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CLIENT PERSONAL INFORMATION SHEET

DATE: _____ How did you hear about us? _____

(If by phone book, please specify which one.)

Please do not leave any blanks. Put N/A or draw a line if not applicable.

*****Please be as detailed as possible*****

PRIMARY DEBTOR'S INFORMATION

Full Legal Name: _____ Social Security Number: _____ - _____ - _____

___ Married ___ Single ___ Divorced ___ Separated ___ Widowed

Date of Birth: _____ Parish of Residence: _____

Physical Address: _____ City/State/Zip: _____

Mailing Address: _____ City/State/Zip: _____

Home Phone: _____ Cell: _____ Work: _____

e-Mail: _____ Emergency Contact/Phone: _____

Employer: _____ Occupation: _____ How long: _____

Address: _____ City/State/Zip: _____

Former Names/Aliases: _____

Former Spouse's Names: _____

Previous Address Last 2 Years: _____

SPOUSE'S INFORMATION (REQUIRED IF MARRIED)

Full Legal Name: _____ Social Security Number: _____ - _____ - _____

Date of Birth: _____ Parish of Residence: _____

Physical Address: _____ City/State/Zip: _____

Mailing Address: _____ City/State/Zip: _____

Home Phone: _____ Cell: _____ Work: _____

e-Mail: _____ Emergency Contact/Phone: _____

Employer: _____ Occupation: _____ How long: _____

Address: _____ City/State/Zip: _____

Former Names/Aliases: _____

Former Spouse's Names: _____

Previous Address Last 2 Years: _____

QUESTIONNAIRE

- Have you ever filed bankruptcy in the past? _____ When? _____ Chapter? _____
- Do you have any interest in a business? ___ Yes ___ No
If yes, explain: _____
- Do you have any dependents?
1: Name: _____ Age: _____ Relation: _____
2: Name: _____ Age: _____ Relation: _____
3: Name: _____ Age: _____ Relation: _____
4: Name: _____ Age: _____ Relation: _____
5: Name: _____ Age: _____ Relation: _____
6: Name: _____ Age: _____ Relation: _____
- Have you made any gifts or transfers of property in the last year? ___ Yes ___ No
If yes, explain: _____
- Do you have any co-signers on a loan that **WILL NOT** be filing with you? ___ Yes ___ No
If yes, explain: _____
- Have you taken any cash advances on any credit cards in the last 90 days?
Creditor: _____ Date: _____ Amount: _____
Creditor: _____ Date: _____ Amount: _____
Creditor: _____ Date: _____ Amount: _____

LAWSUITS / GARNISHMENTS / CLAIMS AGAINST ANOTHER

- Have you been sued in the last year? ___ Yes ___ No If yes, list the creditor and their attorney.
Creditor: _____ Attorney: _____
Creditor: _____ Attorney: _____

Have your wages been garnished in the last year? ___ Yes ___ No If yes, list.
Creditor: _____ Attorney: _____

Do you have any judgments against you? ___ Yes ___ No If yes, list and provide a copy of the judgment.
Creditor: _____ Attorney: _____
- Have you filed any law suits/workman's comp/social security or insurance claims against anyone or any company? _____
If yes, type of suit: _____
Name of person/company you are suing: _____
Name and address of your attorney: _____

OTHER SECURED LOANS

(Household Goods)

Property/Collateral	Creditor	Loan Balance	Monthly Note	Value	Keep Collateral? Yes/No

ASSETS

List if you have any of the following:

401(k) Accounts	IRS Accounts	Life Insurance Policy	Annuity
Stocks	Government Bonds	Business Interest	ESOP's
SEP's Keoghs	Utility Deposits	Certificate of Deposit	Royalties

BANK ACCOUNTS

Name of Bank	Checking or Savings	Approximate Balance

STUDENT LOANS

Creditor	Monthly Note	Balance

TAXES

Have you filed your **Federal** taxes for the last 4 years? _____

Have you filed your **State** taxes for the last 4 years? _____

If no, what years have you not filed? _____

Why have you not filed? _____

Do you owe the IRS? _____ How much: \$ _____ What years? _____

Do you owe the STATE? _____ How much: \$ _____ What years? _____

Do you owe any other taxes? _____

CHILD SUPPORT

Do you PAY child support? _____ How much per month: \$ _____

Do you owe back child support? _____ If yes, amount owed: \$ _____

Is it court ordered? _____ If yes, you **must** provide a copy of the court order

