

THE BANKRUPTCY GROUP OF FLORIDA

-A PROFESSIONAL LAW PRACTICE-

CLIENT INTAKE QUESTIONNAIRE

IMPORTANT INFORMATION PLEASE READ CAREFULLY:

PLEASE MAKE SURE THAT YOU BRING THE REQUESTED INFORMATION (LISTED ON THE FIRST PAGE OF THIS QUESTIONNAIRE) TO YOUR INITIAL CONSULTATION. IT IS MANDATORY THAT YOU BRING ALL PAYCHECK STUBS RECEIVED SIX (6) MONTHS PRIOR TO FILING. WE WILL NOT BE ABLE TO FILE YOUR CASE UNTIL ALL STUBS ARE RECEIVED. THE BANKRUPTCY COURT CAN AND WILL DISMISS YOUR CASE WITHOUT THESE DOCUMENTS. IF YOU DO NOT HAVE YOUR CHECK STUBS, YOU MAY CONTACT YOUR PAYROLL DEPARTMENT AND REQUEST A PRINTOUT OF YOUR WAGES FOR THE PRIOR SIX (6) MONTHS. THIS PRINTOUT MUST INCLUDE THE DATE OF CHECKS, GROSS WAGES, ALL DEDUCTIONS AND NET INCOME. ONCE AGAIN WE MUST HAVE THIS INFORMATION AND ALL OTHER REQUESTED INFORMATION IN ORDER TO FILE YOUR CASE OR THE BANKRUPTCY COURT CAN AND WILL DISMISS YOU CASE.

The Bankruptcy Group of Florida

A Professional Law Practice

QUESTIONNAIRE

NAME _____

SOCIAL SECURITY NUMBER _____

ADDRESS (Physical & Mailing) _____

PHONE # (HOME) _____ (WORK OR CELL) _____

NAME OF SPOUSE _____

SOCIAL SECURITY NUMBER _____

ADDRESS (Physical & Mailing) _____

PHONE # (HOME) _____ (WORK OR CELL) _____

Have you ever filed Bankruptcy before? __ yes __ no

If so, Date filed _____ Case # _____

District Filed In _____

BRING THE FOLLOWING INFORMATION WITH YOU TO YOUR NEXT APPT:

_____ Tax Returns for Last Three (3) Years

_____ Lawsuit Papers

_____ Mortgage Papers

_____ Declaration Page of Insurance on All Vehicles and Home

_____ All Check Stubs (Income) for Last Six (6) Months :This is MANDATORY

_____ Driver's License and Social Security Card

_____ Answered Questionnaire (This Form)

*Once this questionnaire is complete, please contact us to set an appointment for your free consultation.

(CASH, PERSONAL CHECK OR MONEY ORDERS ACCEPTED)

1. REAL PROPERTY

PHYSICAL ADDRESS OF PROPERTY	ARREARAGE	MARKET VALUE	AMOUNT OF CLAIM
	\$	\$	\$

2. CASH ON HAND, CHECKING/SAVINGS ACCOUNT, OR ANY OTHER ACCOUNTS OF ANY KIND

NAME OF INSTITUTION	ACCOUNT NUMBER	TYPE OF ACCOUNT	BALANCE OF ACCOUNT
			\$
			\$
			\$
			\$
			\$
			\$

3. SECURITY DEPOSITS (Landlord, Utilities, Telephone, etc....)

COMPANY NAME	TYPE OF DEPOSIT	AMOUNT OF DEPOSIT
		\$
		\$
		\$

4. HOUSEHOLD GOODS (Furniture, Appliances, etc...)

DESCRIPTION OF ITEMS	TODAY'S VALUE
	\$

5. BOOKS, PICTURES, OR OTHER ITEMS HAVING LIQUIDATION VALUE

DESCRIPTION OF ITEMS	AMOUNT OF PURCHASE	TODAY'S VALUE
	\$	\$
	\$	\$
	\$	\$
	\$	\$

6. CLOTHING

CLOTHING	TODAY'S VALUE
	\$

7. FURS OR JEWELRY

DESCRIPTION OF ITEMS	AMOUNT OF PURCHASE	TODAY'S VALUE
	\$	\$
	\$	\$
	\$	\$
	\$	\$

8. LIFE INSURANCE

COMPANY NAME	ACCOUNT NUMBER	TODAY'S CASH-IN VALUE
		\$
		\$
		\$
		\$

9. ANY INVESTMENTS (Stocks, bonds, IRA's, Profit Sharing Plans, Retirement Accts)

TYPE OF INVESTMENT	ACCOUNT NUMBER	TODAY'S VALUE
		\$
		\$
		\$
		\$

10. INTEREST IN INHERITANCE, TRUST ACCOUNT OR CLAIM AGAINST A THIRD PARTY

DESCRIPTION	ACCOUNT OR CASE NUMBER	TODAY'S VALUE
		\$
		\$
		\$
		\$

[Type text]

11. AUTOMOBILES, TRUCKS, TRAILERS, BOATS, OTHER MOTORIZED VEHICLES

YEAR	MAKE	MODEL	VIN#	CHECK BOX IF FINANCED	NADA VALUE
					\$
					\$
					\$
					\$

12. OTHER (All other property not listed above, lawn mowers, tools, etc...)

DESCRIPTION OF PROPERTY	TODAY'S VALUE
	\$
	\$
	\$
	\$

CREDITOR INFORMATION

SECURED CREDITORS

CREDITOR NAME COMPLETE ADDRESS & ACCOUNT NUMBER	DESCRIPTION OF PROPERTY SECURED BY DEBT (car, TV, etc)	MARKET VALUE OF PROPERTY SECURED BY DEBT	AMOUNT OF CLAIM (BALANCE OF LOAN OWED)
		\$	\$

CREDITOR NAME COMPLETE ADDRESS & ACCOUNT NUMBER	DESCRIPTION OF PROPERTY SECURED BY DEBT (car, TV, etc)	MARKET VALUE OF PROPERTY SECURED BY DEBT	AMOUNT OF CLAIM (BALANCE OF LOAN OWED)
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		\$	\$

UNSECURED CREDITORS

CREDITOR NAME COMPLETE ADDRESS	ACCOUNT NUMBER	TYPE OF DEBT (credit card, pay day loan, medical bill, student loans, etc)	BALANCE
			\$

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			\$

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			\$

PRIORITY CREDITORS

CREDITOR NAME COMPLETE ADDRESS	ACCOUNT NUMBER	TYPE OF DEBT (IRS taxes, state taxes, other taxes)	BALANCE
			\$

CREDITOR NAME COMPLETE ADDRESS	ACCOUNT NUMBER	TYPE OF DEBT (IRS taxes, state taxes, other taxes)	BALANCE
			\$

EXECUTORY CONTRACTS AND UNEXPIRED LEASES

CREDITOR NAME COMPLETE ADDRESS ACCOUNT #	DESCRIPTION OF PROPERTY (cell phones, storage units, etc)	RETAIN OR REJECT	MONTHLY PAYMENT

CO-DEBTORS

NAME OF CO-DEBTOR COMPLETE ADDRESS	NAME OF CREDITOR

MARITAL STATUS:

- _____ Single
- _____ Married - living together
- _____ Married - living apart
- _____ Divorced
- _____ Widowed

DEPENDENTS OF DEBTOR(S) "LIVING AT HOME"

NAME OF DEPENDENT	AGE	RELATIONSHIP	INCOME & SOURCE (if any)
			\$
			\$
			\$
			\$
			\$

DEPENDENTS NOT LIVING AT HOME "BUT YOU ARE PAYING CHILD SUPPORT"

NAME OF DEPENDENT	AGE	RELATIONSHIP	INCOME & SOURCE (if any)
			\$
			\$
			\$
			\$
			\$

EMPLOYMENT INFORMATION

HUSBAND'S EMPLOYER NAME COMPLETE ADDRESS	POSITION	HIRE DATE

WIFE'S EMPLOYER NAME COMPLETE ADDRESS	POSITION	HIRE DATE

OTHER JOBS / NAME OF EMPLOYER	NET MONTHLY INCOME FROM OTHER JOBS
	\$
	\$

MONTHLY INCOME

	DEBTOR	SPOUSE
GROSS WAGES, SALARY	\$	\$
TAX DEDUCTIONS	\$	\$
INSURANCE (MEDICAL/LIFE)	\$	\$
UNIFORMS	\$	\$
UNION DUES	\$	\$
CHILD SUPPORT	\$	\$
OTHER	\$	\$

MONTHLY EXPENSES

	DEBTOR(S)	DEBTOR(S) LIVING APART
RENT	\$	\$
ELECTRICITY	\$	\$
WATER	\$	\$
GAS	\$	\$
PHONE	\$	\$
CABLE	\$	\$
GARBAGE	\$	\$
HOME MAINTENANCE	\$	\$
FOOD	\$	\$
CLOTHING	\$	\$
LAUNDRY/CLEANING	\$	\$
MEDICAL & DRUG EXPENSE	\$	\$
TRANSPORTATION GAS/OIL/ETC	\$	\$
RECREATION/ NEWSPAPER, BOOKS	\$	\$
RELIGIOUS / OTHER CHARITABLE	\$	\$
AUTO INSURANCE	\$	\$
HOME INSURANCE	\$	\$
HEALTH / LIFE INSURANCE	\$	\$
TAXES	\$	\$
ALIMONY, CHILD SUPPORT	\$	\$
OTHER	\$	\$

QUESTIONS

1. If not provided, please provide us with this year's gross income to date and your gross income from the previous year as well as the source of that income.

GROSS AMOUNT	SOURCE OF INCOME	YEAR
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2. Have you paid more than \$600.00 to one creditor within the last 90 days?

NAME & ADDRESS OF CREDITOR	DATES OF PAYMENTS	AMOUNT PAID BALANCE
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3. Have you made any payments to a family member within the last year?

NAME OF INDIVIDUAL RELATIONSHIP	AMOUNT PAID	REASON FOR PAYMENT
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4. Please list all lawsuits filed against you or by you within the last year. Attach a copy of the petition.

5. Please describe all property that has been seized, garnished, or attached within the last year.

NAME & ADDRESS OF CREDITOR	DATE OF SEIZURE	DESCRIPTION & VALUE OF PROPERTY
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6. Have you assigned or returned any property to a creditor within the last 190 days?

NAME OF CREDITOR	AMOUNT OF DEBT SATISFIED	DESCRIPTION OF PROPERTY
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7. Please identify all gifts given to a family member within the last year with a value in excess of \$200.00.

NAME OF INDIVIDUAL RELATIONSHIP	DESCRIPTION & VALUE OF PROPERTY
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8. List all losses from fire, theft, or other casualty within the last year.

DESCRIPTION OF PROPERTY	VALUE OF PROPERTY	CIRCUMSTANCES
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9. List all other transfer of property within the last year.

DESCRIPTION OF PROPERTY	VALUE OF PROPERTY	TRANSFERRED TO WHOM & DATE?
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10. Have you closed a checking, savings, or other accounts in the last year?

NAME OF INSTITUTION	ACCOUNT#	BALANCE AT CLOSING	DATE CLOSED
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11. Has any institution made any set-off of funds in the last 90 days?

NAME OF INSTITUTION	DATE OF SET-OFF	AMOUNT OF SET-OFF
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12. List all property in your home you are holding for someone else.

NAME OF OWNER	DESCRIPTION OF PROPERTY	VALUE
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13. Have you resided at the same address for the last two years? If no, please give the address(s) and dates of occupancy of the places that you lived.

NAME USED	PRIOR ADDRESS(S)	DATE MOVED IN	DATE MOVED OUT
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14. Have you received notice or have filed a judicial or administrative proceeding under any environmental law?

SITE NAME & ADDRESS	NAME & ADDRESS OF GOVERNMENTAL UNIT	DATE OF NOTICE	ENVIRONMENTAL LAW
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