

# **CONFIDENTIAL PERSONAL BANKRUPTCY QUESTIONNAIRE**

**Prepared for JUNE, PRODEHL & RENZI, LLC**

## **WARNING/NOTICE: COMPLETE DISCLOSURE REQUIRED**

Please note that Bankruptcy law now requires extensive verification and documentation of any information provided to counsel or included in any Bankruptcy. In order to obtain the desired relief in Bankruptcy, certain income, asset, and debt disclosures must be made to the Court, your attorney, and/or the Trustee. We do, therefore, apologize for any inconvenience these disclosures may cause you, but we need to request that you produce certain information and documentation prior to any Bankruptcy filing. Our job remains the providing of legal services that allow you to obtain the protection you need and relief you deserve under the Federal Bankruptcy laws, but this cannot be done without your cooperation. Your job is to provide us with the needed information that is both complete and truthful.

Once our office is retained, we will use the information you provide to prepare the Official Court Forms necessary to get your case filed. **Failure to provide information** which is as complete and accurate as possible will delay the filing of your case & **may subject your case to sanctions as well as constitute a federal crime.**

## **INSTRUCTIONS: HOW TO FILL OUT THE QUESTIONNAIRE:**

- [ ] Please fill out this questionnaire as best you can. If you cannot read English, please let us know or if you wish, our staff can assist you in the completion of the questionnaire, but there will be an **extra charge of \$75.00**.
- [ ] Please **use a pen**. Do not use a pencil and please be sure to **sign the document** when it is completed.
- [ ] If you need extra space for an answer, feel free to write on the back of the page.
- [ ] If you are filing a case with your spouse (a joint filing), please make sure that you provide answers for both yourself and your spouse.
- [ ] Please write as neatly as you can, so we can read your answers and be sure to answer each and every question, and fill in each blank.
- [ ] If your answer is “**No**” or “**None**” write “No” or “None” in the blank. If an item does not apply to you, simply write “**Not Applicable**” or “N/A” in the space provided.
- [ ] If you do not know exact dates or exact amounts, put in the best answer you can. **WE WILL NEED EXACT PAYOFF AMOUNTS FOR YOUR SECURED DEBTS.**
- [ ] If you are not sure how to answer a question, answer it as best you can. If you simply do not understand a question, write “**Don’t understand**” or “?????” in the blank.

**This office is a designated Federal Debt Relief Agency pursuant to Act of Congress and has proudly helped individuals file for relief under the U.S. Bankruptcy Code for over two (2) decades and will continue to do so.**

## Suggested Documents to assist in completion of Questionnaire

**PLEASE NOTE THAT CERTAIN ITEMS WILL NEED TO BE BROUGHT WITH YOU:**

**Proof of Current Income:**

1. Paystubs: **we need** at least two (2) of the newest pay advises for each job you have, and if your spouse is also filing, we need the same for each of your spouse's jobs.
2. Proof of Income in Last Six (6) Months: **we need** documentation stating what you earned in the last **six (6) months**. If need be, contact your employer(s) to obtain any missing pay advises.

**Debt & Collection Information:**

1. Bills and Collection Letters: Every bill, letter, pleading or document from your creditors or from collection agencies and attorneys to **use in completion of Debt Listing Sheets**. Note: DO NOT discard credit card invoices, six (6) months of records may need to be produced.
2. All your payment coupon books. (please include all houses and cars payments)
3. All agreements for the purchase or lease of cars, trucks, motorcycles and other vehicles.
4. All other contracts and agreements with your creditors. (for furniture, appliances, carpeting, etc.)
5. All tax notices. (State and/or Federal) **to be brought with you**.
6. Your Federal and State income tax returns for the last two (2) years. Transcripts will be needed at a later date.
7. All Court related papers you have received, whether collection, divorce, orders of protection, civil or criminal in nature are **to be brought with you**.

**Prior bankruptcies in the last eight (8) years:**

1. All papers, if any, concerning prior bankruptcy cases you have filed.
2. If no papers exist, the appropriate date and location of the bankruptcy filing and, if available, case number.

**Assets:**

1. Realty: Copy of recent appraisal, tax bill, refinancing or contract for purchase, market analysis or other document that provides a valuation of the property are **to be brought with you**.
2. Copies of titles for any time shares, boats, campers, snowmobiles, ATV or other similar items of property.
3. Bank Accounts: Your last six (6) months of bank statements.

