

Bankruptcy Questionnaire

INSTRUCTIONS: **This form MUST be completed in FULL.** If a question does not apply, place N/A in the blank. **ALL blank spaces MUST be answered.** Where addresses are requested, YOU must provide the FULL address, including street numbers, city, state and zip code. This information must be provided to the Bankruptcy Court. **Your Chapter 7 or Chapter 13 is not complete without ALL the following information.** For joint filings: DEBTOR = Husband; SPOUSE = Wife.

Name: _____ Social Security # _____

Spouse's Name: _____ Social Security # _____

Address: Street & #: _____ City _____ ST: _____ Zip _____

County: _____ Phone # _____ Work Husband: _____ Wife _____

All other named used by you or your Spouse for the last SIX years. (Use full names-include maiden or previous married names.)

Husband: _____ Wife: _____

Occupation: Debtor _____ Employer: _____

Address: _____ Length of Employment: _____

Occupation: Spouse _____ Employer: _____

Address: _____ Length of Employment: _____

Have you ever filed Bankruptcy before? _____ Case #: _____ Filing Date: _____ Where Filed? _____

Name and ages of Children: 1) Name: _____ Age: _____

2) Name: _____ Age: _____ 3) Name: _____ Age: _____

4) Name: _____ Age: _____ 5) Name: _____ Age: _____

Marital Status: Single / Married / Divorced / Separated

How often are you paid? _____ / _____ GROSS (before taxes) wages each pay: \$ _____ / \$ _____
Debtor / Spouse Debtor / Spouse

What amount of taxes and Social Security are deducted from your pay each period? Debtor\$ _____ Spouse\$ _____

What other deductions are taken from your pay per period? Insurance: Debtor\$ _____ Spouse\$ _____

Union Dues: Debtor\$ _____ Spouse\$ _____

401 K: Debtor\$ _____ Spouse\$ _____

Other: _____ Debtor\$ _____ Spouse\$ _____

Other: _____ Debtor\$ _____ Spouse\$ _____

Do you RECEIVE child support or alimony? If so, list monthly amount: Debtor\$ _____ Spouse\$ _____

Other monthly income: Describe: _____ Debtor\$ _____ Spouse\$ _____

** For individual filings, if you are married and living together, include income information for non-filing spouse also.*

List your MONTHLY expenses for:

Rent or Mortgage Payment \$ _____
 If purchasing, does mortgage include: Taxes: _____ Insurance: _____

Electric and Heat -----	\$ _____	Home or Renters Insurance -----	\$ _____
Water and Sewer -----	\$ _____	Life Insurance -----	\$ _____
Telephone -----	\$ _____	Health Ins. (not deducted from pay) -----	\$ _____
Refuse -----	\$ _____	Auto Insurance -----	\$ _____
OTHER: (_____) -----	\$ _____	Other Insurance (_____) -----	\$ _____
Home Maintenance -----	\$ _____	Personal Property Tax -----	\$ _____
Food -----	\$ _____	Taxes NOT deducted from wages -----	\$ _____
Clothing -----	\$ _____	Automobile payment -----	\$ _____
Laundry and Dry Cleaning -----	\$ _____	Child Support -----	\$ _____
Medical and Dental Expenses -----	\$ _____	Child Care -----	\$ _____
Transportation (NOT including auto payments) \$ _____		Other Expenses: (_____) -----	\$ _____
Recreation, newspaper, magazines-----	\$ _____	2 nd Mortgage-----	\$ _____
Charitable Contributions-----	\$ _____	Cable-----	\$ _____

Gross income for last two years*: Debtor: Last Year: \$ _____ Year Before \$ _____ Year to Date \$ _____
 Spouse: Last Year: \$ _____ Year Before \$ _____ Year to Date \$ _____

Income other than employment: Debtor: Last Year \$ _____ Year Before \$ _____ Year to Date \$ _____
 Source of Income: _____

Have you made any lump sum payments over \$600 to a creditor during the last 6 months? _____ If so, give name, address, amount paid, and date: _____

Have you paid any money to relatives in the last year? _____ If so , was this a GIFT or REPAYMENT? List name, relationship, address, amount and date: _____

List all Lawsuits which have been instituted by you or against you within the last year:

- 1) Case Title: _____
 Case #: _____ Court & Location: _____
 Has a judgment been entered? _____ Still Pending? _____
- 2) Case Title: _____
 Case #: _____ Court & Location: _____
 Has a judgment been entered? _____ Still Pending? _____

***Include non-filing spouse information if married and living together.**

List all garnishments which have been instituted against you within the last year:

