



THE TANCREDO LAW FIRM, PA

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NEW CLIENT FINANCIAL MATTER QUESTIONNAIRE

(PLEASE PRINT CLEARLY)

Your Full Name: _____ Date: _____

Social Security Number: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: () _____ Cell Phone: () _____

E-Mail Address: _____ Work Phone: () _____

Marital Status: Single _____ Married _____ Separated _____ Divorced _____

Please provide your spouse's information even if he or she does not intend to join in any bankruptcy filing, and regardless of whether or not you are separated.

Spouse's Name: _____ Date of Birth: _____

Social Security Number: _____

Address (if different): _____

City: _____ State: _____ Zip: _____

Home Phone: () _____ Cell Phone: () _____

E-Mail Address: _____ Work Phone: () _____

Number of Children Living at Home: _____ Name and ages of children living at home or children that you support on a full time basis (not children to which you pay child support for that are in the residential care of another party): _____

Does anyone else live at your residence? Yes No

Please list all of the places that you have lived in the past three (3) years. (Exemption Rule Requirement)

Address _____ Dates of residence _____

Address _____ Dates of residence _____

Address _____ Dates of residence _____

IMPORTANT

If you have the right to sue someone or someone owes you money, such as for breach of contract, an auto accident, medical malpractice, etc., that right is an asset and must be listed in your bankruptcy petition. The trustee assigned to your case will have the right to administer the asset and you may not receive any money from the lawsuit or settlement, as the trustee will use the money to pay your creditors. If you fail to list this right as an asset in your bankruptcy case you will be barred from collecting on this asset at a later date. IF YOU HAVE ANY QUESTIONS REGARDING THIS ISSUE PLEASE TALK WITH THE ATTORNEY AND FULLY DESCRIBE YOUR SITUATION, AS IT IS AN IMPORTANT DECISION TO CONSIDER PRIOR TO FILING YOUR BANKRUPTCY PETITION.

Your bankruptcy case will not commence until you have completed and returned this packet to our office and then signed the papers we prepare from this information. Unanswered questions on the packet will only result in a delay in the filing of these documents with the court.

Remember, the Bankruptcy Code is federal law and it requires you to list everything you own or have a legal interest in, and it also requires you to list every creditor, even those you intend to repay despite the fact

you have filed bankruptcy, or those you are embarrassed about telling you have filed bankruptcy. You cannot legally “leave something out” of your bankruptcy by not disclosing it to your attorney, or the court. Deliberately leaving out assets or creditors (as opposed to honest mistakes) may hurt your ability to get a bankruptcy discharge, and it could put you at risk for serious fines and penalties, including imprisonment. Failure to provide full disclosure of assets and liabilities is a federal crime investigated by the FBI. You will be asked under penalty of perjury at your meeting of creditors if the information you have supplied is complete and accurate. Please make sure now your answer will be “yes.”

Please understand these forms are not the forms needed for the court filing. The information you supply on these forms is used by our office to complete the various documents in the complete bankruptcy filing. The documents we will prepare will be filed with the Bankruptcy Court after you have reviewed and signed them. We will prepare your bankruptcy paperwork based on the information you provide in this questionnaire and our review of the supporting documents you provide.

Please answer each question completely, truthfully, and to best of your knowledge. Too much information is better than too little. If something doesn't apply to you, mark your answer with “N/A”. Unanswered questions will result in unnecessary delay. As we are drafting the documents, the blank spaces left on the packet signal to us you may have failed to provide the answer.

Please answer ALL questions completely or identify with an “N/A” if not applicable.

1. Prior Bankruptcy Cases: Have you or your spouse ever filed bankruptcy before? Yes No

Was the case a Chapter 7, Chapter 11, or Chapter 13? 7 11 13

Dates the case(s) were filed? _____ City, State Filed? _____

Name(s) of persons who filed? _____

Was a discharge order entered or was the case dismissed? Dismissed Discharged

2. Foreclosure Sale: Has a foreclosure sale been set to take place with respect to any real property you own? Yes No Date of Sale: _____

Law firm conducting the sale: _____ Phone number: _____

3. Sales, Gift & Transfers: Have you or your spouse made any sale, gift or transfer of money or property to anyone within the previous year? Yes No If so, give the date/year of transfer? _____

Describe property transferred: _____ Value of property transferred? _____

Describe what you or your spouse received in exchange for the transfer? _____

Was there a loan against the property transferred? Yes No If so, what was the payoff balance of the loan? _____ Was the loan paid off? Yes No

