$	Other Expenses (Specify: _____)

Statement Of Financial Affairs

Please read each of the following fifteen (15) questions and answer each question completely. *If you do not understand a question please contact your attorney for clarification.*

1. Income from regular employment or operation of a business.

List the total gross income as reported on your tax returns for the years indicated below and list the source of the income.

NONE

	Debtor 1		Debtor 2	
	Sources of Income <i>(Employers/Business Names)</i>	Amount <i>(Total Gross Amount)</i>	Sources of Income <i>(Employers/Business Names)</i>	Amount <i>(Total Gross Amount)</i>
2014	1	\$	1	\$
	2	\$	2	\$
	3	\$	3	\$
2015	1	\$	1	\$
	2	\$	2	\$
	3	\$	3	\$
2016 (YTD)	1	\$	1	\$
	2	\$	2	\$
	3	\$	3	\$

2. Income other than from employment or operation of a business.

List the total amount of all other income received during the current and past two years. Specify the amount of income and the source.

NONE

	Debtor 1		Debtor 2	
	Sources of Income <i>(Social Security, Support, etc)</i>	Amount <i>(Total Gross Amount)</i>	Sources of Income <i>(Social Security, Support, etc.)</i>	Amount <i>(Total Gross Amount)</i>
2014	1	\$	1	\$
	2	\$	2	\$
	3	\$	3	\$
2015	1	\$	1	\$
	2	\$	2	\$
	3	\$	3	\$
2016 (YTD)	1	\$	1	\$
	2	\$	2	\$
	3	\$	3	\$

3. If you have moved within the last three (3) years, list all premises occupied and vacated during that period.

NONE

Names Used	Address	Dates of Occupancy
		From:
		To:
		From:
		To:
		From:
		To:

		From:
		To:

4. **If your debts are primarily consumer debts (i.e. non-business)**, list each creditor to whom you paid a total of **\$600** or more within the last **90 days**. Do not include payments for domestic support obligations, such as child support and alimony.

NONE

Name and Address of Creditor	Dates of Payment	Total Amount Paid	Amount Still Owed	Was this payment for ...
				<input type="checkbox"/> Mortgage <input type="checkbox"/> Car <input type="checkbox"/> Credit card <input type="checkbox"/> Loan repayment <input type="checkbox"/> Suppliers or vendor <input type="checkbox"/> Other:
Name and Address of Creditor	Dates of Payment	Total Amount Paid	Amount Still Owed	Was this payment for ...
				<input type="checkbox"/> Mortgage <input type="checkbox"/> Car <input type="checkbox"/> Credit card <input type="checkbox"/> Loan repayment <input type="checkbox"/> Suppliers or vendor <input type="checkbox"/> Other:

5. (a) If you were a party to a law suit during the past year complete the following information for each lawsuit.

NONE

Caption of Suit (Names of parties involved)	Case Number	Nature of Proceeding	Court and Location	Status of Case

(b) List any property garnished, attached, or seized during the last year.

NONE

Creditor (Name and Address)	Date of Seizure	Description of Property	Value of Property
			\$
			\$
			\$

6. List any repossessions, foreclosures and returns during the last year.

NONE

Creditor (Name and Address)	Date of Repossession	Description of Property	Value of Property
			\$
			\$
			\$

7. List all payments/contributions totaling more than \$600 made to any single creditor/charity during the last 90 days or payments made to a family member during the last two years.

NONE

Creditor Name	Date of Payments	Amount Paid	Amount Still Owing
		\$	\$
		\$	\$

9. Within the past **1 year**, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?

No Yes

10. (a) Describe any assignments of property for the benefit of creditors made within the last 120 days.

NONE

Name and Address of Assignee	Date of Assignment	Terms of Assignment

(b) List all property, which has been in the hands if a custodian, receiver, or Court-appointed official during the past year.

NONE

Name and Address of Custodian	Name and Location of Court	Case Number	Date of Order	Description and Value of Property

11. List all gifts or charitable contributions made during the last year except ordinary and usual gifts to family members totaling less than \$200 per family member and \$100 per charitable recipient.

NONE

Recipient of Gift (Name & Address)	Relationship (if any)	Date of Gift	Value of Gift	Description of Gift
			\$	
			\$	

12. Losses from fire, theft casualty or gambling during the past year.

NONE

Description of Property	Value of Property	Circumstances of Loss	Covered by Insurance? (Yes/No)	Date of Loss

13. List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under the bankruptcy law or preparation of a petition in bankruptcy during the past year.

NONE

Payee (Name and Address)	Date of Payments	Amount Paid or Value of Property Transferred
		\$
		\$

14. List all payments made or property transferred by you or by someone acting on your behalf within the past **1 year** to anyone who promised to help you deal with your creditors or to make payments to your creditors.

NONE

Name and Address of Person Paid	Name of Person Who Made the Payment, if Not You	Description and Value of Any Property Transferred	Date of Payment or Transfer	Amount of Payment

15. List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security during the past two (2) years.

NONE

Transferee (Name and Address)	Relationship (If any)	Date of Transfer	Describe property and Value received

16. List all property you transferred within the past **10 years** to a self-settled trust or a similar device of which you are a beneficiary.

NONE

Name of Trust	Description and Value of Property Transferred	Date of Transfer

17. List all financial accounts and instruments held by or for the benefit of the debtor which were closed, sold or otherwise transferred in the past year. Include checking, savings, or other financial accounts, CD's, shares and share accounts held in banks, credit unions, pension funds, brokerage houses, etc.

NONE

Institution (Name & Address)	Account Number and Type of Account	Amount of Final Balance	Date of Closing
		\$	
		\$	

18. List each safe deposit box, storage unit, depository, or any other place than your home in which you have had valuables within the past year.

NONE

Institution Name & Address	Who has access? (Name & address)	Description of Contents	Date of Transfer or Surrender

19. List all setoffs made by creditor, including a bank, against a debt or deposit of the debtor within the past 90 days (a setoff is when a bank applies your funds, which they hold, to satisfy a loan or debt).

NONE

Creditor Name & Address	Date of Setoff	Amount of Setoff

20. List all property OWNED by another person that the debtor holds or controls.

NONE

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

Note: There are additional questions for corporate debtors and for any individual who has been, within the past two years, any of the following: an officer, director, managing executive, or owner of more than 5 percent of the voting securities of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor or otherwise self employed.

VEHICLES

(Include Cars, Trucks, Boats & Trailers)

VEHICLE No.1

Make				
Model				
YEAR				
Mileage				
General Condition (Check one)				
<input type="checkbox"/>	Excellent	<input type="checkbox"/>	Good	<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>	Fair	<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>		Poor

VEHICLE No. 2

Make				
Model				
YEAR				
Mileage				
General Condition (Check one)				
<input type="checkbox"/>	Excellent	<input type="checkbox"/>	Good	<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>	Fair	<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>		Poor

VEHICLE No. 3

Make				
Model				
YEAR				
Mileage				
General Condition (Check one)				
<input type="checkbox"/>	Excellent	<input type="checkbox"/>	Good	<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>	Fair	<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>		Poor

VEHICLE No. 4

Make				
Model				
YEAR				
Mileage				
General Condition (Check one)				
<input type="checkbox"/>	Excellent	<input type="checkbox"/>	Good	<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>	Fair	<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>		Poor

VEHICLE No. 5

Make				
Model				
YEAR				
Mileage				
General Condition (Check one)				
<input type="checkbox"/>	Excellent	<input type="checkbox"/>	Good	<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>	Fair	<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>		Poor