

**PRELIMINARY BANKRUPTCY QUESTIONNAIRE**

**HOW DID YOU HEAR ABOUT US?** Please check (✓) one below: "\*\*\*\*\*"

\*\*\*\*\*Received Letter                      ""Yellow Pages \*\*\*\*\*Y gdukg                      "Ky cu'c'r t gxlqwu'ertgpv"\*\*\*\*\*Vj g'Uqwj ukf gt 'Xqlkg  
\*\*\*\*\*Received PosvEctf \*\*\*\*\*[ R&eo \*\*\*\*\*I qqi rg                      "Lqj puqp'Eq'Uwdwdcp'dqqm  
\*\*\*\*\*O qpg{ 'O clrgt                      \*\*\*\*\*Ut ggV'Uki p \*\*\*\*\*[ cj qq                      "Tghgttgf 'd{ 'aaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaa  
\*\*\*\*\*[ gmy 'Dqqm"\*\*\*\*\*Y kpf qy 'Uki p \*\*\*\*\*Y TVX&eo \*\*\*\*\*Qvj gt "gzi rkp+'aaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaa

**INDIVIDUAL**

**SPOUSE (IF APPLICABLE)**

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

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

Full Middle Name (no initials): \_\_\_\_\_

Full Middle Name (no initials): \_\_\_\_\_

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

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

Other names used in past 8 years:  
\_\_\_\_\_

Other names used in past 8 years  
\_\_\_\_\_

Soc Sec No: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Soc Sec No: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

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

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

County of Residence: \_\_\_\_\_

County of Residence: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_  
\_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_  
\_\_\_\_\_

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

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

Best Number to Reach You: \_\_\_\_\_

Best Number to Reach You: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

OK to Leave Detailed Messages?    ""YES    ""NO

OK to Leave Detailed Messages? ""[ ES ""NO

Employer: \_\_\_\_\_

Employer: \_\_\_\_\_

Occupation: \_\_\_\_\_

Occupation: \_\_\_\_\_

How Long There: \_\_\_\_\_

How Long There: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Extension: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Extension: \_\_\_\_\_

Hourly Rate \_\_\_\_\_ or Annual Salary \_\_\_\_\_

Hourly Rate \_\_\_\_\_ or Annual Salary \_\_\_\_\_

# of Hours Worked per Week: \_\_\_\_\_

# of Hours Worked per Week: \_\_\_\_\_

Get Overtime? \_\_\_\_\_ Get

Overtime? \_\_\_\_\_

Any other source of income? \_\_\_\_\_

Any other source of income? \_\_\_\_\_

Please **check mark** your Marital Status: ""Single ""Married ""Separated ""Divorced ""Widowed

# of Minor & Dependent Children: \_\_\_\_\_ aaaaaa ""Ci es \_\_\_\_\_

Name, Address and Phone Number of Nearest Relative: \_\_\_\_\_  
\_\_\_\_\_

**CIRCLE YES OR NO IF APPLICABLE TO YOU OR YOUR SPOUSE:**

Have you filed bankruptcy before?	YES	NO
Have you lived in any other state besides Indiana in last 2 years?	YES	NO
Have you been self-employed or owned a business/partnership in last 6 yrs?	YES	NO
Has anyone cosigned any debts for you or have you cosigned for anyone?	YES	NO
Is an ex-spouse liable for any of your debts?	YES	NO
Do you own or are you buying any real estate? If yes, is it VA, FHA, or Conventional? (circle one)	YES	NO
If yes, do you own more than one piece of real estate?	YES	NO
Is your name on anyone else's real estate? (i.e. relative, friend)	YES	NO
Have you removed your name from any real estate, automobiles, or bank accounts by sale or otherwise in the past 2 years?	YES	NO
Are you involved as a plaintiff in any personal injury action or any other action in which you might receive money?	YES	NO
Have you been sued in any Court or received any notices from any Court or Small Claims Court?	YES	NO
Are your wages being garnished or threatened with garnishment?	YES	NO
Are you expecting a tax refund you have not received yet?	YES	NO
Do you owe any income taxes for previous tax years?	YES	NO
Are you buying a vehicle that you still owe on?	YES	NO
Are you leasing any vehicles?	YES	NO
Do you own any vehicles which are paid off?	YES	NO
Do you have any student loans?	YES	NO
Do any of the following debts include bad checks?	YES	NO
Do you pay child support?	YES	NO
Do you owe back child support?	YES	NO
Have you used credit cards in the prior 6 mths for purchases and/or cash advances? If yes, was it more than \$500 on any 1 card? _____	YES	NO
Is your driver's license suspended because of an accident?	YES	NO

\_\_\_\_\_  
Advised

**PLEASE MAKE A LIST OF ALL YOUR DEBTS - EVEN IF YOU WISH TO KEEP PAYING ON THEM!**  
 (You do not need to include your current utility bills or non-past due rent.)

**CREDITOR NAME:**

**APPROX AMT OWED:**

**List Mortgage Loans:**

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

**List Auto Lenders:**

\_\_\_\_\_ \$ \_\_\_\_\_ Year/Make/Model: \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_ Year/Make/Model: \_\_\_\_\_

**List Back Taxes:**

Federal: \_\_\_\_\_ \$ \_\_\_\_\_ What Years? \_\_\_\_\_  
 State: \_\_\_\_\_ \$ \_\_\_\_\_ What Years? \_\_\_\_\_  
 Property Taxes: \_\_\_\_\_ \$ \_\_\_\_\_ What Years? \_\_\_\_\_

**List Student Loan Lenders:**

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

**List Credit Cards:**

1. _____ \$ _____	6. _____ \$ _____
2. _____ \$ _____	7. _____ \$ _____
3. _____ \$ _____	8. _____ \$ _____
4. _____ \$ _____	9. _____ \$ _____
5. _____ \$ _____	10. _____ \$ _____

**List Medical Bills (You may list an estimated total):**

1. _____ \$ _____	5. _____ \$ _____
2. _____ \$ _____	6. _____ \$ _____
3. _____ \$ _____	7. _____ \$ _____
4. _____ \$ _____	8. _____ \$ _____

**List Any Other Debt (loans, past-due utilities, mail order, auto accident, etc):**

1. _____ \$ _____	5. _____ \$ _____
2. _____ \$ _____	6. _____ \$ _____
3. _____ \$ _____	7. _____ \$ _____
4. _____ \$ _____	8. _____ \$ _____

**IF YOU NEED AN ADDITIONAL SHEET, PLEASE FEEL FREE TO ASK. THANK YOU!**