4. Bank Accounts with Creditors: Do you maintain a checking, savings or other type of cash or investment account with any of your creditors (any financial institution to whom you owe any money for any reason, i.e. credit cards, vehicle loan)? Yes No If so, please list the name of all such creditors:

(1) _____ (2) _____

5. Inheritances: Do you or your spouse expect to inherit any money or property within the next year?

Yes No. Describe the property you expect to inherit? _____

Value of property: _____ Date of expected inheritance: _____

6. Insurance Recoveries: Do you or your spouse expect to recover on anyone's life insurance policy within the next year? Yes No If so, how much do you expect to receive? _____

Reasons for receiving funds: _____

Date you expect to receive the funds: _____

7. Gifts: Have you or your spouse made any gifts to friends or relatives within the last year more than \$250.00? Yes No Describe the property given or transferred made? _____

Name of person(s) receiving the gift: _____

Date/year of gift(s): _____ Approximate value of gift(s): _____

8. Claims: Do you believe you may have a claim against any third person to recover money or damages as a result of any improper conduct, including personal injury claims, malpractice claims, breach of contract, fraud or any other wrongful conduct? Yes No

If so, describe the circumstances and possible value of the claim: _____

Value of Claim: _____

9. Support Obligations: Do you or your spouse have a current support obligation (child support and/or alimony) Yes No. If Yes, is this support obligation current? Yes No

If No, please provide the case number of the case _____

and the approximate amount delinquent _____

Dischargeability Issues:

1. Have you made any charges or purchased any goods worth over \$500.00 in the past 60 days?
 Yes No.
2. Have you made charges on any cards of \$500.00 or more in the past 60 days? Yes No
3. Have you taken any cash advances in excess of \$750.00 in the last 70 days, per a credit line?
 Yes No
4. Are any of your debts related to incidences when you were intoxicated? Yes No
5. Have any of your debts been incurred to pay state and local taxes? Yes No
6. Have any of your debts been incurred to pay fines or penalties? Yes No

Unsecured Creditors

- You will need to provide, to our office, a list of the name, address, account number and approximate total amount owed to all of your creditors, except for secured loans such as real estate loans, home equity loans and vehicle loans. This list will include all credit card debts, department store debts, medical bills, credit union debts, and even debts owed to friends and relatives, spouses or former spouses for alimony or child support.
- Additionally this list should include debts if you are more than 30 days behind on such items as your utilities.
- On your list you will also need to indicate if you have made any recent Charges. For credit card debt, list the approximate total amount of all charges made within the previous 2, 4 and 6 month time period. Charges include all purchases of goods and services, cash advances, balance transfers, or all other activity except for the addition of interest and penalties.

Taxes

Have you filed all federal income tax returns and any other required tax returns for all prior years?

Yes No If not, list the tax years for which a return was never filed: _____

Do you owe any tax debts? Yes No

If you owe any taxes, list them below. Break down the amount owed for each tax year.

Name of Creditor	Type of tax	Tax Year	Amount Owed	Due Date to File Return	Date Return Actually Filed

Secured Creditors

Home Mortgage: Do you own your home? Yes No Surrendering? Yes No

If yes, please provide the following additional information:

Property Address: _____

Tax Value of Property: _____

* **Have you owed this property for the past 1215 days (3.5 years)** Yes No

* **If No, was the money from a prior residence in Florida used to purchase this residence** Yes No

1. Primary Mortgage Information:

Name of Mortgage Company: _____

Payoff Amount: _____

Are you behind on any of your monthly mortgage payments? Yes No

If yes, please provide the following additional information:

Payment / Late Fee Amount: _____ Number of Months Behind: _____

Due for Which Month & Year: _____ Total Amount of Arrearage: _____

Day of Month Payment Falls Due: _____ Interest Rate on Loan: _____

Month & Year Loan Obtained: _____

Balloon Payment: Does your loan require you to make a balloon payment? Yes No. If yes, please give the month and year the balloon payment falls due: _____

2. Secondary Mortgages and Liens:

Name of Mortgage Company of Lienholder: _____

Payoff Amount: _____

Are you behind on any of your monthly mortgage payments? Yes No.