Do you PAY spousal support/alimony? _____ How much per month: \$ _____

Do you owe back spousal support/alimony? _____ If yes, amount owed: \$ _____

List the names, address and telephone number of all people to whom you pay support:

Name	Address	Phone	Amount

INCOME

***MONTHLY GROSS BEFORE ANY TAXES OR DEDUCTIONS

Source of Income	Monthly Amount	
	<u>Primary Debtor</u>	<u>Joint Debtor/Spouse</u>
Operation of Business		
Standard Wages		
Social Security		
Disability		
Workman's Compensation		
Veteran's Benefits		
Unemployment		
Food Stamps		
Retirement/Pension		
Child Support/Alimony		
Assistance from Family/Friend		
Stock Dividends		
Oil/Mineral Royalty		
Rental Income		
Any other income not listed above		

EXPENSES

Approximate Monthly Expenses: Please estimate to the best of your knowledge your monthly expenses.

Mortgage	\$
Rent	\$
Homeowner's / Rental Insurance	\$
Electricity / Gas	\$
Water / Sewer	\$
Home Telephone	\$
Cable / Internet	\$
Cell Phones	\$
Home Maintenance	\$
Food	\$
Clothes	\$
Laundry / Dry Cleaning	\$
Medical / Dental Expenses	\$
Transportation (gas, oil changes, etc..)	\$
Recreation	\$
Charitable Contributions / Tithes	\$
Life Insurance	\$
Car Insurance	\$
Child Support / Alimony	\$
Daycare	\$
	\$
List any other monthly expenses:	\$
	\$
	\$
	\$
	\$
	\$

UNSECURED CREDITOR / DEBTS OWED

Please list ALL debts below that were not listed earlier in this questionnaire, NO DEBT THAT YOU OWE CAN BE OMITTED. Debts include finance companies, medical bills, credit cards, credit unions, personal loans, lawsuits, judgments, garnishments, pay day loans, check cashing loans, etc. On any secured loan, list collateral.

Creditor's Name: _____ Amount: \$ _____

Address: _____ Account #: _____

Type of Debt (medical, credit card, etc.): _____

Creditor's Name: _____ Amount: \$ _____

Address: _____ Account #: _____

Type of Debt (medical, credit card, etc.): _____

Creditor's Name: _____ Amount: \$ _____

Address: _____ Account #: _____

Type of Debt (medical, credit card, etc.): _____

Creditor's Name: _____ Amount: \$ _____

Address: _____ Account #: _____

Type of Debt (medical, credit card, etc.): _____

Creditor's Name: _____ Amount: \$ _____

Address: _____ Account #: _____

Type of Debt (medical, credit card, etc.): _____

Creditor's Name: _____ Amount: \$ _____

Address: _____ Account #: _____

Type of Debt (medical, credit card, etc.): _____

Creditor's Name: _____ Amount: \$ _____

Address: _____ Account #: _____

Type of Debt (medical, credit card, etc.): _____

Creditor's Name: _____ Amount: \$ _____

Address: _____ Account #: _____

Type of Debt (medical, credit card, etc.): _____

Creditor's Name: _____ Amount: \$ _____

Address: _____ Account #: _____

Type of Debt (medical, credit card, etc.): _____

Creditor's Name: _____ Amount: \$ _____

Address: _____ Account #: _____

Type of Debt (medical, credit card, etc.): _____

Creditor's Name: _____ Amount: \$ _____

Address: _____ Account #: _____

Type of Debt (medical, credit card, etc.): _____

Creditor's Name: _____ Amount: \$ _____

Address: _____ Account #: _____

Type of Debt (medical, credit card, etc.): _____

Creditor's Name: _____ Amount: \$ _____

Address: _____ Account #: _____

Type of Debt (medical, credit card, etc.): _____

Creditor's Name: _____ Amount: \$ _____

Address: _____ Account #: _____

Type of Debt (medical, credit card, etc.): _____

Creditor's Name: _____ Amount: \$ _____

Address: _____ Account #: _____

Type of Debt (medical, credit card, etc.): _____

HAVE YOU INCLUDED ALL DEBTS AND ASSETS?

Please initial by your answer. _____ Yes _____ No