



Attorneys & Counselors at Law
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P.A.

Office use only: 7 13

Date: ___/___/___

Fee: _____ + FF

Dn: FF + _____

Mo: ___ 3RD P: _____

CONFIDENTIAL PERSONAL BANKRUPTCY QUESTIONNAIRE

980 Inwood Ave N, Oakdale, MN 55128

(651) 209-3550 (Office) ♦ jlamey@lameylaw.com ♦ (651) 789-2179 (Fax)

NAME: First: _____ Middle: _____ Last: _____ Suffix: _____

ALL ALIASES IN LAST 8 YEARS: (i.e., Maiden Name, AKA): _____

SSN # _____ - _____ - _____ DOB: ___/___/19___ *COPY OF YOUR DRIVER'S LICENSE & SOCIAL SECURITY CARD OR W2*

Address: _____ Apt.: _____ City: _____ Wisconsin

Zip: _____ - _____ County: _____ E-mail: _____

Telephone: Work:(____) _____, Home:(____) _____, Cell:(____) _____

Have you lived at this address for more than 3 years (CIRCLE)? YES NO

If you haven't lived at your current address for more than three years, what is your previous

address?: _____ City: _____ State: _____ Zip: _____

What dates did you live at this address (approximately)?: ___/___/201__ to ___/___/201__

Marital Status (circle): single/divorced/married/widowed/separated If divorced, date of divorce:___/___/___

ARE YOU FILING WITH YOUR SPOUSE (CIRCLE)?: YES /NO: Date of Marriage:___/___/___

SPOUSE NAME: First: _____ Middle: _____ Last: _____ Suffix: _____

ALL ALIASES IN LAST 8 YEARS: (i.e., Maiden Name, AKA): _____

SSN # _____ - _____ - _____ DOB: ___/___/19___ *COPY OF YOUR DRIVER'S LICENSE & SOCIAL SECURITY CARD OR W2*

Address: _____ Apt.: _____ City: _____ Wisconsin

Zip: _____ - _____ County: _____ E-mail: _____

Telephone: Work: (____) _____, Home: (____) _____, Cell: (____) _____

Prior Bankruptcy filed? If yes: State: _____ Year _____ Chapter?: _____

LIST OF CREDITORS

MAKE SURE YOU PROVIDE COMPLETE ADDRESSES FOR ALL CREDITORS. IF WE DO NOT HAVE THE CORRECT ADDRESS, THE CREDITOR WILL NOT BE DISCHARGED. **FOR UNSECURED DEBTS (CREDIT CARDS, MEDICAL BILLS, ETC) ATTACHED RECENT BILLS WITH THIS SHEET RATHER THAN FILLING OUT THE BELOW!!!!!!**

FIRST MORTGAGE: _____

Address: _____ City _____ State: _____ Zip _____

Account Number: _____ Balance: _____

Monthly Payment Amount: _____ Interest Rate: _____ Fixed or Variable (circle one)

Do you plan to keep paying this debt and keep your house? YES NO (circle one)

SECOND MORTGAGE: _____

Address: _____ City _____ State: _____ Zip _____

Account Number: _____ Balance:\$ _____

Monthly Payment Amount: _____ Interest Rate: _____ Fixed or Variable (circle one)

Do you plan to keep paying this debt and keep your house? YES NO (circle one)

FIRST AUTO LOAN: _____ Year/Make/Model: _____

Address: _____ City _____ State: _____ Zip _____

Account Number: _____ Balance:\$ _____

Monthly Payment Amount: _____ Interest Rate: _____ Fixed or Variable (circle one)

Do you plan to keep paying this debt and keep your car? YES NO (circle one)

How many months remain on the loan?: _____

SECOND AUTO LOAN: _____ Year/Make/Model: _____

Address: _____ City _____ State: _____ Zip _____

Account Number: _____ Balance:\$ _____

Monthly Payment Amount: _____ Interest Rate: _____ Fixed or Variable (circle one)

