



31 Atlanta Street
Marietta, GA 30060
Telephone (770) 792-3636
Facsimile (770) 792-3281
www.rothbloom.com

Bankruptcy Questionnaire

Please fill out this questionnaire to the best of your ability. You may type your answers directly into the document. Click on any field and type your answer. Complete answers will enable us to thoroughly evaluate your case. If a question does not apply, please indicate that by marking "N/A". Once you have completed the Questionnaire you may print the document by clicking on the print icon above.

How did you find us?

Referral (Name of person who referred you _____)

Online Search Engine (Google, Yahoo, Bing etc)

Lawyers.com

Marital status:

Single

Married

Separated

Divorced

Household Size:

Number of people living in your home on a full or part-time basis including children for whom you provide support? _____

Name and Residence Information:

A. *Your* full name: _____

Your Social Security Number: _____ Date of birth: _____

B. *Your spouse's* full name: _____

Your spouse's Social Security Number: _____ Date of birth: _____

C. List any other names used by you or your spouse (including maiden name), or other ways you have signed your names to papers and checks during the last six years:

D. Current address: _____
(Street)

(City) (State) (County) (Zip code)

(If different)

Mailing address: _____
(Street)

(City) (State) (County) (Zip code)

Email address: _____

If **not** GEORGIA, indicate the State you resided exactly 2 YEARS ago? _____

Contact Information:

Home phone: _____

Cell phone: _____

Spouse's phone: _____

Please provide the name and telephone number of a close friend or relative who knows how to contact you on short notice:

Prior Bankruptcies:

Have you ever filed a bankruptcy before?

YES If yes please complete prior bankruptcy information below

NO

Have you filed all of your federal and state income tax returns?

YES

NO Which years have not been filed? _____

Are there any lawsuits pending or judgments against you? _____

Have you made any balance transfers between or taken cash advances from any credit card in the past six months? _____

Prior Bankruptcy Information

Case number(s): _____ Chapter: 7 or 13

Date(s) filed: _____

Location of Court: _____

Disposition of each case: Dismissed; Discharged; Date: _____

Is your spouse involved in any bankruptcy case or chapter 13 case that is still pending?

NO

Yes

Case number(s): _____

Date(s) filed: _____

Location of Court: _____

Your Assets:

A. REAL ESTATE OR LAND

(1) Do you own real estate or land? YES _____ NO _____ .

If YES, describe and give the location of all real property (lot, house, land, burial plot, etc.) in which you hold an interest:

(2) How is this property titled?

My name only; Spouse's name only; Jointly owned by me and my spouse; or

Jointly owned by ME and _____

(3) Name of first mortgage company: _____

Address: _____

First mortgage payoff: \$ _____ Monthly payments: \$ _____

Is this account current? _____. If no, what is the amount of arrears? \$ _____

(4) Name of second mortgage company: _____

Address: _____

Second mortgage payoff: \$ _____ Monthly payments: \$ _____

Is this account current? _____. If no, what is the amount of arrears? \$ _____

(6) Original Purchase Price: \$ _____ Year Purchased: _____

(7) Present minimum market value of your property: \$ _____

(8) **IS A FORECLOSURE SCHEDULED?** NO YES **FORECLOSURE DATE:** _____

B. PERSONAL PROPERTY:

We are required to provide the Court with a list (and dollar value) of your personal property. Please provide a dollar value for the categories that apply to your personal property. **Use YARD SALE (not "new" or "replacement") values.**

Household furniture:	\$ _____	Security deposit (Utility):	\$ _____
Books, pictures, art objects, stamp, coin and other collections:	\$ _____	Which utility?	_____
Wearing apparel:	\$ _____	Life ins. cash value:	\$ _____
Jewelry :	\$ _____	401(k) or pension bal.	\$ _____
Firearms and sports equipment:	\$ _____	Stock or securities:	\$ _____
Cash on hand:	\$ _____	Value of assets of any incorporated business:	\$ _____
Checking acct balance (Avg.)	\$ _____	Estimate value of assets of a business you own:	\$ _____
Bank name: _____		Accounts receivables:	\$ _____
Savings account balance (Avg.)	\$ _____	Inheritance expected due to recent death?	\$ _____
Bank Name: _____			

