

Bankruptcy Questionnaire Instructions

Bankruptcy is a time-honored practice that affords honest debtors the opportunity for a fresh start. Everyone filing a bankruptcy has experienced financial problems beyond his or her control. The court, trustees, and your attorney understand this and if you comply with their instructions, they will help you out of your financial crisis. In order to help you get the relief you are entitled, you **must make full disclosure** of all your financial affairs. Do not try to second-guess the system – it has been here longer than you.

Assets. LIST ALL OF YOUR ASSETS. In all likelihood you will retain most, if not all, of your assets after the bankruptcy. Do not jeopardize your discharge by omitting anything. It may also be considered a crime if you intentionally give false information or leave any information out. You can list assets by groups of similar property, e.g., “furniture”, “clothing”, “personal effects”, etc. Your attorney will tell you how large or small your groupings can be. For real estate, vehicles and any other property with titles, list whose name(s) are on the deed or title.

Debts. LIST ALL OF YOUR DEBTS. You **MUST** list **EVERYONE** to whom you owe money. If you leave out one of your creditors, you may have to pay the money owed to that creditor. Further if you fail to provide us with all of your creditors before we file, there will be an additional charge to add creditors. You may plan to repay some creditors, including relatives and friends, but you must list them. If you have debts that are disputed, list them. If you have potential debts for which no one has yet made a direct claim against you, list them. If in doubt as to whether a creditor should be listed, list them.

Executory Contracts. These are contracts such as apartment, lot rent or other leases, real estate contracts, health clubs, time-shares, etc., for which either party to the contract has not fully performed their obligations under the contract. In all likelihood you should also list these parties as creditors too.

Codebtors. Your codebtors are obligated to pay the debts you do not. For most people, a codebtor is just someone who cosigned a loan. However, roommates, spouses and others who are not part of your petition may be liable on many of your debts without actually cosigning anything. If this is your situation you will need to attach additional sheets listing all debts for which someone else may be jointly liable.

Income. If you are employed, attach the last 6 months worth of pay stubs. If you are self-employed or you are a business, attach a detailed financial statement showing your monthly income.

Expenses. Your ability to file a Chapter 13 reorganization depends upon the accuracy of your estimated living expenses. The Chapter 7 Trustee scrutinizes budgets for abuse. The court, trustees, and your attorney know what a reasonable budget for families in your area is. If, after using your best efforts, you cannot determine what your expenses are, your attorney can give you some guidelines as to what is considered reasonable. If you are a partnership or a corporation, submit a financial statement indicating your monthly expenses. Individuals who are in business for themselves should include a detailed statement of their business expenses in addition to the personal expenses called for in this questionnaire.

THINGS TO DO

1. COMPLETE QUESTIONNAIRE (FULLY AND ACCURATELY).
2. PROVIDE CURRENT PROPERTY TAX BILL SHOWING VALUE ON HOME, MOBILE HOME, AND ALL LAND.
3. PROVIDE COMPLETE STATE AND FEDERAL TAX RETURNS FOR PAST THREE YEARS. (For Transcripts Call IRS - 800-829-1040; SC - 898-5851)
4. PROVIDE PAY STUBS FROM ALL EMPLOYERS FOR LAST 6 MONTHS.
5. BRING COPIES OF DRIVER’S LICENSE AND SOCIAL SECURITY CARD.
6. WE WILL ORDER CREDIT REPORTS FOR YOU FROM OUR OFFICE.

MELNYK LAW FIRM, P.C.

POST OFFICE BOX 687 • IRMO • SOUTH CAROLINA • 29063 • (803) 732-7800 • FAX 732-0219 •
MELNYKLAWFIRM.COM

NOTE: THE FBI PROSECUTES BANKRUPTCY FRAUD. FRAUD INCLUDES NONDISCLOSURE, INCOMPLETE DISCLOSURE OR INACCURATE DISCLOSURE OF ASSETS, CREDITORS, ETC. THIS FIRM WILL NOT REPRESENT YOU IF YOU ARE CHARGED WITH FRAUD.