If yes, please provide the following additional information:

Payment / Late Fee Amount: _____ Number of Months Behind: _____

Due for Which Month & Year: _____ Total Amount of Arrearage: _____

Day of Month Payment Falls Due: _____ Interest Rate on Loan: _____

Month & Year Loan Obtained: _____

3. Other Real Estate: Do you own any other real estate (land or buildings)? Yes No

If yes, please provide the following additional information:

Property Address: _____

Name of Mortgage Company: _____

Payoff Amount: _____

Are you behind on any of your monthly mortgage payments? Yes No If yes, please provide the following additional information:

Payment / Late Fee Amount: _____ Number of Months Behind: _____

Due for Which Month & Year: _____ Total Amount of Arrearage: _____

Day of Month Payment Falls Due: _____ Interest Rate on Loan: _____

Month & Year Loan Obtained: _____

Vehicles:

1. Year, Make and Model: _____

Mileage on vehicle: _____ Condition of Vehicle: Good Fair Poor (circle one)

Do you own the vehicle outright or is it financed? Outright Financed

If the vehicle is financed, please provide the following additional information:

Have you owed this vehicle for the past 910 days (2.5 years)? Yes No

Name of Finance Company: _____

Was the transaction a: Lease Sale

Payoff Amount: _____ Month & Year Obtained: _____

Are you behind on any or your monthly vehicle payments? Yes No

If yes, please provide the following additional information:

Payment / Late Fee Amount: _____ Number Of Months Behind: _____

Due for Which Month & Year: _____ Total Amount of Arrearage: _____

Day of Month Payment Falls Due: _____ Interest Rate of Loan: _____

2. Year, Make and Model: _____

Mileage on vehicle: _____ Condition of Vehicle: Good Fair Poor (circle one)

Do you own the vehicle outright or is it financed? Outright Financed

Have you owned this vehicle for the past 910 days (2.5 years)? Yes No

If the vehicle is financed, please provide the following additional information:

Name of Finance Company: _____

Was the transaction a: Lease Sale

Payoff Amount: _____ Month & Year Obtained: _____

Are you behind on any or your monthly vehicle payments? Yes No

If yes, please provide the following additional information:

Payment / Late Fee Amount: _____ Number Of Months Behind: _____

Due for Which Month & Year: _____ Total Amount of Arrearage: _____

Day of Month Payment Falls Due: _____ Interest Rate of Loan: _____

3. Year, Make and Model: _____

Mileage on vehicle: _____ Condition of Vehicle: Good Fair Poor (circle one)

Do you own the vehicle outright or is it financed? Outright Financed

Have you owned this vehicle for the past 910 days (2.5 years) ? Yes No

If the vehicle is financed, please provide the following additional information:

Name of Finance Company: _____

Was the transaction a: Lease Sale

Payoff Amount: _____ Month & Year Obtained: _____

Are you behind on any or your monthly vehicle payments? Yes No

If yes, please provide the following additional information:

Payment / Late Fee Amount: _____ Number Of Months Behind: _____

Due for Which Month & Year: _____ Total Amount of Arrearage: _____

Day of Month Payment Falls Due: _____ Interest Rate of Loan: _____

Do you own or have any interest in any of the following assets? If yes fully describe below.

- 1. Contingent and non-contingent assets (estates of decedents)? Yes No
- 2. Tax refund that has not been paid? Yes No
- 3. Patent, copyright, license, franchise? Yes No
- 4. Boat, motors, trailer or other vehicle? Yes No
- 5. Aircraft or accessories? Yes No
- 6. Office equipment, inventory, furniture, or supplies? Yes No
- 7. Farm equipment, farm animals, crops, farm supplies? Yes No
- 8. Other personal property, not already identified? Yes No

Statement of Financial Affairs

1. Income other than from employment in the past two (2) years.

Source _____ Amount _____ (20) _____ (20)

Source _____ Amount _____ (20) _____ (20)

2a. Have you paid any creditor more than \$600.00 in the past 90 days? Yes No

If Yes, Creditor _____ Amount _____ Date _____

If Yes, Creditor (2) _____ Amount _____ Date _____

2b. If your debts are not primarily consumer debts list all payments to creditors in the past 90 days.

Creditor _____ Amount _____ Date(s) _____

Creditor _____ Amount _____ Date(s) _____

Creditor _____ Amount _____ Date(s) _____

Creditor _____ Amount _____ Date(s) _____

2c. List payments made to insiders (friends or family) during the last year.