Do you plan to keep paying this debt and keep your car? YES NO (circle one)

How many months remain on the loan?: _____

CREDITOR: _____
Address: _____ City _____ State: _____ Zip _____
Account Number: _____ Balance:\$ _____
What type of loan is this: _____

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CREDITOR: _____
Address: _____ City _____ State: _____ Zip _____
Account Number: _____ Balance:\$ _____
What type of loan is this: _____

***** Use additional paper if you have more unsecured creditors *****

PROPERTY INFORMATION

Fill in the blanks if you have any of the below property

Real Property: (i.e. home, cabin, timeshare, or land)

1. What?: _____ Address: _____ City: _____ State: _____

Value: \$_____ (recent appraised value or what would you sell your house for?)

Legal Description (e.g., Lot 1, Block 2, Green acre Addition)(look at your deed or mortgage):

2. Cash on hand: \$_____

3. Bank Accounts, including H.S.A.'s (**circle: C** = Checking, **S** = Savings, **J** = Joint Account, **S** =

Single Account)

Bank name?: _____ Last 4 Digits.: _____ Balance: \$_____ C S J S

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Bank name?: _____ Last 4 Digits.: _____ Balance: \$_____ C S J S

5. Security deposits with public utilities/landlords: \$ _____

6. Value of Wearing Apparel (clothes & shoes): \$ _____ & Spouse \$ _____

7. Home Furnishings: **MAKE A SEPARATE ITEMIZED LIST OF ALL HOME FURNISHINGS BROKEN DOWN BY ROOM: (EXAMPLE)** bedroom 1: bed- \$25.00, dresser - \$50.00, TV - \$10.00; Bedroom 2: bed- \$25.00, dresser - \$50.00, TV - \$10.00; and so on with living room, kitchen, garage, and any other rooms in the house. **Do not list what you paid for it. List garage sale value. Should be around .20 cents on the dollar.**

8. List Furs or Jewelry, with value listed for each: (1) _____ \$ _____;

(2) _____ \$ _____; (3) _____ \$ _____;

(4) _____ \$ _____; (5) _____ \$ _____.

9. Firearms, sports, and other hobby equipment, with value listed for each:

(1) _____ \$ _____; (2) _____ \$ _____;

10. Electronics (computer, cell phones, etc.), with values: _____

11. Interest in insurance policies, annuities, IRA, ERISA, 401 K, 403(b), etc. (circle which one)

Financial Institution: _____ Acc't No.: _____ Value: \$ _____

12. Stock interest in any incorporated or unincorporated businesses: _____ Value: \$ _____
13. Interest in partnerships or joint ventures?: _____
14. Alimony, maintenance, support payments you are entitled to: _____
15. Are you expecting any tax refunds or bonuses? **YES NO** circle (federal / state /property tax /renter's rebate)
16. Auto, truck, trailers, and other vehicles: Year _____ Make _____ Model _____
 Value: \$ _____ Mileage: _____ Title Holder? _____ Any Loans? YES NO
 Second Auto: Year _____ Make _____ Model _____ Value: \$ _____
 Value: \$ _____ Mileage: _____ Title Holder? _____ Any Loans? YES NO
17. Boats, Motors, Snowmobile, ATV's, etc...: _____ Value: \$ _____

EMPLOYER & INCOME INFORMATION:

*** BRING IN 180 DAYS WORTH OF PAY STUBS FOR BOTH* How often are you paid?:** _____

Your Employer: _____ Occupation: _____

Work Address: _____ How long at current job? _____

City: _____ State: _____ Zip: _____ - _____

Gross income for: 2019 (YTD) _____ | 2018 _____ | 2017 _____

Other income for: 2019 (YTD) _____ | 2018 _____ | 2017 _____

SPOUSE: *SEE ABOVE – RECENT PLUS 180 DAYS* How often are you paid?: _____

Your Employer: _____ Occupation: _____

Work Address: _____ How long at current job? _____

City: _____ State: _____ Zip: _____ - _____

Gross Wages for: 2019 (YTD) _____ | 2018 _____ | 2017 _____

Other income* for: 2019 (YTD) _____ | 2018 _____ | 2017 _____

***Other income – unemployment, social security, disability payments, non W-2 wages, stock dividends, certificates of deposit interest**

