

**Client Questionnaire**  
**Section 1 - Basic Information**

DATE: \_\_\_\_\_

HOW DID YOU FIND OUT ABOUT US: \_\_\_\_\_

**Part A. Name and Address**

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

Have you used any other names in the past eight years?  No  Yes

*If yes, please list other names used:*

Telephone Numbers\Email address:

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

Work: \_\_\_\_\_

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

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

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ State: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Have you lived at this address for at least 180 days?  No  Yes

Have you lived at this address for at least 730 days (2 years)?  No  Yes

*If you answered no to either of the questions above, please list your previous address:*

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

If you have a different mailing address, please list:

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

**Part B. Name and Address of Spouse**

If you are filing jointly with your spouse, fill in the following information about your spouse:

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

Has your spouse used any other names in the past eight years?  No  Yes

*If yes, please list other names used:*

Telephone Numbers\Email address:

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

Work: \_\_\_\_\_

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

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

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ State: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address: *(enter only if different address)* \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

If your spouse has a different mailing address, please list:

Mailing Address: *(enter only if different address)* \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

**Part C. Prior and/or Pending Bankruptcy Cases**

Have you filed a bankruptcy case in the last 8 years?  No  Yes

If yes, in which district of which state was the case filed? \_\_\_\_\_

Case Number: \_\_\_\_\_  
Date Filed: \_\_\_\_\_

Are there currently any bankruptcy cases pending involving you, your business, your spouse, or your spouse's business?  
 No  Yes

If yes, name of debtor: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Case Number: \_\_\_\_\_

Date Filed: \_\_\_\_\_

District (If known): \_\_\_\_\_

Judge (If known): \_\_\_\_\_

**Part D. Exhibit "C" to the Voluntary Petition (Hazards to Public Health\Safety)**

Do you own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety?  No  Yes

If yes, please list and describe the property:

**Part E. Debtors who reside as Tenants of Residential Property**

If you rent your place of residence, does a landlord hold a judgment against you?  No  Yes

If yes, please provide the name and address of the landlord:

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

## Section 2 - Property

### Part A. Real Estate (Schedule A)

List ALL real estate which you individually or jointly own. This could include your primary residence (house, condo or apartment(if owned)), additional residence (house, condo or apartment(if owned)), rental property, burial plot, undeveloped land and farm land:

Address and Description of Property	List all mortgages, home equity loans and other liens against the property: Please provide details requested below.	Estimated Value of Property	If filing Jointly: Owned by Husband, Wife, Joint or Community?	If you are not the only owner: Please enter the % of the property you own?	Office Use Only Exemptions?
Address:      Description:	1. Who issued the mortgage, lien or loan? (Name and Address)     2. What is the amount of the mortgage, lien or loan?  3. What is your current interest rate on the loan?  4. What is your monthly payment?  5. Does payment include taxes and/or insurance? <input type="checkbox"/> No <input type="checkbox"/> Yes 6. How many payments are left?				
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**If you have additional property, please list the necessary information on the back of this page.**