Creditor: _____ Attorney's Full address: _____

Creditor: _____ Attorney's Full address: _____

Have any creditors repossessed, taken back or been given back any property during the last year? _____

Creditor: _____ Full address: _____

Date of repossession or voluntary return: _____ Description: _____ Value: \$ _____

Creditor: _____ Full address: _____

Date of repossession or voluntary return: _____ Description: _____ Value: \$ _____

Is any property of either of you involved in a foreclosure proceeding? _____ If so, identify the property and the person foreclosing: _____

Is any of your property in the hands of a receiver, trustee, or other liquidating agent? _____ If so describe: _____

Have you sold, mortgaged or given away any property in the last two years? _____ If so, describe: _____

Have you suffered any losses from fire, theft or gambling during the last year? _____ If so, describe: _____
Date of loss: _____ Value of loss: \$ _____ Was the loss covered by Insurance? _____

Have you consulted with an attorney, other than this office, regarding bankruptcy or debt counseling in the last year? _____ If yes, state name, address of attorney, date consulted, and amounts paid. _____

Have you transferred any property to any of your creditors in the last year? _____ If so, describe _____

List all bank accounts closed within the last year:

Name of bank: _____ Address: _____

Account #: _____ Date Closed: _____ Checking or Savings? Amount withdrawn \$ _____

Name of bank: _____ Address: _____

Account #: _____ Date Closed: _____ Checking or Savings? Amount withdrawn \$ _____

Do you have any safe deposit boxes? _____ If so, name of bank: _____ Address: _____

Name of persons with access: _____ Contents: _____

Do you hold any property for any other person? _____ If so, describe(include name and address of person, description of the property):

All other addresses for the last two years:

1) Date in: _____ Date out: _____ Address: _____

2) Date in: _____ Date out: _____ Address: _____

3) Date in: _____ Date out: _____ Address: _____

Have you or your spouse been in a partnership with anyone, or engaged in any business in the last SIX years? _____

Name of business: _____ Date opened: _____ Date closed: _____

Address: _____ Name of Co-owners: _____

Describe nature of the business: _____

SCHEDULE OF ASSETS

Financial Accts: Name of Bank: _____ Acct # _____ \$ _____
Checking / Savings

Financial Accts: Name of Bank: _____ Acct # _____ \$ _____
Checking / Savings

Financial Accts: Name of Bank: _____ Acct # _____ \$ _____
Checking / Savings

SCHEDULE OF ASSETS (LIST AND DESCRIBE EVEN IF YOU ARE STILL PURCHASING)

	Describe	Fair Market Value
Real Property: (eg. Land, home)	_____	\$ _____
Cash on hand:	_____	\$ _____
Security Deposits:	_____	\$ _____
Household Goods:	_____	\$ _____
Jewelry:	_____	\$ _____
Books, pictures, art coll.:	_____	\$ _____
Firearms, hobby equip.:	_____	\$ _____
Insurance Policies:	_____	\$ _____
Annuities:	_____	\$ _____
Pension, profit share, 401K:	_____	\$ _____
Stocks, interest in business:	_____	\$ _____
Bonds:	_____	\$ _____
Debts owed to you:	_____	\$ _____
Income Tax not yet received:	_____	\$ _____
Lawsuits:	_____	\$ _____
Autos:	_____	\$ _____
	_____	\$ _____
Office Equipment:	_____	\$ _____

**PRIORITY DEBTS
(TAXES AND/OR BACK CHILD SUPPORT)**

Circle N/A if you do not owe any taxes.

***Internal Revenue Service:** N/A

*** Missouri Department of Revenue:** N/A

Tax Year(s) owed: _____

Tax Year(s) owed: _____

Amount owed: \$ _____

Amount owed: \$ _____

Circle liable party: Husband / Wife / Joint / Single

Circle liable party: Husband / Wife / Joint / Single

***Personal Property Tax:** N/A

*** Back Child Support:** N/A

Address of City or County to whom you owe:

Name and address of person owed:

Tax year(s) owed: _____

Amount owed: \$ _____

Amount owed: \$ _____

Circle liable party: Husband / Wife / Joint / Single

Circle liable party: Husband / Wife / Joint / Single

AUTOMOBILE INFORMATION

Are you purchasing/own a vehicle? _____ If so, please provide the following:
(List all vehicles, even if you already own)

1st Auto: Year: _____ Make: _____ Model: _____ Value\$ _____ Balance \$ _____ Keep / Surrender

Loan Company: _____ Address: _____

Purchase Date: _____ Account #: _____ Monthly Payment: \$ _____

2nd Auto: Year: _____ Make: _____ Model: _____ Value\$ _____ Balance \$ _____ Keep / Surrender