Creditor _____ Amount _____ Date(s) _____

Creditor _____ Amount _____ Date(s) _____

3a. Were you sued or did you sue anybody in the past twelve (12) months? Yes No

3b. Have you had any property garnished, attached or seized in the last year? Yes No

4. Have you had a foreclosures, repossession or voluntary return in the past year? Yes No

5a. Have you assigned any property for the benefit of a creditor in the past 120 days? Yes No

5b. Do you have property in the possession of a custodian, receiver or w/ the court? Yes No

6. Have you given any charitable contributions in the past year totaling \$200.00? Yes No

7. Have you had a loss from fire, theft of gambling in the past year? Yes No

8. Have you paid any one money for debt consolidation or bk in the last year? Yes No

9a. Have you sold, transferred or given any of your property away in the past year? Yes No

9b. Have you transferred any money into a trust in the past ten (10) years? Yes No

10. Have you closed or transferred any financial accounts in the past year? Yes No

11. Do you own a safety deposit box, or have you in the past year? Yes No

12. Has a creditor taken any money from your account to pay their debt (setoff) in the past 90

days? Yes No

13. Do you have any property in your possession that is owned by someone else? Yes No

14. Have you lived or do you have a spouse or ex-spouse that lives in a community property state in the past eight (8) years? Yes No

15. Have you owned a business in the past six (6) years? Yes No

PLEASE BE AWARE, YOU MAY BE REQUIRED TO TURN OVER YOUR TAX REFUND. For more information regarding this, please be sure to ask during your consultation.

Personal Property

If you file for bankruptcy, you must describe all such claims on your asset list. If you do not reveal the claim as an asset, the claim may be completely barred and you will not be entitled to recover on the claim.

You will be provided a personal property list to complete. The following is a partial list of important personal property:

Please circle yes or no to each of the following questions.

- Do you own an insurance policy? **Yes No** If the policy is a whole life policy what is the value of the property _____

- Do you or your spouse own a pension plan, 401(k), IRA, ESOP or other retirement account: **Yes No**

- Do you own any stocks or corporate interest? **Yes No**

- Do you have any interests in any businesses, partnerships or corporation? **Yes No**

- Do you own and corporate or government bonds? **Yes No**

- Do you have accounts receivable? **Yes No**

- Are you owed a tax refund that has not been paid?? **Yes No**

- Are you owed any child support, alimony or money from a settlement agreement? **Yes No**

- Do you have an interest an interest in a pre-paid college fund? **Yes No**

- Do you have a future interest in a life estate? **Yes No**

- Are you expecting any monies from a settlement or an estate? **Yes No**

- Are you owed any money? **Yes No**

- Do you have an unpaid personal injury or worker's compensation settlement? **Yes No**

Income & Expenses

Income: In the table below, please list the approximate amount of your monthly income from all sources. Include all income from overtime or extra jobs. If you are married, you must list the monthly income earned by both you and your spouse, even if your spouse does not intend to join in the bankruptcy filing. Recent pay stubs for both you and your spouse will be necessary for the initial interview.

	Debtor		Joint Debtor	
Marital Status				
Age				
Occupation				
Employer Name & Address				
Length of current employment				
INCOME	YOUR INCOME	SPOUSES INCOME	EXPENSES (CALCULATE MONTHLY)	AMOUNT
CURRENT MONTHLY GROSS WAGES			RENT OR MORTGAGE PAYMENT	
ESTIMATED MONTHLY OVERTIME			ELECTRICITY AND HEATING	
TOTAL MONTHLY GROSS INCOME			WATER AND SEWER	
PAYROLL TAXES			TELEPHONE	
SOCIAL SECURITY DEDUCTIONS			OTHER UTILITIES (CABLE/INTERNET)	
INSURANCE DEDUCTIONS			HOME MAINTENANCE	
UNION DUES DEDUCTED			FOOD / TOILETRIES	
OTHER PAYROLL DEDUCTIONS			CLOTHING	
TOTAL MONTHLY NET INCOME			LAUNDRY AND DRY CLEANING	
REGULAR MONTHLY INCOME FROM BUSINESS			MEDICAL AND DENTAL EXPENSES	
MONTHLY INCOME FROM REAL PROPERTY			TRANSPORTATION (GAS, TOLLS, PARKING, NOT CAR PAYMENT)	
ALIMONY, OR SUPPORT PAYMENTS			RECREATION, CLUBS AND ENTERTAINMENT	
SOCIAL SECURITY OR GOVERNMENT ASSISTANCE			CHARITABLE CONTRIBUTIONS	
PENSION OR RETIREMENT			HOMEOWNER'S OR RENTER'S INSURANCE	
OTHER MONTHLY INCOME			LIFE AND/OR HEALTH INSURANCE	
			AUTO INSURANCE	
			AUTO PAYMENTS	
			ALIMONY AND/OR CHILD SUPPORT PAYMENTS	

			PAYMENTS FOR DEPENDENTS NOT LIVING AT YOUR HOME	
			OTHER EXPENSES	
TOTAL NET INCOME:			TOTAL EXPENSES:	



You are finished with this questionnaire.