NOTE: ***DO YOU OWE MONEY TO ANY BANK WHERE YOU KEEP A CHECKING OR SAVINGS ACCOUNT***

Are you owed any back alimony or child support?
If yes, amount owed: \$ _____

NO YES

BANK: _____

Security deposit to landlord:	\$ _____	_____
Landlord name:	_____	_____

2. VEHICLE(s): (Including mobile homes, RV's, trailers, boats, ATV's and motorcycles)

List all automobiles (Either paid-for or being financed):

Vehicle # 1: How is this property titled?

My name only; Spouse's name only; Jointly owned by me and my spouse; or
 Jointly owned by ME and _____

Approximate value: _____ Paid-for? _____

(Year Type of vehicle) (Approx. mileage)

Approximate month and year of Purchase: Month: _____ Year: _____

Year & type _____ Approximate value: _____ Paid-For?: _____
 \$ _____

Boats, ATVs and motorcycles: Approximate value: _____ Paid-for?: _____
 Year and Type: _____ \$ _____
 Year and Type: _____ \$ _____

OTHER THAN MOTOR Vehicles, describe any other personal property you own, not listed above, worth more than \$500.00: _____

3. Money owed to you:

Do you have any possible reason for suing someone, for damage to your property, for injuries to yourself or other members of your family? YES _____ NO _____

If YES, please provide the following information:

Existing or Potential Lawsuit(s)	
Who could you sue (or Who have you sued including class actions lawsuits)?	
How Much Money is Involved?	
Please Explain: (1) Why Could You Sue; (2) Whether or not Suit Has Been Filed; and (3) Whether or not you have retained an Attorney.	

Your debts:

(1) **Do you or your spouse have a LOAN against a 401(k) Plan?:** _____ Yes. _____ No.

If yes, please complete the following:

Who owes the 401(k) loan? _____.

Approximate amount still owed: \$ _____.

Amount deducted for repayment: \$ _____ per _____.

Important: Month and year loan will be paid-off: _____ of 20_____.

- (2) Secured debts other than mortgages and vehicle loans, including furniture, electronic and jewelry purchased on store credit:

Creditor's name and address and last 4 digits of account number. NOTE: Your paperwork cannot be properly completed without all of your creditors' addresses!	Who is Liable for Debt? H - Husband W - Wife J - Joint	Approx. balance owed	Describe the collateral for the debt (example, furniture) and write down your estimate for the current minimum yard-sale value.
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$

- (3) **INCOME TAX DEBTS:** **None owed. I/we filed all tax returns. (Skip to next section.)**
 Yes, and all tax returns were filed. (Complete the info. below.)
 Maybe. Still need to file returns for the following years:

Amounts owed, if any, to INTERNAL REVENUE SERVICE:

Tax year:	Was a return filed on time?	Amount of tax/penalty owed:
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

Amounts owed, if any, to the GEORGIA DEPARTMENT OF REVENUE and other states:

Tax year:	Was a return filed on time?	Amount of tax/penalty owed:
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

Are any tax refunds expected?

YES Amount due: _____ Tax year refund due for: _____

NO

(4) **OTHER TAX DEBTS:**

Past-due property taxes:

Amount \$ _____ County: _____ Tax year(s): _____

Other taxes (Sales tax, etc.):

Name and address of taxing authority: _____

Amount: \$ _____ Tax period: _____

(5) CHILD SUPPORT OR ALIMONY PAYMENTS:

Name and address of recipient of support:

Amount of arrears owed, if any:

\$ _____

(6) STUDENT LOANS:

(Name & address of creditor)	Person liable	Monthly payment	Balance Owed
		\$	\$
		\$	\$

(7) UNSECURED DEBTS

Examples are credit cards, medical bills, deficiencies on repossessions, etc. Please provide us with all addresses available to you, even the address of bill collectors or attorneys hired by the creditor.

