

BANKRUPTCY QUESTIONNAIRE

Russ Wilkey

wilkeylaw.com

Instructions:

Collect and review bills, account balances, and check stubs

Print and complete this form

Please include all debts

If necessary print multiple copies of pages 3 and/or 4

To return this form to our office

FAX: (270) 683-2229

**Deliver or Mail: Russ Wilkey
Attorney at Law
121 West 2nd Street
Owensboro KY, 42303**

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Have you received other money, e.g. insurance, AFDC, etc in the past two years? If yes, please explain:	
Have you closed a bank account in the past year? If yes, identify the bank, type of account, date closed and amount withdrawn:	
Do you have a safety deposit box? If yes, describe the contents:	
Do you have your financial records? If not, who has possession of them:	
Have you anything that belongs to someone else? If yes, describe what it is and who owns it:	
Have you ever filed bankruptcy before? If yes, state where, when, and case number:	
Did you consolidate any bills in the past 6 months? If yes, state what bills were paid, who loaned you the money and how much was borrowed:	
Are you now or were you involved in any lawsuit in the past year? If yes, bring a Court paper with you.	
Have you been garnished or property attached or taken from you by a Court in the past 4 months? If yes, bring a Court paper with you.	
In the past 90 days, have you paid a total of \$600 or more to any unsecured creditor (that is, a creditor who does not have a lien)? If yes, name the creditor and amount paid:	
Have you sold, transferred, or given away any property in the past year? If yes, describe the property, who received it and how much (if any) you received for it:	
Has any property been repossessed or returned to a creditor in the past year? If yes, describe the property, identify the creditor and when it was repossessed/returned:	
Has you lost anything in a fire or by theft or gambling in the past year? If yes, describe the property, its value, how it was lost, and if insurance covered it:	
Did you see another attorney in the past year? If yes, name the attorney:	

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DEBTS Taxes You Owe

Internal Revenue Service

Type of Tax	Tax Period	Amount
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State of:

State	Type of Tax	Tax Period	Amount
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State of:

State	Type of Tax	Tax Period	Amount
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Other:

Location	Type of Tax	Tax Period	Amount
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Other:

Location	Type of Tax	Tax Period	Amount
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Creditors With Collateral, Liens, Mortgages, and Security Interests

Creditor:

Address:	City	State	Zip
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Collateral	Collateral Value	Amount
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Creditor:

Address:	City	State	Zip
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Collateral	Collateral Value	Amount
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Creditor:

Address:	City	State	Zip
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Collateral	Collateral Value	Amount
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Creditor:

Address:	City	State	Zip
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Collateral	Collateral Value	Amount
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(print and complete multiple copies of this page if required)

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DEBTS OTHER CREDITORS

PLEASE LIST ANY OTHER CREDITORS, INCLUDING RELATIVES AND PEOPLE YOU ARE GOING TO PAY BACK. INCLUDE THE COMPLETE ADDRESS AND ZIP CODE.

NOTE: If a debt has been turned over for collection to a collection agency or attorney, give the complete name, address, and zip code of the creditor and the complete name, address, and zip code of the collection agency or attorney.

Creditor:

Name	Address:	City	State	Zip	Amount
------	----------	------	-------	-----	--------

Creditor:

Name	Address:	City	State	Zip	Amount
------	----------	------	-------	-----	--------

Creditor:

Name	Address:	City	State	Zip	Amount
------	----------	------	-------	-----	--------

Creditor:

Name	Address:	City	State	Zip	Amount
------	----------	------	-------	-----	--------

Creditor:

Name	Address:	City	State	Zip	Amount
------	----------	------	-------	-----	--------

Creditor:

Name	Address:	City	State	Zip	Amount
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Creditor:

Name	Address:	City	State	Zip	Amount
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(print and complete multiple copies of this page if required)

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DEBTS

Co-Signers

Please list any one who has cosigned on a loan or purchase as well and the name of the creditor

Name	Address	City	State	Zip	Creditor
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Name	Address	City	State	Zip	Creditor
------	---------	------	-------	-----	----------

Name	Address	City	State	Zip	Creditor
------	---------	------	-------	-----	----------

YOUR PROPERTY

You must give a value for all of your property. Please list as the value the amount that you believe your property would sell for today in its present condition.

