

Confidential Questionnaire

Please complete this entire form. All information is absolutely necessary for an attorney to offer advice. This information will not be shared with anyone outside our law firm.

Your Name:

First

Middle

Last

Spouse's Name:

First

Middle

Last

Address:

City:

State:

Zip:

County:

Email Address:

Home Phone:

Work Phone:

Cell Phone:

Best time to be contacted:

Do you use text messages? Y N

If yes, who is your carrier? Verizon AT&T Sprint Cricket Other:

Marital Status: Married Single Separated

Have you been divorced in the last 5 years? Y N

Have you ever filed bankruptcy before? Y N If yes, what chapter(s)? 7 13 Year(s) filed:

How did you hear about our firm? Please check all that apply.

Referral - Please tell us who:

TV Commercial

Website - DebtFreeOhio.com

Website - Other, please list:

Yellowpages

Yellowbook

Billboard

Mailer from our office

Bar Association Referral

Better Business Bureau

Other - Please list:

Debt Information

Approximately how much do you owe for each type of debt? List the total balance, not the monthly payment.

Mortgages: \$

Property Taxes: \$

Income Taxes: \$

Vehicle Loans: \$

Other Secured Debt: \$ Please explain:

Student Loans: \$

Credit Cards: \$

Medical Bills: \$

Pay Day Loans: \$

Utility/Phone Bills: \$

Other Unsecured Debt: \$ Please explain:

Income Information

We must have your spouse's income information, even if your spouse does not want to file bankruptcy.
Please bring a recent pay stub to your consultation.

	You	Your Spouse
Employer:		
Job Title:		
Length of time employed there:		
How often are you paid?	<input type="checkbox"/> Weekly <input type="checkbox"/> Every other week <input type="checkbox"/> Twice a month <input type="checkbox"/> Monthly <input type="checkbox"/> Other:	<input type="checkbox"/> Weekly <input type="checkbox"/> Every other week <input type="checkbox"/> Twice a month <input type="checkbox"/> Monthly <input type="checkbox"/> Other:
Typical Gross Income per pay (before taxes and deductions):	\$	\$
Typical Net Income per pay (after taxes and deductions):	\$	\$
Do you ever get overtime? If yes, average overtime hours per pay:	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Do you ever get commission? If yes, how often and average amount:	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Do you ever get bonuses? If yes, how often and average amount:	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N

Other Sources of Income

Business/Self Employment:	\$	\$
Rental Property Income:	\$	\$
Pension and Retirement:	\$	\$
Social Security (SSI or SSDI):	\$	\$
Disability (VA, government, private, etc):	\$	\$
Child Support or Alimony:	\$	\$
Government Aid/Assistance:	\$	\$
Household Contributions (from roommates, relatives, friends, etc):	\$	\$
Other income from any other source: Please explain:	\$	\$
Has your income been the same for the last six months? If no, please explain:	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Do you expect any changes in the next year? If yes, please explain:	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Other Comments:		

Household Information

Do you have any dependents or people you are financially supporting? Y N If yes, please complete below.

First Name:	Age:	Relationship:
First Name:	Age:	Relationship:
First Name:	Age:	Relationship:
First Name:	Age:	Relationship:

Does anyone else live in your household, other than those listed above? Y N If yes, please complete below.

First Name:	Age:	Relationship:
First Name:	Age:	Relationship:

Do you pay child support? Y N If yes, Monthly Amount: \$

Are you current on your support payments? Y N If no, how much is your arrearage? \$

Do you pay spousal support? Y N If yes, Monthly Amount: \$

Are you current on your support payments? Y N If no, how much is your arrearage? \$

Do you pay for daycare? Y N If yes, monthly amount: \$

Do you pay for private school tuition? Y N If yes, monthly amount: \$

General Debt Information

Do you owe any money to a credit union, for any reason? Y N

Do you owe money to your bank? Y N

Example: checking account and loan with same bank

Have you used your credit cards in the last 60 days? Y N

If yes, approximately how much have you charged? \$

Are you currently purchasing anything on an installment contract? Y N

Examples: television, jewelry, computer, furniture, appliances, etc.

Are you currently purchasing anything Rent-to-Own? Y N

Have you taken out any new loans or debt in the last 90 days? Y N

Have you taken out any pay day loans or cash advances in the last 90 days? Y N

Has anyone co-signed a debt for you? Y N

Have you co-signed a debt for someone? Y N

Are you behind on your utility bills? Y N

Have you put up property as collateral for a personal loan? Y N

Do you owe any money from a previous foreclosure or repossession? Y N

Do you owe any money as a result of an accident while DUI? Y N

Do you owe any criminal restitution or court fines? Y N

Are you currently under a lease/purchase agreement for anything? Y N

Do you have any un-filed tax returns? Y N

If yes, for what year(s)?