Loan Company: _____ Address: _____

Purchase Date: _____ Account #: _____ Monthly Payment: \$ _____

3rd Auto: Year: _____ Make: _____ Model: _____ Value\$ _____ Balance \$ _____ Keep / Surrender

Loan Company: _____ Address: _____

Purchase Date: _____ Account #: _____ Monthly Payment: \$ _____

Did anyone co-sign on these loans? _____ If so, please indicate which vehicle, and provide the name and address of the

co-signer: _____

RESIDENCE/REAL ESTATE INFORMATION

Are you buying or renting your residence? _____

Name of Mortgage Company/Landlord: _____

Address: _____

**** If RENTING please provide the following:** **Lease Duration: _____; **Beginning date: _____

**Monthly payments: \$_____ **Amount behind: \$_____

***If BUYING home or other real estate, please provide the following:**

*Date of purchase: _____ *Account #: _____ *Balance: \$_____

*Monthly Payments: \$_____ *Amount behind: \$_____ *Value: \$_____

Did anyone co-sign on this loan? _____ If so, please provide name and address: _____

*Describe secured property: Mobile Home, Single Family Residence, Two Family Flat, Four Family Flat, unimproved lot. (circle one)

Address for secured property: _____

*Do you owe Real Estate Taxes on this property? _____ If so, which county do you owe?

St. Louis City / St. Louis County / Franklin County / Washington County / Jefferson County / St. Charles County

Other: _____ Amount owed: \$_____

* Are you keeping or surrendering the home/real estate? _____

Is there a 2nd mortgage on the home/real estate? _____ If so, please provide the following:

Name of Mortgage Company: _____

Address: _____

*Date of purchase: _____ *Account #: _____ *Balance: \$_____

*Monthly Payments: \$_____ *Amount behind: \$_____ *Value: \$_____

Did anyone co-sign on this loan? _____ If so, please provide name and address: _____

SECURED DEBTS

Creditor: _____
Address: _____ _____
Acct. # _____ Date Incurred: _____ Balance: \$ _____
Indicate whose debt: Husband Wife Joint Single
Name & address of any co-signer on debt: _____
Reason for debt: Secured credit card, furniture purchase, household goods listed as collateral, other: _____
Description & value of collateral: _____ Value \$ _____
Monthly payments: \$ _____ Do you wish to keep collateral? YES NO

Creditor: _____
Address: _____ _____
Acct. # _____ Date Incurred: _____ Balance: \$ _____
Indicate whose debt: Husband Wife Joint Single
Name & address of any co-signer on debt: _____
Reason for debt: Secured credit card, furniture purchase, household goods listed as collateral, other: _____
Description & value of collateral: _____ Value \$ _____
Monthly payments: \$ _____ Do you wish to keep collateral? YES NO

Creditor: _____
Address: _____ _____
Acct. # _____ Date Incurred: _____ Balance: \$ _____
Indicate whose debt: Husband Wife Joint Single
Name & address of any co-signer on debt: _____
Reason for debt: Secured credit card, furniture purchase, household goods listed as collateral, other: _____
Description & value of collateral: _____ Value \$ _____
Monthly payments: \$ _____ Do you wish to keep collateral? YES NO

UNSECURED DEBTS

<p>Creditor: _____ Collection Agency: _____</p> <p>Address: _____ Address: _____</p> <p>_____</p> <p>Acct. # _____ Date Incurred: _____ Balance: \$ _____</p> <p>Whose debt: Husband Wife Joint Single Type of debt: credit card medical signature loan service student loan Other:</p> <p>Name & Address of any co-signer on debt:</p>
<p>Creditor: _____ Collection Agency: _____</p> <p>Address: _____ Address: _____</p> <p>_____</p> <p>Acct. # _____ Date Incurred: _____ Balance: \$ _____</p> <p>Whose debt: Husband Wife Joint Single Type of debt: credit card medical signature loan service student loan Other:</p> <p>Name & Address of any co-signer on debt:</p>
<p>Creditor: _____ Collection Agency: _____</p> <p>Address: _____ Address: _____</p> <p>_____</p> <p>Acct. # _____ Date Incurred: _____ Balance: \$ _____</p> <p>Whose debt: Husband Wife Joint Single Type of debt: credit card medical signature loan service student loan Other:</p> <p>Name & Address of any co-signer on debt:</p>
<p>Creditor: _____ Collection Agency: _____</p> <p>Address: _____ Address: _____</p> <p>_____</p> <p>Acct. # _____ Date Incurred: _____ Balance: \$ _____</p> <p>Whose debt: Husband Wife Joint Single Type of debt: credit card medical signature loan service student loan Other:</p> <p>Name & Address of any co-signer on debt:</p>
<p>Creditor: _____ Collection Agency: _____</p> <p>Address: _____ Address: _____</p> <p>_____</p> <p>Acct. # _____ Date Incurred: _____ Balance: \$ _____</p> <p>Whose debt: Husband Wife Joint Single Type of debt: credit card medical signature loan service student loan Other:</p> <p>Name & Address of any co-signer on debt:</p>

