

WIGGAM LAW OFFICE, LLC

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BANKRUPTCY INTAKE QUESTIONNAIRE

PLEASE ANSWER EACH QUESTION, Sign, and Return this Questionnaire.

If the question does not apply, indicate with N/A to show that you read and addressed the question.

Today's Date:	
Name:	
Address:	
City, State, Zip Code:	
Have you resided at this address for at least 3 years?	
If no, please provide previous address(es) and time period(s) you resided there:	
Home Phone:	
Cell Phone:	
Work Phone:	
Other Phones:	
Email Address:	
Social Security No.:	
Date of Birth:	
Marital Status: Married _ Single _ Divorced _ (Date:	Separated
If applicable, spouse's name:	
Home Phone:	
Cell Phone:	
Work Phone:	

Other Phones:	
Email Address:	
Social Security No.:	
Date of Birth:	
Number of people residing in your household (including yourself):	
Relationship and ages of people in household:	
Have you been a resident of Wyoming for at least 91 days?	
Approximately how long?	
Have you ever filed bankruptcy before, either individually or jointly	y?
If yes, provide date of filing and location of Bankruptcy Court:	
Did you receive a discharge?	
NOTICE: This office does not represent you with regard to the matters set forth by or discussed during your consultation, <u>unless and until</u> both you and the Attorney ex	you herein in this information sheet
Your signature acknowledges only that you received a copy of this completed inform have hired the Attorney.	ation sheet and does not mean you
YOUR SIGNATURE:	DATE:
SPOUSE'S SIGNATURE:	DATE:

REAL PROPERTY AND MORTGAGES

Do you own your home?	
Address:	
Date purchased/acquired:	
Purchase price:	Present value:
Lender/Mortgage company:	Account No.:
Do you hope to [] keep the property or [] su	arrender it to the lender/mortgage company?
Amount required to pay off 1st mortgage:	
Monthly payment amount:	
Are you current?	If no, how many months behind?
Amount required to bring payments current?	
Amount required to pay off 2nd mortgage :	
Lender/Mortgage company:	Account No.:
Monthly payment amount:	
Are you current?	If no, how many months behind?
Amount required to bring payments current?	
Do you owe any real estate taxes?	
If so, how much and for what year(s)?	
If you own any other real property other than your hom	PROPERTIES destead (including any interest in any timeshare property), please
===	t that here: at any time during the previous 2 years?
If yes, please provide date of closing:	
Did you receive any proceeds (cash back) fro	m the closing?
If yes, how much?	
What did you do with the proceeds?	
Have you made any payments to family mem	bers in the past 2 years?
If yes, please explain:	

Have you transferred any pr 10 years?	- •		you are a beneficiary in the pa	st
If yes, please explain:				
Have you given any gifts ov If yes, please explain:	• •	•	the past 2 years?	
	PERSONAL F			
Vehicle 1: Year	•		Mileage:	
Current value:				
Condition: Kee				
Date acquired:				
Lienholder:	Account No.:	Curr	ent loan balance:	
Monthly payment:	Number of months	left:		
Vehicle 2: Year	Make:	Model:	Mileage:	
Current value:	Source of value: _		Color:	
Condition: Kee				
Date acquired:	Whose name is on	the title?		
Lienholder:	Account No.:	Curr	ent loan balance:	
Monthly payment:	Number of months	left:		
Vehicle 3: Year	Make:	Model:	Mileage:	
Current value:	Source of value:		Color:	
Condition: Kee				
Date acquired:				
Lienholder:			ent loan balance:	
Monthly payment:	Number of months	left:		
Please place a g	VALUE OF arage sale value on the follow		to sell them today.)	
1. Household goods and fur	rnishings:			
3. Collectibles of value:				
4. Equipment for sports and	d hobbies:			
5. Firearms:				
o. Clothes:				
8. Any animals / pets:				
9. Other:				

FINANCIAL ASSETS

Do you have any bank or credit union account(s)?

Name of Financial Institution	Account Type (checking, savings,	Account Number	Name(s) on Account
	IRA, 401(k))		
Have you closed any accounts			
If so, please list:			
Interest in insurance policies?			
If so, please list:			
If so, please list:			
Interest in IRA, 401(k), ERIS			
If so, please list:			
Stock ownership/investment:			
Does anyone owe you money	?		
	OTHER ASSETS	}	
Name of Business:		•	
Value of furnishings, equipme	ent, fixtures, supplies:		
Other business related proper			
Security deposits with public			
Inheritance – are you a benefi Please list any maintenance o			

Please list any boats or other wat	ercraft that you own:	
Name of Creditor/Lender:	Date of Purchase:	
Amount owed:		
	supplies, chemicals, and feed:	
List any other property not listed	above:	
7 1 1 7		

FOR **ALL** DEBTS AND ACCOUNTS, PLEASE BE PREPARED TO FURNISH ACCOUNT NUMBERS, CURRENT AMOUNTS DUE, AND CONTACT INFORMATION INCLUDING MAILING ADDRESSES.

DEBTS

An unsecured debt is one where a creditor cannot take away any personal property or real estate in the event you become unable to make payments on the account. If the creditor cannot take any property from you if you stop making your payments, then that is considered an unsecured debt. Unsecured debts are usually credit cards, (except debt cards or a secured credit card such as a prepaid bank card). Some payday loans may be unsecured debts. Medical bills are also considered unsecured debts as you did not have to put up any collateral in order to obtain the extension of credit.

