

Law Offices
GARY C. HARRIS
Post Office Box 1190
Clayton, Georgia 30525

Telephone: (706)782-2227
Facsimile: (706) 782-7076
Website: gchlaw.info
Email: gch@myemc.net

BANKRUPTCY QUESTIONNAIRE

Date: _____

1. Print your name(s) the way you sign it:

2. List every other name you have used in the past ten (10) years:

3. Employer's name, address and telephone number:

Husband: _____

Number of years employed: _____

Position held: _____

Wife: _____

Number of years employed: _____

Position held: _____

Social Security No.: _____

4. Dependents living in your home **or** who is a student which you support:

Name: _____ DOB _____

Relationship: _____

Name _____ DOB _____

Relationship: _____

Name _____ DOB _____

Relationship _____

Name _____ DOB _____

Relationship: _____

5. Previous Bankruptcies:

Husband: Yes ___ No ___

If yes, state: Year Filed: _____

Location of Bankruptcy Court: _____

Wife: Yes ___ No ___

If yes, state: Year Filed: _____

Location of Bankruptcy Court: _____

6. For each creditor you have made payments to during the last 90 days, state:
(do not list utility bills)

Name of Creditor: _____

Date Amount Paid

_____ \$ _____

_____ \$ _____

_____ \$ _____

Name of Creditor: _____

Date Amount Paid

_____ \$ _____

_____ \$ _____

_____ \$ _____

Name of Creditor: _____

_____ Date Amount Paid

_____ \$ _____

_____ \$ _____

_____ \$ _____

7. Husband's monthly child support and/or alimony obligation, if any:

\$ _____

Arrearage, if any: \$ _____

Name of court where case filed: _____

8. Wife's monthly child support obligation and/or alimony obligation, if any:

\$ _____

Amount of arrearage, if any: \$ _____

Name of court where case was filed: _____

9. If Husband has filed a bankruptcy case within the last **eight years**, state **(skip if you provide your bankruptcy papers)**:

Name of person(s) filing: _____

Case No. _____ (if known)

Year filed: _____

City and state where case was filed: _____

Attorney's name: _____

10. If Wife has filed a bankruptcy case within the last **eight years** and does not have her papers, state:

Name of person(s) filing: _____

Case No. _____ (if known)

Year filed: _____

City and state where filed: _____

Attorney's name: _____

11. List all lawsuits to which you are or was a party within one year immediately preceding the filing of this bankruptcy case. **NOTE: If you furnish me with a copy of the lawsuit the sheriff served upon you, you do not have to complete the following information.**

Case No. _____ Name of Court _____

Plaintiff's Name: _____ Date Filed _____

Status of case: Pending ___ Completed ___

Judgment amount: \$ _____

Case No. _____ Name of Court _____

Plaintiff's Name: _____ Date Filed _____

Status of case: Pending ___ Completed ___

Judgment amount: \$ _____

Case No. _____ Name of Court _____

Plaintiff's Name: _____ Date Filed _____

Status of case: Pending ___ Completed ___

Judgment amount: \$ _____

12. State the year and amount of any state or federal tax refund(s) you received during the past year **or** will receive this year. \$ _____

13. For each vehicle you own, state:

Note: If you have given me a Blue Book printout(s), ignore the remaining part.

(a) Year, make, model: _____

Mileage: _____

Date of purchase: _____

Purchase price: \$ _____

Current mileage: _____

Blue Book Value: \$ _____

(b) Year, make, model: _____

Mileage: _____

Date of purchase: _____

Purchase price: \$ _____

Current mileage: _____

Blue Book Value: \$ _____

(c) Year, make, model: _____

Mileage: _____

Date of purchase: _____

Purchase price: \$_____

Current mileage: _____

Blue Book Value: \$_____

14. Net business income for current year-to-date: \$_____

Net employment income for current year-to-date: \$_____

Social Security income for current year-to-date: \$_____

All other income for current year-to-date: \$_____

15. For all secured debts(s) such as car loans, mortgages, etc., you wish to reaffirm (i.e., continue paying the creditor and retain the property pledged), state:

<u>Creditor's Name</u>	<u>Property Description</u>	<u>Monthly Pmt</u>	<u>Balance Owed</u>
_____	_____	\$_____	\$_____
_____	_____	\$_____	\$_____
_____	_____	\$_____	\$_____
_____	_____	\$_____	\$_____

16. Identify any ongoing contracts you are involved in such as satellite television, pest control, leases, rent-to-own, etc.

17. If Husband is receiving Social Security, disability, pension or unemployment benefits, state:

(a) Source of payment: _____

Current amount of check: \$ _____

Total amount received during the six months immediately prior to current month: \$ _____

(b) Source of payment: _____

Current amount of check: \$ _____

Total amount received during the six months immediately prior to current month from **any other source**: \$ _____

If Wife is receiving Social Security, disability, pension or unemployment benefits, state:

(a) Source of payment: _____

Current amount of check: \$ _____

Total amount received during the six months immediately prior to current month:
\$ _____

(b) Source of payment: _____

Current amount of check: \$ _____

Total amount received during the six months immediately prior to current month:
\$ _____