INSTRUCTIONS: **THESE FORMS MUST BE COMPLETED IN THEIR ENTIRETY. RETURNING INCOMPLETE FORMS TO MY OFFICE WILL DELAY THE FILING OF YOUR CASE.**
IMMEDIATELY DESTROY YOUR CREDIT CARDS AND DO NOT INCUR ANY NEW DEBTS!
COMPLETE FULLY. EXPLAIN FULLY. USE ADDITIONAL PAGES IF NECESSARY. YOU ARE RESPONSIBLE FOR THE INFORMATION CONTAINED IN THIS FORM.

GENERAL INFORMATION:

Date: _____

NAME: _____	SPOUSE'S NAME: _____
ADDRESS: _____ _____	ADDRESS: _____ _____
OTHER PERSONAL OR BUSINESS NAMES USED IN LAST SIX YEARS: _____	OTHER PERSONAL OR BUSINESS NAMES USED IN LAST SIX YEARS: _____
MAILING ADDRESS: _____ _____	MAILING ADDRESS: _____ _____
PHONE NO: HOME: _____	PHONE NO: HOME: _____
WORK/PAGER/CELL PHONE: _____	WORK/PAGER/CELL PHONE: _____ _____
EMAIL/FAX/OTHER: _____	EMAIL/FAX/OTHER: _____
COUNTY: _____	COUNTY: _____
SOC. SEC. NO: _____	SOC. SEC. NO: _____
DATE OF BIRTH: _____	DATE OF BIRTH: _____
HAVE YOU EVER FILED BANKRUPTCY BEFORE? _ IF YES, GIVE DETAILS (CHAPTER, DATE AND STATE): _____	HAVE YOU EVER FILED BANKRUPTCY BEFORE? _____ IF YES, GIVE DETAILS (CHAPTER, DATE AND STATE): _____

How long have you lived at above address(es)? _____. If less than 3 years, give prior addresses and dates:

Does any family member or business partner currently have a bankruptcy case pending? If yes, give details:

: _____

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? YES_____ NO_____. If so, describe in detail on the back of this page or on a separate sheet.

FINANCIAL INTERESTS: REAL PROPERTY AND/OR MOBILE HOME (*Must include a copy of your latest tax assessment.*)

Street Address: _____

_____ TMS: _____ County: _____

In Whose Name(s): _____

Finance/Mortgage Company: _____

Address: _____

Date of Purchase: _____ Mortgage Account No.: _____

Balance Owed (PAYOFF): _____ Fair Market Value: _____

Monthly Payment Amount: _____ Number of months payment behind: _____

Insurance Co.: _____ Agent Name/Phone: _____

Effective Dates of Coverage: _____

If a MOBILE HOME: Year: _____ Make: _____

Model: _____ Dimensions: _____ Serial No.: _____

Other Real Estate or Mobile Homes? If so, list all above information on another page.

OTHER PROPERTY: MOTOR VEHICLES/MOTORCYCLES/BOATS, ETC.:

Yr: _____ Make: _____ Model: _____ VIN: _____

Mileage: _____ Options: _____

Title in name of: _____

Any problems or repairs needed? _____ Explain: _____

Lender Name/Address: _____

Loan Balance (PAYOFF): _____ Trade-in Value: _____

Monthly Payment: _____ Interest rate: _____

Date purchased: _____ Number of months behind in payments: _____

Insurance Co. _____ Agency: _____ Policy: _____

ATTACH PROOF OF INSURANCE

Yr: _____ Make: _____ Model: _____ VIN: _____

Mileage: _____ Options: _____

Title in name of: _____

Any problems or repairs needed? _____ Explain: _____

Lender Name/Address: _____

Loan Balance (PAYOFF): _____ Trade-in Value: _____

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Insurance Co. _____ Agency: _____ Policy: _____

ATTACH PROOF OF INSURANCE

Any other motor vehicles/motor homes/boats, etc? List same information on another page.

PERSONAL PROPERTY: (Used for Household or Personal Use)

Description	Market Value (Garage Sale Price)	Lien Holder/Amount Any pledged as Collateral?
Clothing & Personal	\$ _____	_____
Kitchenware Items	\$ _____	_____
Appliances	\$ _____	_____
Living Room Furniture	\$ _____	_____
Dining Room Furniture	\$ _____	_____
Den Furniture	\$ _____	_____
Bedroom Furniture	\$ _____	_____
Lawn Furniture	\$ _____	_____
Television(s)	\$ _____	_____
Stereo Equipment	\$ _____	_____
Video Equipment	\$ _____	_____
Musical Instruments	\$ _____	_____
Paintings/Artwork/Collectibles	\$ _____	_____
Lawn Mower/Yard Tools	\$ _____	_____
Bicycle(s)	\$ _____	_____
Other Sports Equipment	\$ _____	_____
Firearms	\$ _____	_____
Other (specify): _____	\$ _____	_____
Jewelry	\$ _____	_____
Tools of the Trade:	\$ _____	_____

Cash and other liquid assets (cash, refunds, bank accounts)

Description: _____ \$ _____

Description: _____ \$ _____

Bank Name: _____ **Address:** _____

Account No(s) (Checking/Savings): _____ Average Balance: _____

Bank Name: _____ **Address:** _____

Account No(s) (Checking/Savings): _____ Average Balance: _____

(If additional bank accounts, attach a separate sheet with the above information)

Have you closed any bank accounts within the last 12 months? _____ If yes, provide the following:

Bank Name: _____ Address: _____

Final Balance: _____ Funds used for: _____

Cash Value of Life Insurance: \$ _____ Company: _____

Have you borrowed against your policy? _____ Amount: _____

Right to receive benefits from: *(Indicate and explain fully)*

___ Retirement Benefits ___ Civil Service ___ Armed Forces Retirement

___ Personal Injury Claim ___ Workers' Comp. ___ Veterans' Benefit

___ Social Security ___ Disability ___ Alimony, Support

___ Other: _____

Are you a party to any lease or contract? (If so, list name, address and type and amounts) _____

Is anyone holding a security deposit for you? If yes, give name, address and amount of deposit:

IRA's, 401k's, ERISA, Keogh, Pension or Retirement Plans:

Company or Entity holding plan: _____

Address: _____

Balance(s): _____

Have you borrowed or liquidated from a retirement account in the last year? _____

Amount borrowed or liquidated and date: _____ Repayment amount _____

You must provide copies of the loan documents if you have an outstanding retirement loan.

Stocks/Bonds: _____

Partnerships: _____

Accounts Receivable: _____

Alimony, Maintenance, Support, and Property Settlements to which you are entitled: _____

Are you expecting any Tax Refund? _____ Federal: \$ _____ State: \$ _____

What was the amount of your Tax Refund last year? Federal: \$ _____ State: \$ _____

Equitable or Future Interests, Life Estates, and Rights or Powers exercisable for the benefit of the debtor:

Interests in the estate of a decedent: _____

Patents, Copyrights, licenses, franchises, etc.: _____

Aircraft and Accessories: _____

Machinery, Fixtures, Equipment, and Supplies used in Business: _____

Inventory: _____

Crops/Farming equipment/Supplies: _____

Other Contingent Claims: (Personal Injury, etc.) _____

Other Personal Property of Any Kind not already listed: _____

Do you hold any property that belongs to someone else? _____ If so, please describe and explain:

INCOME: (Please complete AND attach recent pay stub(s) for past six months)

(This information is needed for **BOTH** Husband/Wife even if not filing)

DEBTOR

Marital Status: _____ Age: _____

Occupation: _____

Employer: _____

Address: _____

How long employed: _____

How often do you get paid? _____

Gross Monthly Income: \$ _____

Estimated Monthly Overtime: \$ _____

Regular monthly income from business

(Attach a detailed statement): \$ _____

From Real Property: \$ _____

Interest & Dividends: \$ _____

Alimony, Maintenance, or Support payable to Debtor for Debtor or dependents: \$ _____