*****PLEASE BRING IN 2017 & 2018 FEDERAL AND STATE TAX RETURNS*****

If you are not required to file tax returns, state your reason why: _____

Any other source of income not listed (social security, pension, child support, alimony, etc.)

received each month: (1) Describe: _____ Monthly Amount: \$ _____

(2) Describe: _____ Monthly Amount: \$ _____

ESTIMATED MONTHLY LIVING EXPENSES

Rent or mortgage payment: \$ _____ Are you current with your payments? **YES NO**

2nd mortgage/ Lot Rent: \$ _____ Are you current with your payments? **YES NO**

Property Taxes and Insurance (if not included in mortgage payment) \$ _____ | \$ _____

Electric/Natural Gas: \$ _____ | Water/Sewer \$ _____ | House Phone: \$ _____

Cellular Phone (No. _____): \$ _____ | Garbage: \$ _____ | Internet: \$ _____ | Cable: \$ _____

Day Care \$ _____ → Number of Kids: _____ | Child Support: \$ _____

Car payment: \$ _____ | Car Maintenance: \$ _____ | 2nd Car payment: \$ _____

Car insurance: \$ _____ | Student Loan Payments: \$ _____ | Car Gasoline: \$ _____

Health insurance, not taken \$ _____ Life Insurance, not taken \$ _____
out of your paycheck: : out of your paycheck:

Other Medical Costs (co-payments, prescriptions, etc.): \$ _____ \$ _____

Tobacco: \$ _____ Other: \$ _____ \$ _____ \$ _____

Standards amounts allowed by the IRS will be used for food, clothing, and home maintenance.

****PLEASE NOTE THAT THE BANKRUPTCY LAWS REQUIRE YOU TO TAKE A CREDIT COUNSELING CLASS. MORE INFORMATION WILL BE PROVIDED TO YOU.**

List name, age, and relationship for any dependant living with you:

Age: _____ (circle: son, daughter, adult) Age: _____ (circle: son, daughter, adult)

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For the following questions, “you” refers to both you and your spouse.

Have you made any payments to any one unsecured creditors (i.e. credit cards, doctor bills, etc.) in the last 90 days that exceeded \$600.00?

Has anyone garnished your wages or taken anything from you in the last 90 days? If yes, who?

Have you made payments, or given away any property to family members (i.e. signed a “quit claim deed” or transferred the title on a vehicle) in the last six (6) years?

Have you closed any financial accounts (i.e. checking account, IRA) in the last year? If so, please list the month and year when the account(s) were closed and the final balance. In the last two years, have you taken any money out of a retirement account (IRA, 401k)?

Have you sold anything (i.e. boat, car, etc...), or given away a security interest in property (i.e., a mortgage, lien on the title) valued over \$200.00 in the last two years? If so, describe.

Have you ever owned your own business in the last 4 years? If so, describe the business, when you last conducted business, and describe what happened to the assets.

If you are paying child support, what is the name, address, and telephone number of the person you are making payments to? If a County Agency is involved, what is their address and name of your case worker?

Have you paid back any loans to family members in the last year? If so, describe.

Does anyone owe you any money (Please note, this includes money or property you are entitled to pursuant to a divorce decree.)? If so, describe.

Have you refinanced your house in the last two years? If so, describe what the money was used for.

Has any property been repossessed or foreclosed in the last year? If so, explain:

- **COPY OF LAST 3 MONTHS OF ALL OPEN BANK STATEMENTS**