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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**

	<b>Debtor 1</b>	<b>Debtor 2</b>
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.		
Marital Status		

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				
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 that is not in your possession (for example, items in storage or at a family member's home). 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 <i>(Garage Sale Value)</i>	<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		\$		

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

The list provided is simply to assist you in disclosing your property by suggesting common assets; it is not meant as a complete list.

# VEHICLES

(Include Cars, Motor Cycles, Trucks, Boats, RV's, Mobile Homes, & Trailers)

## VEHICLE No.1

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

## DEBT INFORMATION

**Secured Creditors:** Secured debts are car loans, home loans, home equity loans, liens, second mortgages, furniture loans, or any other loan where real or personal property is pledged as security / collateral.

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

Description of Collateral:

**Priority Creditors:** Priority creditors include all state and federal tax debts, alimony and child support, and some types of restitution.

Account Num		Tax Year(s) & Type of Tax	Date Filed	1, 2, or Joint	Amount Due
Creditor Name	Internal Revenue Service				\$
Address Including ZIP					\$
					\$
					\$

Notes:

Account Num		Tax Year(s) & Type of Tax	Date Filed	1, 2, or Joint	Amount Due
Creditor Name	State Revenue Department				\$
Address Including ZIP					\$
					\$
					\$

Notes:

Description of Debt (circle one):					Child Support	Alimony	Restitution/ Fines	
Account Num		Date Incurred		Name & Address of Co-Signers:				
Creditor Name		1, 2, or Joint						
Address Including ZIP		Balance Owed	\$					
		Default Amount	\$					

Description of Debt (circle one):					Child Support	Alimony	Restitution/ Fines	
Account Num		Date Incurred		Name & Address of Co-Signers:				
Creditor Name		1, 2, or Joint						
Address Including ZIP		Balance Owed	\$					
		Default Amount	\$					

Description of Debt (circle one):					Child Support	Alimony	Restitution/ Fines	
Account Num		Date Incurred		Name & Address of Co-Signers:				
Creditor Name		1, 2, or Joint						
Address Including ZIP		Balance Owed	\$					
		Default Amount	\$					



**Unsecured Creditors:** All other types of debt (creditors have no collateral – e.g. credit cards, medical bills, old utility accounts, rep deficiencies, personal loans, cash advances, etc.) 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	\$	

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 INFORMATION**

**Dependents**

Age	Relationship	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				

### 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
\$	Water and sewer
\$	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: _____)