

WEBSTER & SCHELLI
A PROFESSIONAL CORPORATION

BANKRUPTCY INFORMATION WORKSHEETS
ABBREVIATED WEB SITE QUESTIONNAIRE

If you choose to schedule a bankruptcy consultation, please complete the following questionnaire. Due to the sensitive nature of the information you are providing, please download the completed questionnaire and bring it with you to your meeting.

Full Name: _____

Other names used: _____

Date of Birth _____ Marital Status _____

SS#/Tax ID#: _____ County where you live: _____

Address: _____

Years at address: _____ E-Mail Address: _____

Home Phone: _____ Work Phone: _____

Mailing Address: _____

Occupation: _____

Employer: _____ How long? _____ Address: _____

Spouse Full Name: _____

Other names used (e.g. maiden name) _____

Date of Birth _____ E-Mail Address: _____

SS#/Tax ID#: _____

Address (if different) _____

Years at address: _____ County where you live: _____

Home Phone: _____ Work Phone: _____

Occupation: _____

Employer: _____ How long? _____ Address: _____

Dependents:

Names

Age Relationship

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

PRIOR BANKRUPTCIES: If either spouse has previously filed a bankruptcy petition, please list the case number, date and the location where you filed. Please bring all papers relating to the action to our office.

YOUR ASSETS

1. **Real Property:**

Address: _____

Date Purchased _____ Amount Paid _____

Estimated Fair Value _____ Date last appraised _____

Amount of 1st Mortgage _____ Amount of 2nd Mortgage _____

Other Liens _____

2. **Checking, savings or other financial accounts**, certificates of deposit or shares in banks, savings, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives.

Bank Name & Address Acct # Type of Account Value

- 1.
- 2.
- 3.

3. If you have any security deposits with public utilities, telephone companies, landlords, and others, please list name of creditor and the amount of the deposit.

4. **Retirement Assets** (list IRAs, Pension Plans, etc.)

5. **Stock and interests in incorporated and unincorporated businesses.** Please itemize.

6. **Any other debts owed to you** (including tax refunds - Please give details)

7. **Automobiles, trucks, boats, ATVs, Personal Water Crafts, trailers, other vehicles and accessories.**

List Make, Model, Year, Mile (Hours), Damage, Need for repairs, Loan Amount

8. **Other personal property** of any kind not already listed. Please itemize.

YOUR DEBTS

1) Can any spouse, former spouse, or child claim alimony, maintenance or support against you? If yes, please give details and the amount of any arrearage. _____

2) If you owe taxes to any governmental unit, please list the type of tax, the amount owed and the years of liability. .

YOUR BUDGET

INCOME

Wages \$ _____*

Monthly Net Business Income \$ _____

If you are an owner of a business, please bring a current profit and loss statement and your last two years, business income tax returns

Monthly net income from Real Property \$ _____

Monthly Interest and Dividends \$ _____

Monthly Pension or Retirement Income \$ _____

Monthly Social Security \$ _____

Monthly Alimony or Child Support received \$ _____

Monthly Unemployment/Social Assistance \$ _____

Please Explain: _____

Other Monthly Income: \$ _____

Please Explain: _____

Itemize Income changes of more than 10% expected in the next 12 months:

*** Please bring all of your payroll stubs for the last six months**

Monthly Expenses

Rent/Mortgage/Lot-Rental (tax & insurance included) \$ _____
(please circle the type that applies)

2nd Mortgage \$ _____

Electricity and Heating Fuel \$ _____

Water and Sewer \$ _____

Telephone \$ _____

Other Utilities: _____ \$ _____

2: _____ \$ _____

Home Maintenance \$ _____

Food \$ _____

Clothing \$ _____

Laundry and Dry Cleaning \$ _____

Medical and Dental Expenses \$ _____

Transportation (not including car payment) \$ _____

Recreation, Clubs & Entertain., Newspapers, Magazines \$ _____

Charitable Contributions \$ _____

Homeowner's or Renter's Insurance \$ _____

Life Insurance \$ _____

Health Insurance \$ _____

Auto Insurance \$ _____

Other Insurance: _____ \$ _____

Describe Taxes not included with mortgage or payroll: \$ _____

Auto Installment Payments \$ _____
for which car _____

Auto Installment Payments for which car _____	\$ _____
Other Installments: _____	\$ _____
Alimony & Maintenance	\$ _____
Regular Expenses from Business, Profession or Farm	\$ _____
Other Expenses: _____	\$ _____
2: _____	\$ _____
3: _____	\$ _____

Other Information

Please state your Gross Income for the current year: _____

Please state your Gross Income for last year _____

Please state your Gross income for two years ago _____

Have you been sued? (if you have been sued, please bring copies of all documents related to the litigation)

If you have moved within the last two years, list all your addresses.

Address: _____

Name(s) used: _____

Dates: _____

Your Debts

Please simply bring the most recent statement for all of you credit card bills, medical bills, mortgages, auto loans, leases, etc. If you are no longer receiving statements, please bring a list of all you known debts. Please be sure to include notices from collection agencies.