Social Security or other Government

Assistance: \$ _____

CO-DEBTOR or non-filing spouse

Marital Status: _____ Age: _____

Occupation: _____

Employer: _____

Address: _____

How long employed: _____

How often do you get paid? _____

Gross Monthly Income: \$ _____

Estimated Monthly Overtime: \$ _____

Regular monthly income from business

(Attach a detailed statement): \$ _____

From Real Property: \$ _____

Interest & Dividends: \$ _____

Alimony, Maintenance, or Support payable to Debtor for Debtor or dependents: \$ _____

Social Security or other Government

Assistance: \$ _____

Pension or Retirement: _____

Pension or Retirement: _____

Other income: _____

Other income: _____

Describe any increase or decrease of more than 10% in any previous category anticipated to occur in the year following this filing: _____

PAYROLL DEDUCTIONS

Debtor

Co-Debtor

Federal, State, and FICA Taxes: \$ _____

Federal, State, and FICA Taxes: \$ _____

Insurance: \$ _____

Insurance: \$ _____

Dues/Other: _____ \$ _____

Dues/Other: _____ \$ _____

Net Monthly Income: \$ _____

Net Monthly Income: \$ _____

DEPENDENTS living in your household:

Age: _____ Relationship: _____

Age: _____ Relationship: _____

Age: _____ Relationship: _____

Age: _____ Relationship: _____

EXPENSES: (Give *monthly* estimate if amount varies)

Rent or Home Mortgage \$ _____

Real Estate Taxes(if not included in Mortgage) \$ _____

Insurance - Homeowners' or Renters' \$ _____

Electricity/Heating Fuel \$ _____

Water/Sewer \$ _____

Telephone \$ _____

Garbage Pickup \$ _____

Other Utilities (Cable, Internet, etc.) \$ _____

Home Maintenance (repairs & upkeep) \$ _____

Food \$ _____

Clothing \$ _____

Laundry & Dry Cleaning \$ _____

Medical/Dental Expenses \$ _____

Transportation (fuel, oil, tires, repairs, etc.) \$ _____

Recreation/entertainment/newspapers/magazines \$ _____

Charitable Contributions \$ _____

Life Insurance not deducted from paycheck \$ _____

Health Insurance not deducted from paycheck \$ _____

Auto Insurance \$ _____

Other Insurance - Specify \$ _____

Taxes not deducted from wages or in mortgage payments \$ _____

Installment payments (autos, boats, etc.) \$ _____

Auto Property Taxes \$ _____

Other installment payments not in Chapter 13 Plan \$ _____

Alimony, maintenance, support paid to others \$ _____

Child Care Expenses (specify) \$ _____

Support of other dependents not living at your home \$ _____

Regular expenses from operation of business \$ _____

Other: _____ \$ _____

Other: _____ \$ _____

Other: _____ \$ _____

ALIMONY/CHILD SUPPORT: If you have an obligation to pay any alimony or child support, we must have the complete name and address of the custodial parent and a copy of Order establishing support:

Are the payments current? _____ If not, state the amount past due: _____

PREVIOUS INCOME: (Please provide copies of income tax returns and W-2's for last three (3) tax years.)

INCOME YEAR-TO-DATE AND LAST TWO (2) YEARS FROM ALL SOURCES:

	<u>DEBTOR</u>		<u>CO-DEBTOR (or non-filing spouse)</u>	
	FROM (SOURCE)	ANNUAL INCOME	FROM (SOURCE)	ANNUAL INCOME
This year				
To date	_____	_____	_____	_____
Last year	_____	_____	_____	_____
Year before	_____	_____	_____	_____

CURRENT MONTHLY INCOME:

Complete the columns below with your income for the past six months. If more than one wage earner, list income separately.

	Month 1 (last month) ____/____	Month 2 (2 months ago) ____/____	Month 3 (3 months ago) ____/____	Month 4 (4 months Ago) ____/____	Month 5 (5 months ago) ____/____	Month 6 (6 months ago) ____/____
Gross wages, salary, tips, bonuses, overtime, commission						
Income from operation of business: a. Gross income - b. Expenses = c. Net income						
Rent and other real property income: a. Gross income - b. Expenses = c. Net income						
Interest, dividends, and royalties						
Pension & retirement income (NOT Social Security)						
Regular contributions from others to the household expenses, including child support.						
Unemployment compensation						
Social Security income						
Other sources not already mentioned. Specify:						

List all payments to a single creditor which total more than \$600 within the last 90 days: (Example: 3 car payments of \$250 each.)

Creditor Name	Dates of Payments	Amount Paid	Balance
_____	_____	_____	_____
_____	_____	_____	_____

List any gifts, payments, or transfers of property to ANY family member (or other insider) within the last six (6) years:

Were you sued or did you sue anybody in last 12 months? _____ If yes, list caption, case number, nature of suit, court, location and status, and provide copies of all court papers.

Have you had any items attached, garnished, seized, repossessed or surrendered any property voluntarily in last 12 months? _____. If yes, explain : (What, When, Lender, etc.)

List all gifts or charitable contributions made during last 12 months except ordinary and usual gifts to family/charity totaling less than \$200:

List all losses from fire, theft, casualty, gambling or other in past 12 months:

List all payments made or property transferred, including attorney fees, for consultation concerning debt consolidation, relief under the Bankruptcy Code or preparation of a Bankruptcy Petition within 12 months:

Have you sold, mortgaged, given away, or transferred any property, other than in the ordinary course of business, within the last six (6) years not listed above? If so, describe the property, name/address of who you transferred it to and the amount that you received for the property and the date of the transfer (attach extra sheets if

needed):

List each safe deposit box in which you have had valuables within 12 months:

Have you owned or operated any type of business in the last six (6) years? _____ If so, attach a detailed statement including type of business, name, Tax ID, beginning and ending dates of operation, and a list of current business assets, and statement of business income and expenses for the last year. (Additional fees are charged for business cases).

Please also contact our office for a Business Questionnaire.

I/We certify that all information given orally or in writing above is true and complete to the best of my/our knowledge and belief. I have listed all of my debts and all of my assets. I understand that my case may be dismissed and I may be subjected to other penalties if important information is incorrect or incomplete. I HAVE READ AND UNDERSTAND THE INSTRUCTIONS AND CERTIFY THAT ALL INFORMATION GIVEN BOTH ORALLY AND IN THIS QUESTIONNAIRE IS COMPLETE AND ACCURATE.

Date: _____

Debtor

Co-Debtor

ON THE FOLLOWING PAGES, LIST ALL DEBTS (HOME, LAND, CARS, OVERDUE TAXES, CREDIT CARD, MEDICAL, FINANCE COMPANIES, CHECK LOANS, COLLECTION ACCOUNTS AND ANY AND EVERY DEBT THAT YOU OWE REGARDLESS OF WHETHER YOU WANT TO PAY IT BACK OR NOT – DO NOT LEAVE ANY DEBT OUT!) ATTACH EXTRA SHEETS IF NEEDED!

CREDITOR INFORMATION: PLEASE COMPLETE FULLY!

LIST SECURED CREDITORS FIRST (HOUSE/MOBILE HOME/LAND/CARS/BOATS, OTHER COLLATERAL)

CREDITOR NAME _____ Account _____
Complete address: _____
City: _____ State: _____ Zip: _____ Phone: _____
Collateral (things purchased): _____
If a loan, did you list household items as collateral? _____
Do you want to keep the collateral or give back? _____
Total amount owed (payoff): \$ _____ Monthly payments: \$ _____ Past due: \$ _____
Date account or loan opened: _____
If co-signer, give name and address of co-signer: _____
If collection agency involved, give name and address: _____

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