UNSECURED DEBTS

Creditor: _____ Collection Agency: _____

Address: _____ Address: _____

Acct. # _____ Date Incurred: _____ Balance: \$ _____

Whose debt: Husband Wife Joint Single Type of debt: credit card medical signature loan service student loan Other:

Name & Address of any co-signer on debt:

Creditor: _____ Collection Agency: _____

Address: _____ Address: _____

Acct. # _____ Date Incurred: _____ Balance: \$ _____

Whose debt: Husband Wife Joint Single Type of debt: credit card medical signature loan service student loan Other:

Name & Address of any co-signer on debt:

Creditor: _____ Collection Agency: _____

Address: _____ Address: _____

Acct. # _____ Date Incurred: _____ Balance: \$ _____

Whose debt: Husband Wife Joint Single Type of debt: credit card medical signature loan service student loan Other:

Name & Address of any co-signer on debt:

Creditor: _____ Collection Agency: _____

Address: _____ Address: _____

Acct. # _____ Date Incurred: _____ Balance: \$ _____

Whose debt: Husband Wife Joint Single Type of debt: credit card medical signature loan service student loan Other:

Name & Address of any co-signer on debt:

Creditor: _____ Collection Agency: _____

Address: _____ Address: _____

Acct. # _____ Date Incurred: _____ Balance: \$ _____

Whose debt: Husband Wife Joint Single Type of debt: credit card medical signature loan service student loan Other:

Name & Address of any co-signer on debt:

UNSECURED DEBTS

<p>Creditor: _____ Collection Agency: _____</p> <p>Address: _____ Address: _____</p> <p>_____</p> <p>Acct. # _____ Date Incurred: _____ Balance: \$ _____</p> <p>Whose debt: Husband Wife Joint Single Type of debt: credit card medical signature loan service student loan Other:</p> <p>Name & Address of any co-signer on debt:</p>
<p>Creditor: _____ Collection Agency: _____</p> <p>Address: _____ Address: _____</p> <p>_____</p> <p>Acct. # _____ Date Incurred: _____ Balance: \$ _____</p> <p>Whose debt: Husband Wife Joint Single Type of debt: credit card medical signature loan service student loan Other:</p> <p>Name & Address of any co-signer on debt:</p>
<p>Creditor: _____ Collection Agency: _____</p> <p>Address: _____ Address: _____</p> <p>_____</p> <p>Acct. # _____ Date Incurred: _____ Balance: \$ _____</p> <p>Whose debt: Husband Wife Joint Single Type of debt: credit card medical signature loan service student loan Other:</p> <p>Name & Address of any co-signer on debt:</p>
<p>Creditor: _____ Collection Agency: _____</p> <p>Address: _____ Address: _____</p> <p>_____</p> <p>Acct. # _____ Date Incurred: _____ Balance: \$ _____</p> <p>Whose debt: Husband Wife Joint Single Type of debt: credit card medical signature loan service student loan Other:</p> <p>Name & Address of any co-signer on debt:</p>
<p>Creditor: _____ Collection Agency: _____</p> <p>Address: _____ Address: _____</p> <p>_____</p> <p>Acct. # _____ Date Incurred: _____ Balance: \$ _____</p> <p>Whose debt: Husband Wife Joint Single Type of debt: credit card medical signature loan service student loan Other:</p> <p>Name & Address of any co-signer on debt:</p>

UNSECURED DEBTS

Creditor: _____ Collection Agency: _____

Address: _____ Address: _____

Acct. # _____ Date Incurred: _____ Balance: \$ _____

Whose debt: Husband Wife Joint Single Type of debt: credit card medical signature loan service student loan Other:

Name & Address of any co-signer on debt:

Creditor: _____ Collection Agency: _____

Address: _____ Address: _____

Acct. # _____ Date Incurred: _____ Balance: \$ _____

Whose debt: Husband Wife Joint Single Type of debt: credit card medical signature loan service student loan Other:

Name & Address of any co-signer on debt:

Creditor: _____ Collection Agency: _____

Address: _____ Address: _____

Acct. # _____ Date Incurred: _____ Balance: \$ _____

Whose debt: Husband Wife Joint Single Type of debt: credit card medical signature loan service student loan Other:

Name & Address of any co-signer on debt:

Creditor: _____ Collection Agency: _____

Address: _____ Address: _____

Acct. # _____ Date Incurred: _____ Balance: \$ _____

Whose debt: Husband Wife Joint Single Type of debt: credit card medical signature loan service student loan Other:

Name & Address of any co-signer on debt:

Creditor: _____ Collection Agency: _____

Address: _____ Address: _____

Acct. # _____ Date Incurred: _____ Balance: \$ _____

Whose debt: Husband Wife Joint Single Type of debt: credit card medical signature loan service student loan Other:

Name & Address of any co-signer on debt:

UNSECURED DEBTS

Creditor: _____ Collection Agency: _____

Address: _____ Address: _____

Acct. # _____ Date Incurred: _____ Balance: \$ _____

Whose debt: Husband Wife Joint Single Type of debt: credit card medical signature loan service student loan Other:

Name & Address of any co-signer on debt:

Creditor: _____ Collection Agency: _____

Address: _____ Address: _____

Acct. # _____ Date Incurred: _____ Balance: \$ _____

Whose debt: Husband Wife Joint Single Type of debt: credit card medical signature loan service student loan Other:

Name & Address of any co-signer on debt:

Creditor: _____ Collection Agency: _____

Address: _____ Address: _____

Acct. # _____ Date Incurred: _____ Balance: \$ _____

Whose debt: Husband Wife Joint Single Type of debt: credit card medical signature loan service student loan Other:

Name & Address of any co-signer on debt:

Creditor: _____ Collection Agency: _____

Address: _____ Address: _____

Acct. # _____ Date Incurred: _____ Balance: \$ _____

Whose debt: Husband Wife Joint Single Type of debt: credit card medical signature loan service student loan Other:

Name & Address of any co-signer on debt:

Creditor: _____ Collection Agency: _____

Address: _____ Address: _____

Acct. # _____ Date Incurred: _____ Balance: \$ _____

Whose debt: Husband Wife Joint Single Type of debt: credit card medical signature loan service student loan Other:

Name & Address of any co-signer on debt:

UNSECURED DEBTS

<p>Creditor: _____ Collection Agency: _____</p> <p>Address: _____ Address: _____</p> <p>_____</p> <p>Acct. # _____ Date Incurred: _____ Balance: \$ _____</p> <p>Whose debt: Husband Wife Joint Single Type of debt: credit card medical signature loan service student loan Other:</p> <p>Name & Address of any co-signer on debt:</p>
<p>Creditor: _____ Collection Agency: _____</p> <p>Address: _____ Address: _____</p> <p>_____</p> <p>Acct. # _____ Date Incurred: _____ Balance: \$ _____</p> <p>Whose debt: Husband Wife Joint Single Type of debt: credit card medical signature loan service student loan Other:</p> <p>Name & Address of any co-signer on debt:</p>
<p>Creditor: _____ Collection Agency: _____</p> <p>Address: _____ Address: _____</p> <p>_____</p> <p>Acct. # _____ Date Incurred: _____ Balance: \$ _____</p> <p>Whose debt: Husband Wife Joint Single Type of debt: credit card medical signature loan service student loan Other:</p> <p>Name & Address of any co-signer on debt:</p>
<p>Creditor: _____ Collection Agency: _____</p> <p>Address: _____ Address: _____</p> <p>_____</p> <p>Acct. # _____ Date Incurred: _____ Balance: \$ _____</p> <p>Whose debt: Husband Wife Joint Single Type of debt: credit card medical signature loan service student loan Other:</p> <p>Name & Address of any co-signer on debt:</p>
<p>Creditor: _____ Collection Agency: _____</p> <p>Address: _____ Address: _____</p> <p>_____</p> <p>Acct. # _____ Date Incurred: _____ Balance: \$ _____</p> <p>Whose debt: Husband Wife Joint Single Type of debt: credit card medical signature loan service student loan Other:</p> <p>Name & Address of any co-signer on debt:</p>

THE INFORMATION IN THIS QUESTIONNAIRE WILL BE USED TO PREPARE YOUR BANKRUPTCY PETITION AND SCHEDULES WHICH WILL BE FILED IN THE UNITED STATES BANKRUPTCY COURT. IT IS A FEDERAL CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION, OR TO CONCEAL ASSETS, IN A BANKRUPTCY PROCEEDING.

I, _____, and/or _____, of lawful age, state that the above facts stated herein are true and correct to the best of my/our knowledge and belief.

Dated: _____

Dated: _____