**EXECUTORY CONTRACTS: leases and outstanding contracts in progress (where there is something someone must do other than merely paying money).** For example: Lease (residential, business, equipment, or vehicle) Rent-to-own, Spa/Health Club memberships, Service contracts, such as Orthodontia. If so, please fill in the following for each one you have and bring a copy of that document, if possible:

**DEBTOR / SPOUSE**

1. <u>Name/Address of party:</u> _____		
Type of contract: _____ expiration date: _____	YES	YES
Describe property involved: _____	NO	NO
Monthly Payment: _____ arrears, if any: _____		
2. <u>Name/Address of party:</u> _____		
Type of contract: _____ expiration date: _____	YES	YES
Describe property involved: _____	NO	NO
Monthly Payment: _____ arrears, if any: _____		
3. <u>Name/Address of party:</u> _____		
Type of contract: _____ expiration date: _____	YES	YES
Describe property involved: _____	NO	NO
Monthly Payment: _____ arrears, if any: _____		

## PERSONAL INFORMATION

What is your **full name**?

**DEBTOR**

**SPOUSE**

(Include first, middle & last name)

What is your social security number?	_____ - _____ - _____	_____ - _____ - _____
List all other names you have used, or been known by, in the last 8 years?	_____	_____
Do you have a different mailing address? If so, what is it?	_____	_____
What County do you live in?	_____	_____

**YOUR MARITAL STATUS:**      **MARRIED**    **SINGLE**    **DIVORCED**    **SEPARATED**    **WIDOWED**

**INFORMATION ABOUT PRIOR BANKRUPTCIES:**

Have you filed for bankruptcy (Chapter 7, 13, 11 or 12) in the <b>last 8 years</b> ?	Yes	No	Yes	No
If so, how many times did you file?	_____			
What did you file	7	11	13	/ 7 11 13
Where did you file?	_____		_____	
What was the case number?	_____			
When did you file?	_____			
What was the disposition? (circle answer)	Discharge	Dismissal	Don't know	Discharge
Is there a case still pending?	Yes	No	Yes	No

**YOUR TELEPHONE NUMBERS/Email ADDRESS:**

**IMPORTANT:** We need to know all possible telephone numbers where you can be reached so that we will always be able to contact you, especially in case of a deadline. You should also contact our office to verify deadlines, signings, and filings.

**DEBTOR**

**SPOUSE**

Best phone number to call:	_____	_____
Best time to call	_____	
Fax Number, if available:	_____	_____
Private or Public	_____	_____
OPTIONAL: E-Mail address (home/work):	_____	_____

**PROSPECTIVE VEHICLE PURCHASE:**

Thinking of your future: do you need to start saving money to either buy another vehicle or replace the one you have?	YES	NO	YES	NO
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**MONTHLY INCOME - All Sources**

**Debtor and, if applicable, Spouse:** For each job, where you work for some one, please fill out each box completely. Note: We will still require proof of income.

Main Job:	Position/Title: _____
Employer: _____	Wages: _____
Employer's Address: _____	
Occupation: _____	Union: <u>Yes/ No</u> How long have you worked there? _____
How often do you get paid? (circle one) Weekly _____ Once a Month _____	
Every 2 weeks on _____ (day of the week)	
Twice a Month on the _____ (date) and _____ (date)	
Is your job seasonal? <u>Yes/ No</u>	Do you get overtime? Yes No

Second or Part-time Job:	Position/Title: _____
Employer: _____	Wages: _____
Employer's Address: _____	
Occupation: _____	Union: <u>Yes/ No</u> How long have you worked there? _____
How often do you get paid? (circle one) Weekly _____ Once a Month _____	
Every 2 weeks on _____ (day of the week)	
Twice a Month on the _____ (date) and _____ (date)	
How many hours per week do you work? _____	Is your job seasonal? <u>Yes/ No</u>

Spouse's Job (or third job):	Position/Title: _____
Employer: _____	Wages: _____
Employer's Address: _____	
Occupation: _____	Union: <u>Yes/ No</u> How long have you worked there? _____
How often do you get paid? (circle one) Weekly _____ Once a Month _____	
Every 2 weeks on _____ (day of the week)	
Twice a Month on the _____ (date) and _____ (date)	
How many hours per week do you work? _____	Is your job seasonal? <u>Yes/ No</u>

Do you have additional & regular sources of income? Yes No Yes No

<b>If yes, please complete the applicable boxes below with the monthly amount received:</b>	
Income from Business, Profession or farm:	\$ _____ \$ _____
Income from Real Property:	\$ _____ \$ _____
Other Monthly Income – Explain nature:	\$ _____ \$ _____
Other Monthly Income – Explain nature	\$ _____ \$ _____

**MONTHLY LIVING EXPENSES:**

**INSTRUCTIONS:** Fill in all of your normal living expenses for your household. (Your check registry should be helpful). If the expense is not paid monthly please approximate an annual amount & use 1/12 of that amount.

<b>Monthly Amount</b>	<b>Type of Expense</b>
_____	Home: Rent/Mortgage/Mobile home payment (include lot rent, if any)
_____	Utilities:
_____	Electricity
_____	Gas or Oil
_____	Water and Sewer
_____ (Total) ← both:	Telephone: \$ _____ Cell Phone: \$ _____
_____	Cable/Satellite
_____	Garbage pickup
_____	Other: (describe) _____
_____	Home Maintenance (repairs and upkeep)
_____	Food and other Groceries
_____	Clothing
_____	Laundry, Soaps, and Dry cleaning
_____	Medical and Dental Expenses (excluding insurance payments)
_____ (Total) ← both:	Prescriptions: \$ _____ Optical: \$ _____
_____	Transportation and Vehicle Expenses
_____ (Total) ← both:	Gas: \$ _____ Repairs/Maintenance: \$ _____
_____ (Total) ← both:	Commuting or bus fare: \$ _____ Parking: \$ _____
_____	Recreation, Clubs, Entertainment
_____	Newspapers and Magazines
_____	Religious/Tithing/Charitable Contributions (we need receipts)
_____	Insurance:
_____	Property Insurance on home
_____	Is this expense included in your house payment? <b>Yes No</b>
_____	Renter's Insurance
_____	Car/Truck Insurance
_____	Life and Disability
_____	Health and Dental
_____	Other (describe): _____
_____	Taxes: (Not including the taxes deducted from your wages)
_____	Examples: Personal Property taxes/ Estimated Income taxes
_____	Real Estate taxes
_____	Is this expense included in your house payment? <b>Yes No</b>
_____	Overdue Withholding/Sales taxes
_____	(If you are self-employed or from a Business)
_____	Co-signed debts that you pay
_____	Installment Payments (purchase or lease):
_____	Motor Vehicle           Type: _____
_____	Motor Vehicle           Type: _____
_____	Motor Vehicle           Type: _____
_____	Mobile Home/Camper/5 <sup>th</sup> Wheel (Other than your home)
_____	Furniture                Type: _____
_____	Furniture                Type: _____
_____	Jewelry

Boat/4 Wheeler/Other Recreational Vehicles

Time Share/Other (describe): \_\_\_\_\_

Prospective vehicle purchase/Additional insurance

Alimony and Child Support paid to others

Payments for Support of additional dependents not living in your home

Child Care/Day Care

Music Lessons/Children's Activities type: \_\_\_\_\_

(Total) ← both: School tuition and fees \$ \_\_\_\_\_ lunches \$ \_\_\_\_\_

Student Loans (that you owe/pay)

Regular Monthly Expenses of Non-Filing spouse or live-in boyfriend

Or girlfriend

Describe: \_\_\_\_\_

Describe: \_\_\_\_\_

Describe: \_\_\_\_\_

Emergencies/ Misc. Explain: \_\_\_\_\_

Incidental Household Expenses

Personal grooming

Pet food and vet care

401(k) loan payments

Other expenses (describe): \_\_\_\_\_

Business Expenses.(Regular expenses for business, profession or farm)

**(If so, please attach a list of the monthly expenses & the amounts).**

\$ \_\_\_\_\_

**TOTAL Monthly Expenses**

**EXPECTED INCREASE OR DECREASE IN YOUR EXPENSES IN THE NEXT 12 MONTHS:**

**DEBTOR**

**SPOUSE**

YES NO

YES NO

To the best of your knowledge,  
is there going to be any change in  
your living expenses in the next 12 months?  
If so, please explain: \_\_\_\_\_

**VEHICLE INFORMATION**

**PLEASE BRING IN: VEHICLE REGISTRATION OR TITLE (IF YOU HAVE IT) WITH YOU & PROOF OF INSURANCE (for each Vehicle) or you can complete the information below:**

Description Of Vehicle	Insurance Carrier	Insurance Agent	Insurance Policy #	Mileage
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**HOUSEHOLD GOODS**

Please check the box to indicate which items you have.