CREDITOR & ADDRESS	TYPE OF DEBT	AMOUNT	ACCOUNT NO.
72.12			

MONTHLY INCOME (Indicate any Gross income received during the PREVIOUS SIX MONTHS)

Place of employment:
How long have you been employed at this job?
Job title:
Spouse's place of employment:
How long have they been employed at this job?
Job title:
If you have any money deducted from income for pension, 401(k), or other retirement benefit
contributions during the previous six months, indicate monthly amount:
Is it mandatory or voluntary?
Child support received: Court ordered?
Alimony received: Court ordered?
Monthly pension:
Monthly social security income:
Monthly disability benefits:
Unemployment compensation:
Workers compensation:
Rental income:
Monthly assistance received from family members not living with you:
Any other income not listed above:
If you have money deducted monthly for loan repayments for loans against a 401(k) plan or
other retirement plan during the previous six months, please indicate which retirement plan and
the monthly amount:
Other income for either you or your spouse (identify whose income):

AVERAGE MONTHLY EXPENSES (Please indicate all expenses on an *average* monthly basis)

Rental or home ownership (mortgage payment) expenses:	
Property, homeowner's, or renter's insurance:	
Home maintenance, repair, and upkeep expenses:	
Homeowner's association or condominium dues:	
Electricity, heat, natural gas:	
Water, sewer, garbage collection:	
Telephone, cell phone, Internet, satellite, and cable services:	
Other Utilities:	
Food and housekeeping supplies:	
Childcare and children's education costs:	
Clothing, laundry, and dry cleaning:	
Personal care products and services:	
Medical and dental expenses:	
Transportation: gas, maintenance, bus or train fare:	
Entertainment, clubs, recreation, newspapers, magazines, and books:	
Charitable contributions and religious donations:	
Life Insurance:	
Health Insurance:	
Vehicle Insurance:	
Other Insurance:	
Taxes:	
Car Payments for Vehicle 1:	
Car Payments for Vehicle 2:	
Payments for Other Vehicle or Trailer:	
Alimony, maintenance, and support payments:	
Other support payments:	
Other Real Estate Taxes:	
Other Property, homeowner's, or renter's insurance:	
Other Home maintenance, repair, and upkeep expenses:	
Other Homeowner's association or condominium dues:	
Mortgages on other property:	

RECENT TRANSACTIONS / STATEMENT OF FINANCIAL AFFAIRS (Please indicate all expenses on a monthly basis)

Where You Have Lived and Income History

All places you have lived in the	last 3 years (not includ	ing your current address):
		e in Arizona, California, Idaho, Louisiana, n, or Wisconsin?
All sources of income during thi	_	ous calendar years:
Total Income This Year:		Previous Year:
Payments you made to or benefit	iting "Insiders" (Relativ	ou Filed for Bankruptcy yes, Business Partners and their families, or the past one (1) year:
		you were a party in within the past one (1) ame & Address):
	_	ished, attached, seized, or levied within the
•		etitution, set off any amounts from your ed a debt within the <u>last 90 days</u> ?
If yes, list the institution, date, a	and amount:	
Gifts with a total value of more years:	=	y one person or charity in the past two (2)
•	_	nbling within the past one (1) year (Please

Payments or Transfers

Within the past <u>one (1) year</u> did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors?
Within the past <u>one (1) year</u> , did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?
Within the past <u>ten (10) years</u> , did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.)
List any financial accounts or instruments held in your name or for your benefit that were moved, close, sold or transferred within the past one (1) year:
List any safe deposit boxes (or other depository for securities cash, or other valuables), storage units, or other offsite storage for property you had within the past one (1) year :
List any property you hold or control that someone else owns, including property you borrowed, are storing, or hold in trust for someone else:
Do you have any property that poses an environmental risk:
Business Interests
Have you been the sole proprietor of a business, self-employed, a Member of an LLC, a Partner
in a partnership, an officer, director, or managing executive of a corporation, or the owner of at
least 5% of the voting shares of a corporation within the past four (4) years ?
Business Name:
Business Address: Nature of Business:
Nature of Business:
Business EIN:Accountant/Bookkeeper:
Dates Business Existed:
Any financial statements about your business given to anyone within the past (2) years :

DOCUMENTS NEEDED

- Financing Agreement or Lease for any home that you own or rent
- Documentary evidence of the current fair market value of any home or real estate you own.
- Homeowner's insurance policy for any home that you own
- Title(s) to every vehicle you own (this may be obtained at the County Clerk's Office)
- Kelley Blue Book Private Party value for any vehicle you own.
- Insurance Declaration page for any vehicle that you own
- Copies of your income tax returns for the past four (4) years
- General itemization of how you spent any refund you may have received for the most recent tax year
- Current statement(s) for any retirement/investment account(s)
- Last three months statements for any checking/savings account(s)
- Itemized list of any firearms you own (and rounds of ammunition for each)
- Last billing statement received from all creditors
- Last seven months paystubs
- Any leases
- Any divorce Decrees or Child Support Orders entered with a court within the last 3 years
- Pleadings for any open court cases
- Most recent household bills
- Letter from your employer regarding any tools you must own for your job.