



FOR OFFICE USE ONLY

Type of Bankruptcy: 7 11 12 13 Other: _____

Quote: _____ HMWK: In Person Mail Email Date: _____

CLIENT QUESTIONNAIRE

Answer all questions and give complete information. If married, give complete information for both persons. Thank you.

How did you hear about us?

DATE: _____

Internet Oregon State Bar Advertisement I was a previous client

Referral From Friend Name: _____ Other: _____

DEBTOR 1

Full Legal Name:

First Middle Last

Any other names you have used in the last 8 years
(including maiden name, business names, etc.)?

Married? Yes No If married, how long? _____

Address: _____
Street

City State Zip Code

Mailing Address: _____
Street

City State Zip Code

Preferred Phone #: _____

Email Address: _____

May we contact you by: Email Text Message

We will not solicit or share your information with any others. Any contact will only be in relation to your case.

Number of children living with you: _____

Relationship of Child to you _____ Age _____

Relationship of Child to you _____ Age _____

**DEBTOR 2
(Spouse if filing)**

Full Legal Name:

First Middle Last

Any other names you have used in the last 8 years
(including maiden name, business names, etc.)?

Married? Yes No If married, how long? _____

Address: _____
Street

City State Zip Code

Mailing Address: _____
Street

City State Zip Code

Preferred Phone #: _____

Email Address: _____

May we contact you by: Email Text Message

Have you filed bankruptcy before? Yes No Where: _____ When: _____

Employment Information:

DEBTOR 1

Name of Employer _____

How Long Have You Been Employed There? _____

Address: _____

Street

City

State

Zip

Dates of Payment:

Weekly Every Two Weeks

Twice a Month Monthly

Monthly Gross Income (before withholdings) \$ _____

Monthly Net Income (after withholdings, taxes) \$ _____

DEBTOR 2

Name of Employer _____

How Long Have You Been Employed There? _____

Address: _____

Street

City

State

Zip

Dates of Payment:

Weekly Every Two Weeks

Twice a Month Monthly

Monthly Gross Income (before withholdings) \$ _____

Monthly Net Income (after withholdings, taxes) \$ _____

Self-Employment Information:

Name of Business: _____

Address: _____

Style of Business: Individual Partnership

Corporation LLC

Type of Business (what does it do?): _____

Gross Income for past 2 years: 20____ \$ _____
20____ \$ _____

Self-Employment Information:

Name of Business: _____

Address: _____

Style of Business: Individual Partnership

Corporation LLC

Type of Business (what does it do?): _____

Gross Income for past 2 years: 20____ \$ _____
20____ \$ _____

Other Sources of Household Income Per Month

Child/Spousal Support \$ _____

Government Assistance: \$ _____

Social Security: \$ _____

Other (specify): _____ \$ _____

Other Sources of Household Income Per Month

Child/Spousal Support \$ _____

Government Assistance: \$ _____

Social Security: \$ _____

Other (specify): _____ \$ _____

Questions relating to your residence and/or real estate:

Do you own or rent your residence? Own Rent

Type of residence:

Mobile Home Home Apartment Duplex

Amount of payment? \$ _____

Payment current? Yes No

Amount Behind: \$ _____

Do you want to retain all of the property?

Yes No

Is any land divisible from the residence?

Yes No

Have you owned real property within the last (4) years?

Yes No

If you own:

Value of house? \$ _____

Amount you feel you could sell for? \$ _____

Balance: To Whom:

1st Mortgage \$ _____

2nd Mortgage \$ _____

Other Lien(s): \$ _____

Delinquent

Property Taxes \$ _____

Are any Balloon Payments due under any of the loans on the above property(ies)? Yes No \$ _____

Questions relating to vehicles you own or are buying:

Do you own/are purchasing a vehicle? Yes No

Year/Make/Model: _____

Resale Value \$ _____ Amount Owed \$ _____

Payment Amount \$ _____ Interest Rate _____%

Amount Behind \$ _____ To Whom: _____

Year/Make/Model: _____

Resale Value \$ _____ Amount Owed \$ _____

Payment Amount \$ _____ Interest Rate _____%

Amount Behind \$ _____ To Whom: _____

Year/Make/Model: _____

Resale Value \$ _____ Amount Owed \$ _____

Payment Amount \$ _____ Interest Rate _____%

Amount Behind \$ _____ To Whom: _____

Year/Make/Model: _____

Resale Value \$ _____ Amount Owed \$ _____

Payment Amount \$ _____ Interest Rate _____%

Amount Behind \$ _____ To Whom: _____

Have you added any additional insurance, warranty or maintenance agreements to the purchase contract on your vehicle(s)? Yes No If yes, do you wish to keep them? Yes No

Questions relating to other property/items you are financing (furniture, appliances, jewelry, etc.):

Describe: _____	Describe: _____
Resale Value \$ _____ Amount Owed \$ _____	Resale Value \$ _____ Amount Owed \$ _____
Payment Amount Value \$ _____ Amount Behind \$ _____	Payment Amount Value \$ _____ Amount Behind \$ _____
Financed by: _____	Financed by: _____

Questions relating to taxes and potential tax debt:

Do you owe any taxes (not real estate) to any state or government entity? Yes No

IRS: \$ _____ Years: _____ Filed Returns: Yes No When? _____
 If no, was extension filed? Yes No If so, when? _____
 Who prepared Return? You OR IRS

State of Oregon: \$ _____ Years: _____ Filed Returns: Yes No When? _____
 If no, was extension filed? Yes No If so, when? _____

State of _____: \$ _____ Years: _____ Filed Returns: Yes No When? _____
 If no, was extension filed? Yes No If so, when? _____

Are you expecting any income tax refunds? Yes No
 IRS: \$ _____ State: \$ _____

Amount of refund, if any, you received last year? IRS: \$ _____ State: \$ _____

Do you have any Unpaid Student Loans? Yes No

Are there any Student Loan co-signers? Yes No Name: _____

Are there any other co-signers or co-debtors for any of your loans?

Yes No
 Name of Co-signer: _____
 Name of Lender: _____

Have you been involved in an auto accident or other accident within the last (2) years?
 Yes No When? _____

Do you anticipate incurring large future medical expenses not covered by insurance? Yes No

Do you owe delinquent spousal or child support? Yes No Amount: \$_____ To Whom: _____

Do you owe any traffic/parking tickets? Yes No Amount: \$_____ County: _____

Do you owe any restitution or fines associated with a criminal conviction? Yes No Amount: \$_____

Have you made any credit card cash advances or purchases over \$1,000.00 on one card within the last sixty (90) days? Yes No To whom: _____

Have you repaid any creditors \$600.00 or more within the last ninety (90) days? Yes No

Have you repaid any family members money you owed to them within the last 12 months? Yes No

Are your wages being garnished at this time? Yes No

By whom? _____ When is next pay-day? _____

Are you a trustee or signer on anyone else's bank account? Yes No Who? _____

Is your name shown on anyone else's property? Yes No Who? _____

Approximate number of unsecured creditors? (i.e., credit card debt, personal loans, payday loans, medical bills)

Number: _____ Amount \$ _____

Are you bonded for any reason by a bonding company or insurance company? Yes No

Does your business require you to be bonded for any reason? Yes No

Do you or your children have a bank account with a Credit Union? Yes No

Do you owe any money to this Credit Union? Yes No

Are you currently contributing to a retirement plan of any sort? Yes No

Are you currently receiving an inheritance and/or do you anticipate receiving and inheritance in the next 6 months? Yes No