Living Rm Furniture [ ]	Dryer [ ]	Other Collectibles/Figurines [ ]
Den Furniture [ ]	Computer Equipt [ ]	Jewelry [ ]
Bedroom Furniture [ ]	Clothing [ ]	Coin/Stamp Collection [ ]
Dining Rm Furniture [ ]	Furs [ ]	Paintings/Art [ ]
Television(s) [ ]	Tools of Trade [ ]	Lawn Furniture [ ]
DVD/ VCR's [ ]	Hand Tools [ ]	Riding Lawn Mower [ ]
Stereos/Radios [ ]	Piano/Organ [ ]	Yard Tools [ ]
Kitchen Appliances [ ]	Musical Instrmnts [ ]	Other: _____ [ ]
Stove/Microwave [ ]	Exercise Equipmt [ ]	Other: _____ [ ]
Refrigerator [ ]	Recreational Equip [ ]	Other: _____ [ ]
Freezer [ ]	China/Silver (Collectable) [ ]	Other: _____ [ ]
Washing Machine [ ]		

**YOUR PROPERTY - We need to make sure that we have a list of everything you own.**

**REAL ESTATE:**

Residence / Income property (circle one)	Date of Purchase: _____	Present value: \$ _____
Address: _____	Purchase Price: \$ _____	Source of value: _____
Owners: _____	Mortgage (1 <sup>st</sup> ) \$ _____	if behind, amount: \$ _____
	Mortgage (2 <sup>nd</sup> ) \$ _____	if behind, amount: \$ _____
Residence / Income property (circle one)	Date of Purchase: _____	Present value: \$ _____
Address: _____	Purchase Price: \$ _____	Source of value: _____
Owners: _____	Mortgage (1 <sup>st</sup> ) \$ _____	if behind, amount: \$ _____
	Mortgage (2 <sup>nd</sup> ) \$ _____	if behind, amount: \$ _____

Do you own any additional Real Estate? Yes/No Please use additional sheets for any additional Real Estate

Is any REAL ESTATE presently in foreclosure? Yes/No If so, is there a law suit? Yes/No

**SUMMARY:**

**DEBTOR**

**SPOUSE**

Does the "Property" form contain a list of everything you own?	YES	NO	YES	NO
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If not, what other property, of any type you can think of, do you own and what is it worth? That is: what could you sell it for?	_____		_____	
	Item and Value		Item and Value	
	_____		_____	
	Item and Value		Item and Value	
Is there something listed on the "Property" form you do not really own?	YES	NO	YES	NO
If so, what?	_____		_____	

The undersigned does state that the foregoing information is **true, complete and accurate** to the best of my/our knowledge and belief, constitutes a **privileged communication, and is** submitted to the Law Office of JUNE, PRODEHL & RENZI, LLC for use in the providing of legal advice and potential legal representation to the undersigned.

\_\_\_\_\_  
DEBTOR

Date: \_\_\_\_\_

\_\_\_\_\_  
SPOUSE (if applicable)

Date: \_\_\_\_\_

**Thank you for taking the time and effort required to complete this Questionnaire. We appreciate your assistance and will treat this information with the utmost confidentiality. If you have not yet done so, please call our office to schedule your initial consultation.**

**NOTE: In the event you elect to file for Bankruptcy, it is possible that all of the information sought above will need to be produced to the U.S. Trustee. As such, we urge you to keep copies of all documents and to not destroy or discard any bank statements or credit card invoices until after discharge.**

Prepared by: **JOHN C. RENZI**  
**JUNE, PRODEHL & RENZI, LLC**  
 1861 Black Road, Joliet, IL 60435  
 Phone: 815/725-8000  
 Fax: 815/725-6126  
 E-mail: [jcrenzi@jprlaw.net](mailto:jcrenzi@jprlaw.net)