

UTAH BANKRUPTCY CLINIC, LC

BANKRUPTCY QUESTIONNAIRE

Please fill out ALL the information requested in these forms. If a question or section does NOT apply to you, write "N/A" in the space. (N/A means "not applicable.") The more information you provide in these forms, the faster your bankruptcy petition can be prepared. There will be a delay if we need to verify or obtain more information concerning a specific asset, debt or creditor; so please provide as much detail as you can and fill in ALL the information requested on these forms. Thank you for taking the time to be thorough and complete, resulting in faster turnaround.

GENERAL INFORMATION

NAME, First _____ Middle (spell out) _____ Last _____

Social Security Number _____ Date of Birth _____

Street Address _____ City/State _____ Zip _____

County of Residence _____ Length of Time at This Address _____

Home Phone Number _____ Other Phone Number _____

Email Address _____

SPOUSE, First Name _____ Middle (spell out) _____ Last _____

Social Security Number _____ Date of Birth _____

Address (if living separately) _____

DEPENDENTS

Name	Age	Relationship to You	Is this person/child living with you?	
1. _____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. _____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. _____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. _____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Have you ever filed bankruptcy before? Yes No If yes, what year & case number? _____

Marital status: Married Single Separated Divorced Widowed

Are both you and your spouse filing this bankruptcy together? Yes No

Have either you or your spouse been known by any other name during the past 6 years? (example: maiden name, last name from previous marriage, legal name change, etc.) Yes No If yes, write the NAME and DATE(S) USED below:

Name Used _____ Dates Used _____

Name Used _____ Dates Used _____

INCOME HISTORY FOR YOU

Your Name as listed on you current paycheck stub: _____

Year-To-Date gross income from current paycheck stub: \$ _____

2009 Gross Income: \$ _____ Employer if different from current: _____

2008 Gross Income: \$ _____ Employer if different from current: _____

Current Employer's Name: _____

Address _____ City/State _____ ZIP _____

Length of Time at this Job: Years _____ Months _____

Job Title (do not abbreviate): _____

How often do you get paid? Weekly (52 per year) Bi-Weekly (26 per year) Semi Monthly (24 per year) Monthly (12 per year)

What is your "average" monthly gross wage before deductions? \$ _____

How much "average" extra money do you receive in overtime & commissions per month? \$ _____

Do you have a second job? YES NO

Employer's Name: _____

Address _____ City/State _____ ZIP _____

Length of Time at this Job: Years _____ Months _____

Job Title (do not abbreviate): _____

What is your "average" monthly gross wage before deductions? \$ _____

Do you receive any other income (unemployment, child support, social security, etc)? YES NO

How much per month \$ _____ Describe assistance: _____

INCOME HISTORY FOR SPOUSE IF FILING JOINTLY

Name of Spouse as listed on you current paycheck stub: _____

Year-To-Date gross income from current paycheck stub: \$ _____

2009 Gross Income: \$ _____ Employer if different from current: _____

2008 Gross Income: \$ _____ Employer if different from current: _____

Current Employer's Name: _____

Address _____ City/State _____ ZIP _____

Telephone #: _____

Length of Time at this Job: Years _____ Months _____

Job Title (do not abbreviate): _____

How often do you get paid? Weekly (52 per year) Bi-Weekly (26 per year) Semi Monthly (24 per year) Monthly (12 per year)

What is your "average" monthly gross wage before deductions? \$ _____

How much "average" extra money do you receive in overtime & commissions per month? \$ _____

Do you have a second job? YES NO

Employer's Name: _____

Address _____ City/State _____ ZIP _____

Length of Time at this Job: Years _____ Months _____

Job Title (do not abbreviate): _____

What is your "average" monthly gross wage before deductions? \$ _____

Do you receive any other income (unemployment, child support, social security, etc)? YES NO

How much per month \$ _____ Describe assistance: _____

MONTHLY BUDGET

This form is necessary to determine how much you spend each month on living expenses. Be sure to write in the MONTHLY (not yearly) amount in the spaces next to each expenditure. For utilities, your bill may be higher in the winter than in the summer, so write an amount that is "average" covering the whole 12 month period.

Rent (If You Do Not Own a Home)	\$ _____	Additional Automobile Installment Payment	\$ _____
Mortgage Payment	\$ _____	Alimony/Maintenance/Support Payments (Not Deducted From Wages)	\$ _____
Electricity & Heating	\$ _____	Payments for Support of Additional Dependants not Living in Home	\$ _____
Water & Sewer	\$ _____	Babysitter/Day Care Expenses	\$ _____
Telephone	\$ _____	Baby Wipes/Diapers/Other Child Care Expenses	\$ _____
Home Maintenance	\$ _____	School Lunch & Other School Expenses	\$ _____
Food	\$ _____	Monthly College Tuition (Not Loans)	\$ _____
Clothing	\$ _____	Monthly Student Loan Repayment	\$ _____
Laundry & Dry Cleaning	\$ _____	Personal Care Items	\$ _____
Medical Expenses (Not Paid By Insurance)	\$ _____	Cell Phone Monthly Payments	\$ _____
Prescriptions (Not Paid By Insurance)	\$ _____	Monthly Gym Membership	\$ _____
Dental Expenses (Not Paid By Insurance)	\$ _____	Cigarettes	\$ _____
Gasoline	\$ _____	Monthly Internet Service	\$ _____
Automobile Maintenance	\$ _____	Monthly Cable/Satellite Service	\$ _____
Recreation, Clubs & Entertainment, Newspapers, Magazines, Etc.	\$ _____	Monthly Court Fees/Fines	\$ _____
Charitable Contributions	\$ _____	Monthly Lot Rent	\$ _____
Homeowners/Renters Insurance (Not Included in Mortgage Payments)	\$ _____	Other Monthly Installment Payments (For Recreational Vehicles, Etc.)	\$ _____
Life Insurance (Not Deducted From Wages)	\$ _____	Payments to RC Willey, Les Schwab, Morgan Jeweler, etc.	\$ _____
Health Insurance (Not Deducted From Wages)	\$ _____	Other: _____	\$ _____
Automobile Insurance	\$ _____	Other: _____	\$ _____
Taxes (Not Deducted From Wages or Included in Mortgage Payment)	\$ _____		
Automobile Installment Payment	\$ _____		

HOUSEHOLD INVENTORY

Please check the items below that you currently have in your home. Then, provide the YARD SALE VALUE of each item –NOT the replacement cost.

	VALUE		VALUE
Stove/Cooking Unit	\$ _____	Jewelry, Watches & Other Accessories	\$ _____
Refrigerator	\$ _____	Collectibles	\$ _____
Dishwasher	\$ _____	Prints/Paintings/Art	\$ _____
Microwave	\$ _____	Other Home Décor Items	\$ _____
Washer/Dryer	\$ _____	Camera(s)/Photography Equipment	\$ _____
Water Softener	\$ _____	List Make/Model: _____	
Small Kitchen Appliances	\$ _____		
Cooking Utensils & Cookware (Pots/Pans)	\$ _____	Gun(s) & Firearm(s)	\$ _____
Silverware/Flatware	\$ _____	List Make/Model: _____	
Kitchen Table & Chairs	\$ _____		
Other Kitchen Furniture	\$ _____	Sports/Hobby Equipment	\$ _____
List: _____		List: _____	
Couch(s)	\$ _____	Camping Equipment	\$ _____
Chair(s)	\$ _____	Lawnmower	\$ _____
Entertainment Center	\$ _____	Additional Yard Tools/Equipment	\$ _____
End Table(s)	\$ _____	Above Ground Swimming Pool	\$ _____
Lamp(s) & Accessories	\$ _____	Snow Blower	\$ _____
Other Living Room Furniture	\$ _____	Carpenter Tools	\$ _____
List: _____		Mechanic Tools	\$ _____
		Stocks	\$ _____
Bed(s)	\$ _____	Government Bonds	\$ _____
Bedding	\$ _____	Rent Deposit w/Landlord	\$ _____
Nightstand(s)	\$ _____	Boat	\$ _____
Dressers(s)/Chest of Drawer(s)	\$ _____	List Year/Make/Model: _____	
Lamp(s) & Accessories	\$ _____		
Other Bedroom Furniture	\$ _____	Wave Runners/Addition Water Craft	\$ _____
List: _____		List Year/Make/Model: _____	
Television(s)	\$ _____	Trailer	\$ _____
VCR	\$ _____	List Year/Make/Model: _____	
DVD Player	\$ _____		
Video Tapes/DVDs	\$ _____	Camper	\$ _____
Stereo(s) & Stereo Equipment	\$ _____	List Year/Make/Model: _____	
Compact Disks	\$ _____		
Computer	\$ _____	Four Wheeler	\$ _____
Computer Printer	\$ _____	List Year/Make/Model: _____	
Desk/Office Furniture	\$ _____		
Cell Phone(s)	\$ _____	Motorcycle	\$ _____
Satellite Dish	\$ _____	List Year/Make/Model: _____	
Other Electronics	\$ _____		
List: _____		Aircraft	\$ _____
		List Year/Make/Model: _____	
All Clothing/Shoes/Coats/Hats/Etc	\$ _____		
Furs	\$ _____	Other: _____	\$ _____
Hand Bag(s)/Purse(s)	\$ _____	Other: _____	\$ _____
Wedding Ring(s)	\$ _____		

REAL ESTATE

NOTICE: IF YOU OWN A MOBILE HOME, PLEASE FILL OUT THE NEXT PAGE. LEAVE THIS PAGE BLANK.
PRINT OUT ADDITIONAL PAGES FOR EVERY SEPARATE PIECE OF REAL ESTATE THAT YOU OWN

Check the type of real estate you own: House Condominium Vacant Lot Mobile Home

Name(s) on Deed or Title _____

Address of Real Estate _____

Name of Mortgage Company _____

Address of Mortgage Company _____ City/State _____ Zip _____

Account Number _____

Date mortgage was obtained _____

Monthly Payments \$ _____ Does this payment include insurance and taxes? YES NO

If not included in your mortgage, what is your monthly payment for: Insurance \$ _____ Taxes \$ _____

Pay-Off Amount on Mortgage \$ _____

Are You Behind in Payments? YES NO Amount to Catch up Back Payments \$ _____

What was the Appraised Value \$ _____ Year Real Estate Last Appraised? _____

Do you want to keep or surrender your home? **KEEP** **SURRENDER**

SECOND MORTGAGE INFORMATION (IF APPLICABLE)

Name of Mortgage Company _____

Address _____ City/State _____ ZIP _____

Account Number _____

Date mortgage was obtained _____

What are the Monthly Payments \$ _____

Pay-Off Amount \$ _____

Are You Behind in Payments? YES NO Amount to Catch up Back Payments \$ _____

COLLECTION INFORMATION (IF APPLICABLE)

Name of Collector or Attorney _____

Address _____ City/State _____ ZIP _____

Is this Real Estate in the Process of Foreclosure? YES NO

If in collection, please provide a copy of the court documents or foreclosure letters you were served

MOTOR / RECREATIONAL VEHICLES

Motor vehicles include cars, trucks, SUVs, motorcycles, motor homes, boats, trailers, campers, etc. that are TITLED IN YOUR (OR YOUR SPOUSE'S) NAME. Add additional sheets if you own more than 2 vehicles.

Type: Automobile Truck Motorcycle Boat Trailer Other: _____

Year: _____

Make: _____

Model (be very specific): _____

Mileage: _____ Engine: _____

Vehicle: 2 Door 4 Door
 Automatic Standard

Truck: 4 Wheel Drive 2 Wheel Drive
 Long Bed Short Bed

List Other Extras: _____

Condition: Excellent Good Fair Poor Not Running

Name(s) on vehicle title: _____

Is vehicle leased? YES NO If yes, what is the "buy out" on the lease? _____

Name of company you make payments to for this vehicle: _____

Address _____ City/State _____ ZIP _____

Account Number: _____

Monthly Payment: \$ _____ Date Established Loan: _____

What is the "pay off" amount on this vehicle? \$ _____

Check One: KEEP SURRENDER

Have you listed this vehicle as collateral for a personal loan? YES NO

If so, name of loan company for person loan: _____

MOTOR / RECREATIONAL VEHICLES

Motor vehicles include cars, trucks, SUVs, motorcycles, motor homes, boats, trailers, campers, etc. that are TITLED IN YOUR (OR YOUR SPOUSE'S) NAME. Add additional sheets if you own more than 2 vehicles.

Type: Automobile Truck Motorcycle Boat Trailer Other: _____

Year: _____

Make: _____

Model (be very specific): _____

Mileage: _____ Engine: _____

Vehicle: 2 Door 4 Door
 Automatic Standard

Truck: 4 Wheel Drive 2 Wheel Drive
 Long Bed Short Bed

List Other Extras: _____

Condition: Excellent Good Fair Poor Not Running

Name(s) on vehicle title: _____

Is vehicle leased? YES NO If yes, what is the "buy out" on the lease? _____

Name of company you make payments to for this vehicle: _____

Address _____ City/State _____ ZIP _____

Account Number: _____

Monthly Payment: \$ _____ Date Established Loan: _____

What is the "pay off" amount on this vehicle? \$ _____

Check One: KEEP SURRENDER

Have you listed this vehicle as collateral for a personal loan? YES NO

If so, name of loan company for person loan: _____

HOME BASED BUSINESS OWNERS

If you have operated a business inside your home (INCLUDING SELLING AVON OR MARY KAY) or owned a small business that does not qualify for filing under Chapter 11 of the Bankruptcy Code, please list below the normal income & expenses your business generated for an average month. If you did not have an average monthly income due to extreme highs and lows in you business, estimate your total yearly income and divide by 12 to get the average monthly income. Use the same method if necessary, to determine your average monthly expenses and enter in the spaces below.

Average monthly business income \$ _____

Did you withhold any earnings for tax purposes? YES NO

If yes, how much did you withhold monthly? \$ _____

Average monthly business expenses (if applicable)

Rent and Utilities \$ _____

Office Supplies \$ _____

Product Supplies \$ _____

Wages \$ _____

Equipment Leases \$ _____

Other Business Leases \$ _____

Other _____ \$ _____

Other _____ \$ _____

Other _____ \$ _____

Other _____ \$ _____

TOTAL AVERAGE MONTHLY INCOME \$ _____

TOTAL AVERAGE MONTHLY EXPENSES \$ _____

AVERAGE MONTHLY BUSINESS PROFIT \$ _____

Net profits in 2006: \$ _____ 2007: \$ _____ 2008: \$ _____

STATEMENT OF AFFAIRS

Each question must be answered. If it does not apply write N/A or None. If each question is not answered completely, this will delay your filing.

1. State the amount of income you received other than from employment, trade, profession, or operation of your business during the two years immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (example: government or state assistance)

2. List any checking or savings account(s) you have at this time.

Name of Bank: _____ Type of Account: Checking Savings
Name(s) on the Account: _____
Account Number for Checking: _____ Present Balance: \$ _____
Account Number for Savings: _____ Present Balance: \$ _____

Second Bank (if applicable)
Name of Bank: _____ Type of Account: Checking Savings
Name(s) on the Account: _____
Account Number for Checking: _____ Present Balance: \$ _____
Account Number for Savings: _____ Present Balance: \$ _____

3. List any retirement, 401K or pension plan that you currently participate in.

Type of pension plan: _____
Name of institution plan is through: _____ Year you enrolled in Plan: _____
Current Cash Value: \$ _____ Monthly Payment into Plan: \$ _____

4. If you have moved within the last two (2) years, list all addresses and the dates in which you lived there.

Previous Address: _____
Time Period: From (date/year) _____ To (date/year) _____

Previous Address: _____
Time Period: From (date/year) _____ To (date/year) _____

Previous Address: _____
Time Period: From (date/year) _____ To (date/year) _____

5. Payment on debts totaling >\$600 made within last 90 days.

Creditor: _____
Date of Payments: _____
Amount Paid: \$ _____
Amount Owed \$ _____

6. Bank accounts closed within past year.

Bank Name: _____
Type of Account: Checking Savings
Balance Owed: \$ _____
Balance Received: \$ _____
Date Closed: _____

7. All lawsuits client(s) have been a party during last year.

8. All property that has been freely given, attached, garnished or seized within the past year.

Creditor Name: _____
Date of Action: _____
Description: _____
Value: \$ _____

9. All property that has been repossessed, sold at a foreclosure sale, transferred through a deed in lieu foreclosure or returned to the seller, within the last year.

Creditor Name: _____
Date of Action: _____
Description: _____
Value: \$ _____

10. List all gifts or charitable contributions you have made to anyone in the past year.

11. List all losses from fire, theft, other casualty or gambling within the last year.

12. List all other property you have transferred within the past two years.

13. List all safe deposit boxes and storage units in which you have or had securities, cash or other valuables within the past year.

Name Depository/Storage Unit: _____

Contents: _____

14. List all property owned by another person that you hold or control.

15. Have you made any payments (either a gift or loan repayment) or transferred any property to a friend or family member in the last 12 months?

Date of transfer: _____

Person received transfer: _____

Property/Payments transferred: _____

Value: _____

16. Do you expect a tax refund this year? If so, how much

17. Do you or your children own an Education Savings Account?

18. List the name and address of all persons you are paying child support or alimony to.

Name: _____

Address: _____

Amount Owed: _____

19. Do you have any claims or lawsuits against anyone for an accident, personal injury, disability, damages, wrongful termination or discrimination?

DEBT SHEET

Print out more pages if you have more than 15 total debts.

Do Not just list debts you want to include. List every debt you owe, including loans from relatives and debts with IRS, Utah State Tax Commission & Student Loans

Name of Creditor: _____

Address _____ City/State _____ ZIP _____

Account Number: _____

Total amount you owe on this debt: \$ _____

Date (or year) you originally obtained this debt or established credit: _____

If this debt is for a credit card, what date (or year) did you last make a purchase? _____

What is this debt for? _____

Who is financially responsible for this debt? JOINT HUSBAND WIFE OTHER

Has this debt been turned over to a collection agency? YES NO

Name of collection agency or law firm: _____

Address _____ City/State _____ ZIP _____

Do you wish to reaffirm on this account or discharge this debt? REAFFIRM DISCHARGE

Name of Creditor: _____

Address _____ City/State _____ ZIP _____

Account Number: _____

Total amount you owe on this debt: \$ _____

Date (or year) you originally obtained this debt or established credit: _____

If this debt is for a credit card, what date (or year) did you last make a purchase? _____

What is this debt for? _____

Who is financially responsible for this debt? JOINT HUSBAND WIFE OTHER

Has this debt been turned over to a collection agency? YES NO

Name of collection agency or law firm: _____

Address _____ City/State _____ ZIP _____

Do you wish to reaffirm on this account or discharge this debt? REAFFIRM DISCHARGE

Name of Creditor: _____

Address _____ City/State _____ ZIP _____

Account Number: _____

Total amount you owe on this debt: \$ _____

Date (or year) you originally obtained this debt or established credit: _____

If this debt is for a credit card, what date (or year) did you last make a purchase? _____

What is this debt for? _____

Who is financially responsible for this debt? JOINT HUSBAND WIFE OTHER

Has this debt been turned over to a collection agency? YES NO

Name of collection agency or law firm: _____

Address _____ City/State _____ ZIP _____

Do you wish to reaffirm on this account or discharge this debt? REAFFIRM DISCHARGE

DEBT SHEET

Print out more pages if you have more than 15 total debts.

Do Not just list debts you want to include. List every debt you owe, including loans from relatives and debts with IRS, Utah State Tax Commission & Student Loans

Name of Creditor: _____

Address _____ City/State _____ ZIP _____

Account Number: _____

Total amount you owe on this debt: \$ _____

Date (or year) you originally obtained this debt or established credit: _____

If this debt is for a credit card, what date (or year) did you last make a purchase? _____

What is this debt for? _____

Who is financially responsible for this debt? JOINT HUSBAND WIFE OTHER

Has this debt been turned over to a collection agency? YES NO

Name of collection agency or law firm: _____

Address _____ City/State _____ ZIP _____

Do you wish to reaffirm on this account or discharge this debt? REAFFIRM DISCHARGE

Name of Creditor: _____

Address _____ City/State _____ ZIP _____

Account Number: _____

Total amount you owe on this debt: \$ _____

Date (or year) you originally obtained this debt or established credit: _____

If this debt is for a credit card, what date (or year) did you last make a purchase? _____

What is this debt for? _____

Who is financially responsible for this debt? JOINT HUSBAND WIFE OTHER

Has this debt been turned over to a collection agency? YES NO

Name of collection agency or law firm: _____

Address _____ City/State _____ ZIP _____

Do you wish to reaffirm on this account or discharge this debt? REAFFIRM DISCHARGE

I certify that the information given above is true and correct to the best of my knowledge and my listing of creditors is complete to the best of my knowledge.

Date: _____

Signature: _____

Signature: _____