Creditor's name and address, and <i>rw'bf ki kw'qh</i> <i>ceeqwpv'pwo dgt.</i> NOTE: Your paperwork cannot be properly completed without all of your creditors' addresses!	Who is liable for debt? H - Husband W - Wife J - Joint	Approximate amount currently owed.
		\$
		\$
		\$

Creditor's name and address, and <i>rw'bfk ku'</i> <i>qhcceqwpv'pwo dgt</i> . NOTE: Your paperwork can not be properly completed without all of your creditors' addresses!	Who is liable for debt? H - Husband W - Wife J - Joint	Approximate amount currently owed
		\$
		\$
		\$
		\$
		\$
		\$

(6) LEASES OR PENDING CONTRACTS

Please disclose the following information for your home or apartment lease, as well as *vehicle leases* or *rent-to-own furniture contracts*.

Name/address of leasing company	What are you leasing?	Monthly pmts.	Date lease expires?
	_____ _____ Do you want to keep this lease?	\$ _____ If payments are behind, how far? _____ months	_____
	_____ _____ Do you want to keep this lease?	\$ _____ If payments are behind, how far? _____ months	_____

(7) CO-SIGNED DEBTS:

A. Debts *you co-signed for somebody*:

The Debt you co-signed	Name & address of co-debtor	Amount owed	Describe any collateral
		\$ _____	_____ _____
		\$ _____	_____ _____
		\$ _____	_____ _____

B. Debts that *somebody co-signed for you*:

The debt co-signed/guaranteed	Name & address of co-debtor	Amount owed	Describe any collateral
		\$ _____	_____ _____
		\$ _____	_____ _____

1. BUDGET: FAMILY SIZE, INCOME AND EXPENSES

NOTE: Please complete the following information for you and your spouse, even if your spouse is not filing with you.

	You	Spouse
Age:	_____	_____
Occupation:	_____	_____
Employer Name:	_____	_____
How long employed there?:	_____	_____
Employer address:	_____	_____
	_____	_____
Dependents: (For each dependent, please state the name, age and relationship):	_____	

YOUR INCOME OVER THE PAST 6 MONTHS:

EXACT gross (before deductions) income last month: **You \$** _____ **Spouse: \$** _____

EXACT total gross income (all sources) 2 months ago: **You \$** _____ **Spouse: \$** _____

EXACT total gross income (all sources) 3 months ago: **You \$** _____ **Spouse: \$** _____

EXACT total gross income (all sources) 4 months ago: **You \$** _____ **Spouse: \$** _____

EXACT total gross income (all sources) 5 months ago: **You \$** _____ **Spouse: \$** _____

EXACT total gross income (all sources) 6 months ago: **You \$** _____ **Spouse: \$** _____

YOUR ANTICIPATED INCOME AND PAYROLL DEDUCTIONS *THIS MONTH*

	Debtor	Joint Debtor Non-Filing Spouse <i>or</i>
Current <i>monthly</i> gross wages (before deductions for taxes, etc.), salary or commissions (Pro-rate if not paid monthly.)	(\$ _____)	(\$ _____)
Estimated <i>monthly</i> overtime.	(\$ _____)	(\$ _____)
Amount deducted <i>monthly</i> for taxes and Social Security.	(\$ _____)	(\$ _____)
Amounts (if deducted from pay) for:		
Health insurance (per month):	(\$ _____)	(\$ _____)
Life insurance (per month):	(\$ _____)	(\$ _____)
Dental insurance (per month):	(\$ _____)	(\$ _____)
Disability insurance (per month):	(\$ _____)	(\$ _____)
401(k) deduction (per month):	(\$ _____)	(\$ _____)
Other payroll deductions (Specify).	(\$ _____)	(\$ _____)
Monthly gross income from operation of a business (Describe).	(\$ _____)	(\$ _____)
Monthly income from rental property.	(\$ _____)	(\$ _____)
Monthly dividends or interest.	(\$ _____)	(\$ _____)
Amount received monthly for alimony or child support.	(\$ _____)	(\$ _____)
Social Security or govt. assistance.	(\$ _____)	(\$ _____)
Pension or retirement.	(\$ _____)	(\$ _____)
Other monthly income (Specify).	(\$ _____)	(\$ _____)

YOUR MONTHLY LIVING EXPENSES

Rent or home mortgage payment: \$ _____
 If not included in mortgage payment, amount owed for **property taxes**: \$ _____
 If not included in mortgage payment, cost of **homeowner's insurance**: \$ _____
 Second mortgage monthly payment (If applicable): \$ _____
 Electricity: \$ _____
 Water and sewer: \$ _____
 Telephone (average monthly): \$ _____
 Cable television: \$ _____
 Heating gas: \$ _____
 Garbage service: \$ _____
 Home maintenance (repairs and upkeep): \$ _____
 Food: \$ _____
 Clothing: \$ _____
 Laundry and dry Cleaning: \$ _____
 Medical and dental expenses (including prescriptions): \$ _____
 Gasoline for vehicle(s): \$ _____
 Life insurance (not deducted from paycheck): \$ _____
 Health insurance (not deducted from paycheck): \$ _____
 Auto insurance: \$ _____
 Other insurance (Specify): \$ _____
 Income taxes (monthly) IF NOT deducted from a paycheck: \$ _____
 Alimony or child support: \$ _____
 Daycare expense (Monthly): \$ _____
 Pet food / Vet bills: \$ _____
 Automobile Maintenance & Tags: \$ _____
 Church donations / tithes: \$ _____
 Other living expenses not described above: \$ _____

IF YOUR SPOUSE IS NOT FILING A CHAPTER 13 OR CHAPTER 7 *JOINTLY* WITH YOU, PLEASE COMPLETE THE FOLLOWING FOR HIS OR HER SEPARATE BILLS (IF ANY): Examples are car payments, furniture payments, credit card payments, etc.

Creditor:	Monthly payment:	Mo. and yr. when account will be PAID-OFF:
_____	\$ _____	_____
_____	\$ _____	_____

IF YOU ARE SELF-EMPLOYED OR OWN A BUSINESS, PLEASE DETAIL YOUR *AVERAGE* MONTHLY CASH FLOW:

Gross revenue (monthly): \$ _____

Business expenditures (monthly):

Salaries or sub-contract labor: \$ _____

Cost of materials or inventory: \$ _____

Advertising: \$ _____

Automobile expenses: \$ _____

Dues, permits & licenses: \$ _____

Employee health insurance & benefits: \$ _____

Income taxes: \$ _____

Insurance: \$ _____

Legal services: \$ _____

Office expense: \$ _____

Office rent: \$ _____

Payroll taxes: \$ _____

Postage & freight: \$ _____

Office property taxes: \$ _____

Repairs /maintenance: \$ _____

Sales taxes: \$ _____

Travel: \$ _____

Utilities: \$ _____

Other (specify): \$ _____

Net Monthly Income: \$ _____

STATEMENT OF FINANCIAL AFFAIRS

1. IMPORTANT: Please state your income for this year (to the current date), as well as your income for the past two years. *The Court may seek to dismiss your petition if we do not provide this information.*

A. YEAR-TO-DATE INCOME (This is your income from Jan. 1st to the present date).

Your year-to-date income: \$ _____ Actual *or* Estimated

Spouse's year-to-date income: \$ _____ Actual *or* Estimated

B. LAST YEAR'S INCOME (This figure can be ascertained from your tax returns).

Your income last year: \$ _____ Actual *or* Estimated

Spouse's income last year: \$ _____ Actual *or* Estimated

C. PREVIOUS YEAR'S INCOME (This figure can be ascertained from your tax returns).

Your income: \$ _____ Actual *or* Estimated

Spouse's income: \$ _____ Actual *or* Estimated

2. Describe the source, date amount of income that you have derived from a source other than employment or operation of a business in the past two years. (For example, the sale of property, dividends from stocks, etc.)

3. a. List any *single payment over \$600* you have made to your creditors in the last 90 days:

Creditor	Date of payment	Amount paid	Account balance
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____

- b. List any payments you have made to a family member or business partner during the last year:

Creditor	Date of payment	Amount paid	Account balance
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____

4. a. Have you been sued or garnished in the last year (12 months)? _____

If yes, it is ***URGENT*** that you provide our office with either:

(1) **Copies of all court papers**; *or*

(2) The following information for each suit or garnishment:

Caption of the suit [Plaintiff's name and defendant(s) name(s)]:

Which court and county was the suit filed in? (Example: Superior Court of Bartow County):

What was the CASE NUMBER: _____ Has a JUDGMENT been entered?

_____ Yes No.

Check if additional lawsuit information is contained on the back of this sheet:

b. List any property garnished, attached or seized during the last year by a creditor:

Creditor	Date of seizure	Description/Value of property
_____	_____	_____
_____	_____	_____
_____	_____	_____

5. List any repossessions, foreclosures and voluntary returns during the last year:

Creditor	Date of repossession or foreclosure	Description/Value of property
_____	_____	_____
_____	_____	_____

6. a. Describe any assignment of property (pledge of your existing property as collateral) for the benefit of creditors made within the last 120 days and describe the collateral for each:

b. List all property which has been in the hands of a custodian, receiver, or court-appointed official during the past year:

7. List all gifts or charitable contributions made during the last year except ordinary and usual gifts to family members totaling less than \$200 per family member and \$100 per charitable recipient:

Recipient:	Relationship (if any):	Date of Gift:	Description/Value of Gift:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

8. List all losses from fire, theft, other casualty or gambling during the past year. If applicable, give a description of the value lost, type of loss, date of loss, and whether the loss was covered in whole or in part by insurance.

9. List all payments made for any bankruptcy consultation, debt consolidation or debt management service in the past year.

10. List any balance transfers or cash advances from credit cards made in the last six months, and the exact dates upon which each transfer or cash advance was made.

11. List all other property, other than property transferred in the ordinary course of business, transferred either absolutely or as security during the past year to a creditor or family member:

Transferee & relationship (Name and address):	Date:	Describe property transferred & the value received:
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>

12. List all of your financial accounts and instruments which were closed, sold, or otherwise transferred in the past year. Include checking, savings, or other financial accounts, CDs, stocks and stock accounts held in banks, credit unions, pension funds, brokerage houses, etc.

Institution (Name & address)	Account number	Amount & date of sale or closing
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>

13. List each safe deposit box in which you had valuables in the past year.

Institution (Name & address): _____

Who had access? _____

Description of contents: _____

Date (if applicable) of transfer: _____

14. List all setoffs (money taken from your account to repay a loan at the same bank as where your money has been deposited) made by any creditor, including a bank, against a debt or deposit within the past 90 days:

Creditor (Name & address)	Date of setoff	Amount of setoff
_____	_____	\$ _____
_____	_____	\$ _____

List all property OWNED by another person that you (or you and your spouse) hold or control.

Owner (Name & address)	Description & value of property	Location of property
_____	_____	_____
_____	_____	_____

15. If you have moved within the last TWO years, list all premises occupied during that period.

Address:	Dates of occupancy:
_____	_____
_____	_____
_____	_____

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