This applies to federal, state, and city taxes

Do you owe any income tax debt? Y N

Are you ordered to pay debts from a Separation, Divorce, or Dissolution? Y N

Do you owe any sales tax, payroll tax, or other business taxes? Y N

Do you owe a government entity for overpayment of benefits? Y N

Examples: overpayment of unemployment, social security, disability, etc.

Asset Information

What was the amount of your most recent tax refund?	\$	
Do you have more than \$1,000 in a savings account?	<input type="checkbox"/> Y	<input type="checkbox"/> N
Do you have more than \$1,000 cash stored away somewhere?	<input type="checkbox"/> Y	<input type="checkbox"/> N
Do you have any custodial bank accounts? Examples: accounts held for your children or parents	<input type="checkbox"/> Y	<input type="checkbox"/> N
Do you have any personal property worth more than \$500? Examples: stocks/bonds, certificates of deposit, etc. Does not include real estate, vehicles, bank accounts, or retirement accounts	<input type="checkbox"/> Y	<input type="checkbox"/> N
Do you have valuable jewelry worth more than \$1,000? Examples: large diamonds, gold watches, etc.	<input type="checkbox"/> Y	<input type="checkbox"/> N
Do you have collectibles or hobby equipment worth more than \$1,000? Examples: firearms, stamps, coins, music equipment, cameras, etc.	<input type="checkbox"/> Y	<input type="checkbox"/> N
Do you have any life insurance policies? If yes, do they have any cash value? This includes whole and universal life policies that you can borrow money against.	<input type="checkbox"/> Y <input type="checkbox"/> Y	<input type="checkbox"/> N <input type="checkbox"/> N
Do you have a retirement account? If yes, are you repaying any loans against your retirement?	<input type="checkbox"/> Y <input type="checkbox"/> Y	<input type="checkbox"/> N <input type="checkbox"/> N
Do you receive any money from an annuity or a trust?	<input type="checkbox"/> Y	<input type="checkbox"/> N
Are you expecting any inheritance, life insurance proceeds, or large gifts in the next 5 years?	<input type="checkbox"/> Y	<input type="checkbox"/> N
Are you expecting a tax refund the next time you file taxes? If yes, what amount? \$	<input type="checkbox"/> Y	<input type="checkbox"/> N
Do you have the right to sue anyone for personal injury or malpractice?	<input type="checkbox"/> Y	<input type="checkbox"/> N
Do you have the right to sue anyone for worker's compensation?	<input type="checkbox"/> Y	<input type="checkbox"/> N
Do you have the right to sue anyone else for any other reason?	<input type="checkbox"/> Y	<input type="checkbox"/> N
Does anyone owe you back child support or spousal support?	<input type="checkbox"/> Y	<input type="checkbox"/> N

Financial History

Are you currently being sued or expect to be sued by anyone?	<input type="checkbox"/> Y	<input type="checkbox"/> N
Have you been sued in the last 10 years? If yes, for what reason(s):	<input type="checkbox"/> Y	<input type="checkbox"/> N
Are your wages or bank account currently being garnished?	<input type="checkbox"/> Y	<input type="checkbox"/> N
Have your wages or bank accounts been garnished in the past year?	<input type="checkbox"/> Y	<input type="checkbox"/> N
Are you aware of any liens against you or your property?	<input type="checkbox"/> Y	<input type="checkbox"/> N
Have you gifted more than \$500 cash to anyone in the past year?	<input type="checkbox"/> Y	<input type="checkbox"/> N
Have you gifted property worth more than \$500 in the past 4 year?	<input type="checkbox"/> Y	<input type="checkbox"/> N
Have you paid back a loan from a friend or relative in the last 2 years? If yes, how much have you paid back and when?	<input type="checkbox"/> Y	<input type="checkbox"/> N
Has anyone paid any of your bills on a regular basis in the last year?	<input type="checkbox"/> Y	<input type="checkbox"/> N
Have you made any cash purchases over \$500 in the last 90 days?	<input type="checkbox"/> Y	<input type="checkbox"/> N
Have you received an insurance settlement check in the last year?	<input type="checkbox"/> Y	<input type="checkbox"/> N
Have you received a lawsuit settlement check in the last year?	<input type="checkbox"/> Y	<input type="checkbox"/> N
Have you withdrawn any money from a retirement account in the last year?	<input type="checkbox"/> Y	<input type="checkbox"/> N
Have you been involved in any car accidents in the last 2 years?	<input type="checkbox"/> Y	<input type="checkbox"/> N
Do you currently own a business or are you self employed?	<input type="checkbox"/> Y	<input type="checkbox"/> N
If yes, do you have any employees?	<input type="checkbox"/> Y	<input type="checkbox"/> N
Does your business have its own debt?	<input type="checkbox"/> Y	<input type="checkbox"/> N
Does your business own any assets?	<input type="checkbox"/> Y	<input type="checkbox"/> N
Have you owned a business or been self employed in the last 6 years?	<input type="checkbox"/> Y	<input type="checkbox"/> N
Have you lived in Ohio for the last 4 years? If no, when did you move to Ohio?	<input type="checkbox"/> Y	<input type="checkbox"/> N
Have you transferred any real estate, vehicles, or other property worth more than \$500 in the last 4 years? This includes gifts to someone, vehicle trade-ins, sales to third party buyers, short sales, deed-in-lieu, quitclaims, or any other type of transaction where your name was removed from a deed or title to property.	<input type="checkbox"/> Y	<input type="checkbox"/> N