Real Property Description of property and value (include your home, farm, mobile home, cemetery plot and any other real estate):	
Cash on hand Checking account bank and amount: Savings account bank and amount: Other bank accounts and amount:	
Landlord deposit and amount:	
Household goods (list item and amount individually) couch, chairs, lamps, end and coffee tables, pictures, televisions, vcr, dinette set, cabinets, first bedroom set, 2nd bedroom set, 3rd bedroom set, dishwasher, microwave, stove, refrigerator, freezer, washer, dryer, lawnmower, other yard tools and any other items.	Total value of household goods: _____
Collections (coin, stamp, baseball cards, etc.) Description and value:	

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YOUR PROPERTY

(cont)

You must give a value for all of your property. Please list as the value the amount that you believe your property would sell for today in its present condition.

Vehicles (automobiles, trucks, trailers, other vehicles) Description and value:	
Other Motorized Vehicles (boats, motors, accessories) Description and value:	
Livestock, Poultry, Other Animals Description and value:	
Farming Implements/Supplies Description and value:	
Office Equipment, Furnishings, Supplies Description and value:	
Business Equipment, Machinery, Supplies Description and value:	
Inventory For Sale Description and value:	
All other Personal Property Description and value:	
Patents, Copyrights, Franchises, etc. Description and value:	
Bonds and Notes Description and value:	
Debts people owe you Description and value:	
Claims you have against other people, e.g., accident or malpractice claims Description and value:	
Insurance and annuity policies Description and value:	
Stocks and Ownership interests in businesses Description and value:	
Retirement Accounts Description and value:	
All other Property Description and value:	

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YOUR MONTHLY INCOME

Do you receive your paycheck:

Weekly, Bi-Weekly, Twice Monthly, Monthly, Other: _____

Your Average Gross Pay
(before taxes and other deductions)
per pay period:

Your payroll deductions per pay period:

payroll taxes _____

insurance _____

union dues _____

credit union _____

other _____

Your total take home pay per pay period:

(Please bring your last pay stub) _____

Does your spouse receive his/her paycheck:

Weekly, Bi-Weekly, Twice Monthly, Monthly, Other: _____

Your spouse's Average Gross Pay
(before taxes and other deductions)
per pay period:

Your spouse's payroll deductions per pay period:

payroll taxes _____

insurance _____

union dues _____

credit union _____

other deductions _____

Your spouse's total take home pay per pay period:

(Please bring spouse's last pay stub) _____

Other Income

If you have business income, please provide a statement of your average monthly revenue and expenses either on a separate statement or in addition to this form.

Child Support/Alimony amount: _____

Pension/Retirement amount: _____

Social Security amount: _____

Business Income amount(see note): _____

Any other and amount: _____

Total Estimated Monthly Income: _____

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YOUR MONTHLY HOUSEHOLD EXPENSES

Rent or Mortgage Payment

(also list real estate taxes and property insurance if not included in rent or mortgage figure):

Utilities

Electricity/Gas:

Water/Sewer:

Telephone:

Cable:

Other utilities:

Home Maintenance:

Food:

Clothing:

Laundry/Dry Cleaning:

Medical/Dental/Health Care:

Transportation (gas and maintenance but not car payments):

Recreation:

Auto Insurance (mo. aver.) (not deducted from wages):

Life Insurance (mo. aver.):

Health Insurance (mo. aver.) :

Homeowner Insurance (mo. aver.) :

Other Insurance (mo. aver.) :

Taxes (not deducted from wages or included in home loan):

Child Support or Alimony:

Installment payments:

Other:

Other:

Total Estimated Monthly Expenses:

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YOUR DEPENDENTS

List your dependents including name, age and relationship:

Name	Age	Relationship

Comments:
