New Client Questionnaire

(for you AND spouse, regardless of whether you are filing separately)

PERSONAL INFORMATION

Debtor Name _____
Debtor Social Security Number _____ Date of Birth _____
Other names in the past 8 years: _____
Full address _____
Phone Number _____ Cell Phone _____
Work Phone _____ Email _____
Debtor Employer _____
Debtor Employer Address _____
Position _____ How Long Employed _____

Spouse Name _____
Spouse Social Security Number _____ Date of Birth _____
Other names in the past 8 years: _____
Full address _____
Phone Number _____ Cell Phone _____
Work Phone _____ Email _____
Spouse Employer _____
Spouse Employer Address _____
Position _____ How Long Employed _____

How did you hear about us? _____

Have you ever filed Bankruptcy before? _____

If so, When _____ Where _____ Chapter _____
When _____ Where _____ Chapter _____

How long have you lived in the State of California? _____
Who are your dependents?
Relationship_____ DOB_____
Relationship_____ DOB_____
Relationship_____ DOB_____
Relationship_____ DOB_____
Relationship_____ DOB_____

ASSETS

Do you own your home? _____ Other Real Property Besides your home? _____
Address _____FMV_____
First Mortgage total amount owed:_____ Second Mortgage total: _____
Mortgage lender(s):_____
How many bank accounts are in your name? _____
At what institutions do you have bank accounts? _____
Total amount of money in ALL your bank accounts? _____
Do you owe credit card debt to the bank where you have your bank accounts? _____
What is the value of your personal property?
- Household goods and furnishing_____
- Personal clothing and apparel_____
- Jewelry and antiques_____
- Sporting goods/gaming_____
- Computers/printers etc._____
- Firearms? _____
- Anything else? _____

Life insurance?_____
Retirement accounts?_____
Investment accounts? _____
Have you owned any businesses in the past 6 years? _____
- Name_____
- Type_____
- Assets?_____
- Value _____

Other businesses?
- Name_____
- Type_____
- Assets?_____
- Value _____

Are you expecting to inherit money in the next six months? _____
Does anyone owe you money? _____
Do you have accounts receivable for your business?_____
Did you receive a tax refund last year? Do you expect one next year? _____
Are you named in a trust? _____
Do you own any licenses, patents or trademarks?_____
Do you have the right to sue anyone (e.g. accident, injury, or workers comp?) _____
What vehicles do you own? (include boats, motorcycles, jet skis, unregistered etc.)
- Year____ Make _____ Model_____ Mileage_____ $ owed_____ Val _____
- Year____ Make _____ Model_____ Mileage_____ $ owed_____ Val _____
- Year____ Make _____ Model_____ Mileage_____ $ owed_____ Val _____

Any other assets not already listed: _____

HISTORICAL INFORMATION

Please list any of the following that have taken place in the last 6 years:

Lawsuits_____
Repossessions_____
Foreclosures_____
Garnishments_____
Levies_____
Liens_____

Have you sold or transferred any property in the last 5 years? _____
Describe: _____

Prior addresses in last 3 years:
Address_____ Dates _____
Address_____ Dates _____
Address_____ Dates _____
Address_____ Dates _____

Have you paid any relatives, or friends more than $600 in the last year? _____
Have you paid any creditors more than $600 in the last 3 months?_____
Is anyone else's name on your debts?_____
Is anyone else's name on your property? _____
Have you co-signed for anyone or has anyone co-signed for you?_____
Have you removed your name from the title of property in the last 4 years? _____

DEBTS

Credit Card Debt $ _____
Personal Loan $ _____
Payday Loan/Cash Advance $ _____
Repossessions $ _____
Foreclosures $ _____
Student Loans $ _____

Taxes Year_____ Amount $ _____
Year _____ Amount $ _____
Year _____ Amount $ _____
Year _____ Amount $ _____

Child support $_____
Medical $_____
Other Debt $_____

Total you think you owe $ _____

INCOME

Debtor monthly gross income_____ Debtor monthly net income_____
Other income?

- Second job: _____
- Child support/alimony: _____
- Government assistance: _____
- Pension: _____
- Food Stamps: _____
- SSI: _____
- Rental income: _____
- Other income: _____

Spouse monthly gross income_____ Spouse monthly net income_____
Other income?

- Second job: _____
- Child support/alimony: _____
- Government assistance: _____
- Pension: _____
- Food Stamps: _____
- SSI: _____
- Rental income: _____
- Other income: _____

Total Monthly Income: _____

EXPENSES

Expense	Monthly amount
Rent/mortgage	
Second Mortgage	
Property/Renter's Insurance (if not impounded)	
HOA Dues	
Home maintenance	
Electricity/Gas (heating fuel)	
Water/Sewer/Trash	
Internet/Cable/Satellite	
Cell Phone/Home Phone	
Food and housekeeping supplies	
Child care	
Educational expenses for children	
Clothing	
Laundry	
Personal Grooming/haircuts	
Medical/dental (out of pocket)	
Transportation (gas, train, bus)	
Car repairs and maintenance	
Recreation/entertainment	
Charitable contribution/Tithe	
Life Insurance (not deducted from wages)	
Health Insurance (not deducted from wages)	
Car Insurance	
Other insurance: Type Amount	
Tax or student loan repayment	
Vehicle payment	
Vehicle payment	
Vehicle payment	
Child support/Alimony	
Property Tax (if not impounded)	
Pet names/types Pet expenses	
Educational expenses for self	
Business operating expenses	
Other expense Amount	
Other expense Amount	
TOTAL	

Total Net Income: _____ Total Expenses: _____ Difference: _____

NOTES: