BANKRUPTCY CLIENT QUESTIONNAIRE - PAGE 1

BANKRUPTCY WORKSHEET

PERSONAL INFORMATION

Your Full Name: Your SSN:	
Spouse's Full Name: Spouse's SSN:	
Street Address:	
City/State/Zip:	
Mailing Address (if different):	
Home Phone #: His Cell #: His Work #:	
Her Cell #: Her Work #:	
Email Addresses:	
Nearest Relative's Name: Nearest Relative's Phone #:	
Indicate if You Are: ☐ Married ☐ Single ☐ Divorced ☐ Separated ☐ Widowed	
Number of Dependents At Home:	
Have you ever filed for bankruptcy (Chapter 7 or Chapter 13)? ☐ Yes ☐ No If yes, what year?	
Lare both of your parents living? ☐ Yes ☐ No Are both of your spouse's parents living? ☐ Yes ☐ Did your parents own any property when they died? ☐ Yes ☐ No	s □ No
REAL PROPERTY (HOUSES/BUILDINGS/LAND)	
Do you: \square Own your own home? \square Rent? \square Live with family or friends?	
SECURED LOANS ON REAL PROPERTY	
What is the value of your home? \$	
Is your home a: \square House & Lot \square House & Acreage \square Mobile Home & Land \square Mobile Home on R	ented Lot
List All Mortgages That You Have on Your Home:	

MAIN OFFICE: 459 JEFFERSON STREET, P.O. BOX 1278, NATCHITOCHES, LA 71457 — PHONE: 318-352-5900 — FAX: 318-352-6400

BANKRUPTCY CLIENT QUESTIONNAIRE - PAGE 2

Mortgage Company Name	Loan Balance	Monthly Note	Number of Months Behind	Mortgage Position (1 st , 2 nd , etc.)
	\$	\$		
	\$	\$		
	\$	\$		

List All Mortgages That You Have on Your Rental, Inheritance, or Other Real Property:

What is the value of your Rental, Inheritance, or Other Real Property? \$______

Mortgage Company Name	Loan Balance	Monthly Note	Number of Months Behind	Mortgage Position (1 st , 2 nd , etc.)
	\$	\$		
	\$	\$		
	\$	\$		

VEHICLES (CARS, TRUCKS, MOTORCYCLES, BOATS, RVS, ATVS)

List ALL vehicles (cars, trucks, motorcycles, boats, RVs, and ATVs). List the vehicle, even if it is paid for.

Year/Make/Model (ex. 2000 Ford F150)	Mileage	Creditor	Loan Balance	Monthly Note	Arrears
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$

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	\$	\$ \$

OTHER SECURED LOANS

Do you have loans s	ecured by property	other than your	home and vehi	cles (i.e., furnit	ture loans, electronics
loans, etc.)? ☐ Yes	□ No				

List all other secured loans:

Property/ Collateral	Value of Property/ Collateral	Creditor	Loan Balance	Monthly Note	Arrears
	\$		\$	\$	\$
	\$		\$	\$	\$
	\$		\$	\$	\$
	\$		\$	\$	\$

ASSETS SECTION THINGS OF VALUE/PERSONAL PROPERTY

HOUSEHOLD FURNISHINGS & APPLIANCES: List how many of each of the following items that you own:

Item	How Many?	Item	How Many?	Item	How Many?
Refrigerator		King Bed		Sofa/Couch	
Freezer		Queen Bed		Loveseat	
Stove		Double Bed		Recliner	
Washer		Single Bed		Occasional Chair	
Dryer		Night Stands		End Table	
Table/Chairs		Chest of Drawers		Coffee Table	
Desk/Chairs		Dresser		Entertainment Cntr.	
Baker's Rack		Bookshelves		Lamps	
File Cabinet		Patio Furniture		China Cabinet	

SMALL HOUSEHOLD ITEMS: List how many of each of the following items that you own:

Item	How Many?	Item	How Many?	Item	How Many?
Pots & Pans		Coffee Maker		Toaster Oven	

BANKRUPTCY CLIENT QUESTIONNAIRE - PAGE 4

Dishes	Micro	owave	Alarm Clock	
Silverware	Mixe	r	Iron	
Toaster	Blend	der	Hairdryer	

ELECTRONICS: List how many of each of the following items that you own:

Item	How Many?	Item	How Many?	Item	How Many?
TVs (list sizes)		MP3 Player/iPod		Telephone	
DVD player		Video Games		Cellular Phone	
VCR		Computer		Typewriter	
Stereo		Printer		Scanner	

CLOTHING & JEWELRY: List how many of each of the following items that you own:

Item	How Many?	Item	How Many?	Item	How Many?
Personal Clothing		Necklaces		Costume Jewelry	
Wedding Rings		Other Rings		Jewelry Box	
Watches		Bracelets		Furs	

RETIREMENT/INSURANCE/FINANCIAL: List how many of each of the following items that you own:

Item	How Many?	Item	How Many?	Item	How Many?
401(k) Account		Stocks (Company)		SEPs	
IRA Account		Government Bonds		Keoghs	
Life Insurance Policy		Business Interests		Utility Deposits	
Annuity		ESOPs		Certif. of Deposit	

MISCELLANEOUS ITEMS: List how many of each of the following items that you own:

Item	How Many?	Item	How Many?	Item	How Many?
Guns (list types)		Weights		Clocks	
Hunting Equipment		Trampoline		Luggage	
Fishing Equipment		Treadmill		Tools	
Bicycles		Pets (list type)		Lawnmower	
Golf Clubs		Musical Instruments		Barbecue Grill	
Tennis Racket		Books		Antiques	
Exercise Equipment		Artwork		Rugs	

BANKRUPTCY CLIENT QUESTIONNAIRE - PAGE 5

ASSETS SECTION - THINGS OF VALUE/PERSONAL PROPERTY (CONT.)

BANK ACCOUNTS: List ALL accounts below.

Name of Bank	Checking or Savings?	Approximate Balance
		\$
		\$
		\$
		\$
	_	
LAWSUITS & CLAIMS AGAINST ANOTHE		
Do you have any lawsuits or claims pending	against anyone or any compan	y? □ Yes □ No
If yes, describe lawsuit:		
ADDITIONAL REAL ESTATE:		
Do you own any real estate that has no mort	gages? 🗆 Yes 🗆 No	
If yes, describe real estate:		
ADDITIONAL VEHICLES (CARS, TRUCKS,	MOTORCYCLES, BOATS, RV	'S, ATVS):
Do you own any vehicles that you owe no mo	oney on? Yes No	
If yes, describe vehicle(s):		
TAX REFUNDS:		
Do you usually get an income tax refund? \Box	Yes □ No If yes, approxir	nately how much? \$
ADDITIONAL ASSETS:		
List any additional assets that you have not a	already listed above:	

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INCOME SECTION

EMPLOYMENT INFORMATION

Name of Your Employer:	
Employer's Address:	
How Long Have You Worked for this Employer:Occupation:	
Name of Spouse's Employer:	
Spouse's Employer's Address:	
How Long Has Spouse Worked for this Employer: Occupation:	
List the Names & Addresses of All Additional Employers (2 nd , 3 rd , & Part Time Jobs):	
List All Dependents (Name, Age, & Relationship to You):	

ADDITIONAL SOURCES OF INCOME

Please indicate below the monthly amount of income that you receive from any additional sources:

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Source of Income	Monthly Amount Received
2 nd Job	\$
Social Security	\$
Disability	\$
Veterans Benefits	\$
Unemployment Compensation	\$
Food Stamps	\$
Retirement/Pension	\$
Child Support/Alimony	\$
Assistance from Family or Friends (list name)	\$
Stock Dividend	\$
Oil/Mineral Royalty	\$

EXPENSES

APPROXIMATE MONTHLY EXPENSES: Please estimate to the best of your knowledge. If you and your spouse are filing together but living separately, monthly expenses for both parties need to be listed.

Description of Monthly Expense	Debtor's Monthly Expense
Mortgage/Rent Payment	\$
Electricity and Home Gas	\$
Water and Sewer	\$
Home Telephone	\$
Cell Phones	\$
Cable/Satellite TV	\$
Internet	\$
Home Maintenance	\$
Food	\$
Clothing	\$
Laundry and Dry Cleaning	\$
Medical and Dental Expenses	\$

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Transportation (gas, oil change, etc.)	\$
Recreation (movies, newspapers, etc.)	\$
Charitable Contributions and Tithes	\$
Homeowner's/Renter's Insurance	\$
Life Insurance	\$
Health Insurance	\$
Car Insurance	\$
Other Insurance	\$
Taxes	\$
Child Support/Alimony	\$
Support of dependents not living at home	\$
Daycare/Aftercare	\$
School Expenses/School Lunches	\$
Pet Food/Supplies	\$
Other Monthly Expenses (please list):	
	\$
	\$
	\$
	\$
	\$
	\$

CREDITORS/DEBTS OWED

Please list <u>ALL DEBTS</u> below. Debts include finance companies, medical bills, credit cards, credit union loans, personal loans, lawsuits, judgments, garnishments, pay day loans, check cashing loans, traffic tickets, etc. Please indicate the creditor's name & address, account number, type of debt, and payoff balance owed.

Creditor's Name & Address	Account Number	Type of Debt (medical, credit card, business)	Date incurred (Month and Year)	Amount Owed
				\$
				\$

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		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
!	ļ.	

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*** Be sure to include all creditors and collectors. Attach additional pages if needed. ***

CREDITORS/DEBTS OWED (CONT.)

Creditor's Name & Address	Account Number	Type of Debt (medical, credit card, business)	Date incurred (Month and Year)	Amount Owed
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$

						\$
						\$
						\$
TAXES:						
	II of to mol		□ No	If NO what was re	. da waw maad ta 1	ila 2
have you filed a	iii of your tax rei	turns? \square Yes	⊔ INO	If NO, what years	s do you need to i	Tile?
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Do you owe IRS? ☐ Yes ☐ No I	For what year(s)				
Do you owe State? Yes No If YES, amount owed: \$ For what year(s)					
Do you owe any Other Taxes? \Box Ye	es 🗆 No If YES, amount owed	d: \$			
CHILD SUPPORT/ALIMONY:					
Do you owe back child support? \Box	Yes □ No If YES, amount ow	red: \$			
Do you owe back spousal support/a	limony? □ Yes □ No If YES,	amount owed: \$			
List the name, address, and telepho	ne number of all people to whom	you owe child support/alimony:			
Name	Address	Telephone Number			
LAWSUITS/GARNISHMENTS:					
Have you been sued? \square Yes \square N	o If YES, list who is suing you:				
Are your wages being garnished? L	I Yes □ No If YES, list who is	garnishing you:			
Do you have any judgments against		t the judgments:			
bo you have any judgments against	you: 🗆 les 🗀 No II les, list	. the judgments.			
CTUDENT LOANS					
STUDENT LOANS:					
Do you owe any student loans? \Box	Yes □ No If YES, amount owe	:d: \$			
CO-DEBTORS:					
Is another person liable for any of y	our debts? \square Yes \square No If YE	:S, list:			

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STATEMENT OF FINANCIAL AFFAIRS

Please answer **ALL** questions:

Have you made payment of over \$600.00 to any one creditor in the last 90 days? \Box Yes \Box No If YES, List:
Have you sued anyone or have you been sued in the last year? ☐ Yes ☐ No If YES, List:
Have you had any property repossessed or voluntarily surrendered in the last year? \Box Yes \Box No If YES, List:
Have you made charitable contributions in the last year? $\hfill \square$ Yes $\hfill \square$ No If YES, List:
Have you borrowed money from a relative or friend in the last year? \Box Yes \Box No If YES, List:
Have you given or paid back money to a friend or a relative in the last year? \Box Yes \Box No If YES, List:
Have you paid anyone other than our firm for bankruptcy or debt related services? \Box Yes \Box No If YES, List:
Have you sold, donated, or given away any property in the last year? \Box Yes \Box No If YES, List:
Have you had any losses due to fire, theft, casualty, or gambling in the last year? \Box Yes \Box No If YES, List:
Have you closed any bank accounts in the last year? ☐ Yes ☐ No If YES, List:
Do you have a safe deposit box? No If YES, List:
Do you have any property in your possession that is owned by someone else? \Box Yes \Box No If YES, List:
Have you used a different address in the last three years? ☐ Yes ☐ No If YES, List:
Have you been married at any point during the last eight years? ☐ Yes ☐ No If YES, List:
Have you inherited any property (i.e., real estate, money, cars, or anything of value)? ☐ Yes ☐ No If YES, List:
Do you own a business or have an ownership interest in any corporation, partnership, or LLC? Yes No Yes Yes No Yes No Yes No Yes Yes No Yes No Yes No Yes Yes No Yes Yes No Yes Yes No Yes Yes

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POTENTIAL CLAIMS

DEBT NEGOTIATORS/FORECLOSURE ASSISTANCE

Have you paid money to any company or individual in the last year for the purpose of debt negotiation, debt elimination, debt consolidation, foreclosure assistance, loss mitigation, or for any other assistance with		
creditors? Yes No		
If YES, list the name, address, & phone number of the company:		
How much money did you pay this company/individual? \$		
List the date(s) of all payments to this company/individual:		
HARASSING CREDITORS/DEBT COLLECTORS		
Have any of your creditors or debt collectors excessively harassed you (i.e., made threats against you, called early in the morning or late at night, used abusive or nasty language with you, called third parties about your		
debts, called you excessively, called you at work, come to your home or work, etc.)? $\ \square$ Yes $\ \square$ No		
If YES, list the name, address, & phone number of the company:		
Please describe the harassing conduct in detail:		
OTHER POTENTIAL CLAIMS:		
Please list any other potential claims that you may have against a business or individual. This includes claims for injuries, auto accidents, money owed to you, loss due to fraud, etc.:		

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CERTIFICATION

I ACKNOWLEDGE THAT I HAVE CONSULTED WITH C. RODNEY HARRINGTON ATTORNEY AT LAW AND HAVE BEEN PROVIDED THE FOLLOWING NOTICES. I FURTHER CERTIFY THAT THE INFORMATION THAT I HAVE PROVIDED IN THIS FORM IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF, AND THAT I HAVE LISTED ALL OF MY CREDITORS AND ALL OF MY ASSETS.

- Copy of Bankruptcy Representation Retainer Agreement; (1)
- Notice Mandated by 11 U.S.C. §§342(b) and 527(a)(1); Notice Mandated by 11 U.S.C. §527(a)(2); (2)
- (3)
- (4)
- Notice Mandated by 11 U.S.C. §527(b); Instructions Mandated by 11 U.S.C. §527(c) (5)
- Notice Mandated by 11 U.S.C. §342(b)(2)(A) and (B). (6)

Client Signature	Date:
 Client Signature	Date:

CERTIFICATE OF ATTORNEY

I hereby certify that the above notices were provided this date to the above named individuals:

C. Rodney Harrington

Attorney at Law 459 Jefferson Street P.O. Box 1278

Natchitoches, Louisiana 71457 Telephone: (318) 352-5900

Facsimile: (318) 352-6400