Housing and Real Estate Information

Please complete the Renter and/or Property Owner section below.

Renter Section
For people paying rent

Monthly rent amount: \$

Are you current on your rent? Y N If no, how many months behind?

Is your landlord a friend or relative? Y N

Property Owner Section

For people who have real estate

This includes property owned jointly with someone, partial ownerships, and timeshares.

Please complete this section for every parcel of real estate in your name. Make additional copies if necessary.

Type of Property: Primary Residence Rental Residence Lot Only
 Business Building Vacation/Second Residence Timeshare
 Other – Please Explain:

Property Address:

City: State: Zip: County:

Name(s) on the Deed:

How much would this sell for “as is” today? \$

Mortgages

First Mortgage Company:

Name(s) of person(s) liable for this debt:

First Mortgage Payoff Amount: \$

First Mortgage Monthly Payment: \$

Are you current on the payments? Y N If no, how many months behind?

Second Mortgage Company:

Name(s) of person(s) liable for this debt:

Second Mortgage Payoff Amount: \$

Second Mortgage Monthly Payment: \$

Are you current on the payments? Y N If no, how many months behind?

Other Information

Are Real Estate Taxes included in your monthly payment? Y N If no, semi-annual amount: \$

Is Homeowner’s Insurance included in your monthly payment? Y N If no, annual amount: \$

Do you owe Homeowner’s Association Fees? Y N If yes, monthly amount: \$

Do you owe Condominium Fees? Y N If yes, monthly amount: \$

Is this property in a temporary or trial loan modification? Y N

Has the mortgage(s) ever been modified? Y N

Is this property in foreclosure? Y N

Is a creditor currently threatening foreclosure? Y N

Comments:

Vehicle Information

Please list all cars, trucks, RVs, mobile homes, motorcycles, ATVs, dirt bikes, boats, trailers, or anything else with a title.

This includes vehicles you are still financing, leasing, or own free-and-clear.

This includes vehicles titled jointly with someone else, even if someone else drives the vehicle or makes the payments.

Please complete one Vehicle Section for every vehicle in your name. Make additional copies if necessary.

Vehicle Section

Type of Vehicle: Car/Truck/SUV/Van Motorcycle/Dirt Bike Boat
 Mobile Home RV/Camper/Trailer Home Utility Trailer
 Other – Please Explain:

Year: Make: Model: Mileage:

Condition: Excellent Fair Poor Not Running Disassembled

Name(s) on the Title:

How much could this sell for “as is” today? \$

Month/Year of Purchase:

Status: Financing Leasing Own Free-and-Clear

Creditor:

Name(s) of person(s) liable for this debt:

Loan/Lease Payoff Amount: \$

Monthly Payment: \$

Are you current on the payments? Y N If no, how many months behind?

Comments:

Vehicle Section

Type of Vehicle: Car/Truck/SUV/Van Motorcycle/Dirt Bike Boat
 Mobile Home RV/Camper/Trailer Home Utility Trailer
 Other – Please Explain:

Year: Make: Model: Mileage:

Condition: Excellent Fair Poor Not Running Disassembled

Name(s) on the Title:

How much could this sell for “as is” today? \$

Month/Year of Purchase:

Status: Financing Leasing Own Free-and-Clear

Creditor:

Name(s) of person(s) liable for this debt:

Loan/Lease Payoff Amount: \$

Monthly Payment: \$

Are you current on the payments? Y N If no, how many months behind?

Comments: