

PERSONAL PROPERTY

Please List Estimated Value

Cash On Hand \$ \_\_\_\_\_

Household Goods & Furnishings ( Please List / Describe Household Items )

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ Estimated Total Value \$ \_\_\_\_\_

Wearing Apparel \$ \_\_\_\_\_

Furs & Jewelry \$ \_\_\_\_\_

Art and / or Collections ( Coin, Stamp, Gun Etc ) \$ \_\_\_\_\_

Interests In Insurance Policies \$ \_\_\_\_\_

Accounts Receivable \$ \_\_\_\_\_

Tax Refunds Due To Debtor or Co-Debtor \$ \_\_\_\_\_

Automobiles, Trucks, Trailers, 4 Wheelers Etc

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

Boats, Motors & Accessories \_\_\_\_\_ \$ \_\_\_\_\_

Farming Supplies, Tools, Inventory, Animals, ( Not Pets ), Other Personal Property Of Any Kind

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

By Signing Below I certify That The Information I Have Provided Is True & Correct To The Best Of My Knowledge & Belief. I Have Been Informed That On Call Paralegal LLC is A NON-ATTORNEY Legal Document Preparation Firm, If I Feel I Need Legal Advice I Should Contact An Attorney.

\_\_\_\_\_ Date \_\_\_\_\_  
Debtor

\_\_\_\_\_ Date \_\_\_\_\_  
Co-Debtor

MONTHLY HOUSEHOLD & INDIVIDUAL EXPENSES:

Rent or Home Mortgage Payment \$ \_\_\_\_\_

Are Property Taxes Included: Yes No

Is Property Insurance Included: Yes No

Electricity & Heating Fuel \$ \_\_\_\_\_

Home Maintenance ( repairs & upkeep ) \$ \_\_\_\_\_

Food \$ \_\_\_\_\_

Clothing \$ \_\_\_\_\_

Laundry & Dry Cleaning \$ \_\_\_\_\_

Medical & Dental Expenses \$ \_\_\_\_\_

Transportation, ( not including car payments ) \_\_\_\_\_

Recreation ( movies, magazines, etc ) \$ \_\_\_\_\_

Charitable Contributions \$ \_\_\_\_\_

Insurance NOT DEDUCTED From Wages, or Included in Mortgage Payment

Renters or Homeowners \$ \_\_\_\_\_

Life \$ \_\_\_\_\_

Health \$ \_\_\_\_\_

Auto \$ \_\_\_\_\_

Other \_\_\_\_\_ \$ \_\_\_\_\_

Taxes, NOT DEDUCTED From Wages \$ \_\_\_\_\_

Installment Payments Which Will Be Re-Affirmed

Auto \$ \_\_\_\_\_

Other \_\_\_\_\_ \$ \_\_\_\_\_

Other \_\_\_\_\_ \$ \_\_\_\_\_

Alimony & Support Payments \$ \_\_\_\_\_

Expenses From Operation Of Business \$ \_\_\_\_\_

INCOME OF INDIVIDUAL DEBTORS

DEBTOR:

Monthly Gross Wages, Salary, & Commissions of Debtor \$ \_\_\_\_\_

Estimate Monthly Overtime Debtor Receives \$ \_\_\_\_\_

Payroll Taxes Deducted \$ \_\_\_\_\_

Insurance Deducted \$ \_\_\_\_\_

Other Deductions ( Explain ) \_\_\_\_\_ \$ \_\_\_\_\_

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CO-DEBTOR (If Applicable) :

Monthly Gross Wages, Salary, & Commissions of Co-Debtor \$ \_\_\_\_\_

Estimate Monthly Overtime Co-Debtor Receives \$ \_\_\_\_\_

Payroll Taxes Deducted \$ \_\_\_\_\_

Insurance Deducted \$ \_\_\_\_\_

Other Payroll Deductions \$ \_\_\_\_\_

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OTHER INCOME, Debtor & Co-Debtor

Regular Income From Operation Of Business Or Farm \$ \_\_\_\_\_

Income From Real Property \$ \_\_\_\_\_

Interest & Dividends \$ \_\_\_\_\_

Alimony or Support Payments Payable To The Debtor or Co-Debtor \$ \_\_\_\_\_

Social Security or Government Assistance \$ \_\_\_\_\_

Pension or Retirement Income \$ \_\_\_\_\_

Other Monthly Income From Any Source \$ \_\_\_\_\_

Other Monthly Income From Any Source \$ \_\_\_\_\_

Do You Expect any Increase or Decrease In Your Monthly Income In The Next Year?

Yes \_\_\_\_\_ No \_\_\_\_\_

Creditors Name \_\_\_\_\_

Creditors Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Last 4 Digits of Account Number \_\_\_\_\_

Amount Owing \$ \_\_\_\_\_

When ( Month & Year ) Was This Account Opened or Debt Incurred \_\_\_\_\_

Type Of Account, ie Revolving Credit Card, Medical Etc \_\_\_\_\_

Notes \_\_\_\_\_

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Last 4 Digits of Account Number \_\_\_\_\_

Amount Owing \$ \_\_\_\_\_

When ( Month & Year ) Was This Account Opened or Debt Incurred \_\_\_\_\_

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Last 4 Digits of Account Number \_\_\_\_\_

Amount Owing \$ \_\_\_\_\_

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Notes \_\_\_\_\_

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If Additional Space Is Required for Creditor Information Please Attach Additional Pages As Needed

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Creditors Name \_\_\_\_\_

Creditors Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Last 4 Digits of Account Number \_\_\_\_\_

Amount Owing \$ \_\_\_\_\_

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Type Of Account, ie Revolving Credit Card, Medical Etc \_\_\_\_\_

Notes \_\_\_\_\_

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Creditors Name \_\_\_\_\_

Creditors Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Last 4 Digits of Account Number \_\_\_\_\_

Amount Owing \$ \_\_\_\_\_

When ( Month & Year ) Was This Account Opened or Debt Incurred \_\_\_\_\_

Type Of Account, ie Revolving Credit Card, Medical Etc \_\_\_\_\_

Notes \_\_\_\_\_

Do You Have Any Of The Following:

Delinquent Student Loans \_\_\_\_\_, Delinquent Taxes Or Other Debts Owed To Governmental  
Units, \_\_\_\_\_ Delinquent Spousal Or Child Support Payments \_\_\_\_\_, Claims Filed  
Against You For Damages That Occurred While You Were Intoxicated, \_\_\_\_\_

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UNSECURED DEBTS, (An Unsecured Debt Is A Debt Which Is Not Secured By Merchandise, For  
Example, Credit Card Debt, Medical Bills, Cellular Telephone Bills, Cable or Satellite Bills, etc. )

Creditors Name \_\_\_\_\_

Creditors Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Last 4 Digits of Account Number \_\_\_\_\_

Amount Owing \$ \_\_\_\_\_

When ( Month & Year ) Was This Account Opened or Debt Incurred \_\_\_\_\_

Type Of Account, ie Revolving Credit Card, Medical Etc \_\_\_\_\_

Notes: \_\_\_\_\_

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Creditors Name \_\_\_\_\_

Creditors Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Last 4 Digits of Account Number \_\_\_\_\_

Amount Owing \$ \_\_\_\_\_

When ( Month & Year ) Was This Account Opened or Debt Incurred \_\_\_\_\_

Type Of Account, ie Revolving Credit Card, Medical Etc \_\_\_\_\_

Notes \_\_\_\_\_

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THIS PAGE IS FOR SECURED DEBTS ONLY. IF YOU HAVE ANY SECURED DEBTS PLEASE COMPLETE THE REQUESTED INFORMATION. ( A Secured Debt, Is A Debt Which Is Secured By Merchandise, Such As An Auto Loan, A Furniture Loan, Or a Home Loan) IF YOU DO NOT HAVE ANY SECURED DEBT, PLEASE GO TO THE NEXT PAGE.

Description Of Secured Merchandise For This Debt \_\_\_\_\_

Creditors Name & Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Last 4 Digits Of Account # \_\_\_\_\_

How Much Do You Owe On This Account \$ \_\_\_\_\_

Value Of Item Securing This Account \$ \_\_\_\_\_

When Was This Account Opened \_\_\_\_\_

\*\*\*\*\*

Description Of Secured Merchandise For This Debt \_\_\_\_\_

Creditors Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Last 4 Digits Of Account # \_\_\_\_\_

How Much Do You Owe On This Account \$ \_\_\_\_\_

Value Of Item Securing This Account \$ \_\_\_\_\_

When Was This Account Opened \_\_\_\_\_

\*\*\*\*\*

Description Of Secured Merchandise For This Debt \_\_\_\_\_

Creditors Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Last 4 Digits Of Account # \_\_\_\_\_

How Much Do You Owe On This Account \$ \_\_\_\_\_

Value Of Item Securing This Account \$ \_\_\_\_\_

When Was This Account Opened \_\_\_\_\_



Do You Have A Checking Account? \_\_\_\_\_

Last 4 Digits Of Acct # \_\_\_\_\_ Approx Balance \_\_\_\_\_

Bank Name \_\_\_\_\_

Bank Address \_\_\_\_\_

City, State & Zip \_\_\_\_\_

\*\*\*\*\*

Do You Have A Savings Account? \_\_\_\_\_

Last 4 Digits Of Acct # \_\_\_\_\_ Approx Balance \_\_\_\_\_

Bank Name \_\_\_\_\_

Bank Address \_\_\_\_\_

City, State & Zip \_\_\_\_\_

\*\*\*\*\*

Do You Have A 401K, IRA, Keogh, Pension or Profit Sharing Plan ? \_\_\_\_\_

If Yes, Please List The Approx Balance Of The Account \_\_\_\_\_

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Do you Have any Judgments or Garnishments. \_\_\_\_\_ If Yes, Please Complete the

Information Requested Below:

Court Where Judgment Was Entered, (Name & Address) \_\_\_\_\_

\_\_\_\_\_

What Is The Case Number \_\_\_\_\_

Date The Judgment Was Entered \_\_\_\_\_

Amount Of Judgment \$ \_\_\_\_\_

Initial Creditor, (Name & Address) \_\_\_\_\_

\_\_\_\_\_

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**CHAPTER 7 BANKRUPTCY QUESTIONNAIRE**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State & Zip: \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_

E Mail Address \_\_\_\_\_

Debtors SSN \_\_\_\_\_

Co-Debtors SSN \_\_\_\_\_

Have You Ever Filed Bankruptcy Before \_\_\_\_\_. If So When \_\_\_\_\_

Number of Dependents \_\_\_\_\_ Ages \_\_\_\_\_

Monthly Gross Income Debtor \$ \_\_\_\_\_

Monthly Gross Income Co-Debtor \$ \_\_\_\_\_

Total Gross Monthly Income (Add Debtors & Co-Debtors Gross Income) \$ \_\_\_\_\_

\*\*\*\*\*

Debtors Employer \_\_\_\_\_

Employers Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Job Title \_\_\_\_\_ How Long Employed with this Employer \_\_\_\_\_

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Co-Debtors Employer \_\_\_\_\_

Employers Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Job Title \_\_\_\_\_ How Long Employed With This Employer \_\_\_\_\_

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