

UTAH BANKRUPTCY CLINIC, LC

BANKRUPTCY QUESTIONNAIRE

Please fill out ALL the information requested in these forms. If a question or section does NOT apply to you, write "N/A" in the space. (N/A means "not applicable.") The more information you provide in these forms, the faster your bankruptcy petition can be prepared. There will be a delay if we need to verify or obtain more information concerning a specific asset, debt or creditor; so please provide as much detail as you can and fill in ALL the information requested on these forms. Thank you for taking the time to be thorough and complete, resulting in faster turnaround.

INFORMATION ABOUT YOU	INFORMATION ABOUT YOUR SPOUSE/PARTNER
↑ Full name (First, Middle, Last)	↑ Spouse full name (First, Middle, Last)
Social security number Date of Birth	Spouse social security number Date of Birth
Street Address	Spouse address if different than yours
City/State Zip	Spouse City/State Zip
County How long have you lived at this address?	Spouse county if different than yours
Cell phone number	Spouse cell phone number
Email address	Spouse email address
Different name you've used in last 6 years. Dates used.	Different last name spouse used in last 6 years. Dates used.
Prior bankruptcies in last 10 years? State year and chapter (7 or 13)	Spouse bankruptcies in last 10 years? State year and chapter

DEPENDENTS

people other than your spouse who live with you and whom you support financially

Name	Age	Relationship to you	Is this person/child living with you? Whose Dependent?		
1. _____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
2. _____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
3. _____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
4. _____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
5. _____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
6. _____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____

Are both you and your spouse filing this bankruptcy together? Yes No

How did you hear about our law firm? Internet Post Card Referral from someone else I'm a Former Client

INCOME HISTORY FOR YOU

Current Employer's Name: _____
Address _____ City/State _____ ZIP _____
Length of Time at this Job: Years _____ Months _____
Job Title (do not abbreviate): _____
Your pay days (example: every other Friday; 5th and 20th, etc.) _____
Direct deposit? YES NO
Are you being garnished? YES NO If yes, by whom? _____

Do you have a second job? YES NO
Employer's Name: _____
Address _____ City/State _____ ZIP _____
Length of Time at this Job: Years _____ Months _____
Job Title (do not abbreviate): _____
Second job pay days (example: every other Friday; 5th and 20th, etc.) _____
Direct Deposit? YES NO

Do you receive any other income (unemployment, child support, social security, etc)? YES NO
How much per month \$ _____ Describe assistance: _____

INCOME HISTORY FOR SPOUSE/PARTNER EVEN IF NOT FILING JOINTLY

Spouse Employer's Name: _____
Address _____ City/State _____ ZIP _____
Length of Time at this Job: Years _____ Months _____
Job Title (do not abbreviate): _____
Spouse pay days (example: every other Friday; 5th and 20th, etc.) _____
Direct Deposit? YES NO
Is spouse being garnished? YES NO If yes, by whom? _____

Does spouse have a second job? YES NO
Employer's Name: _____
Address _____ City/State _____ ZIP _____
Length of Time at this Job: Years _____ Months _____
Job Title (do not abbreviate): _____
Spouse pay days (example: every other Friday; 5th and 20th, etc.) _____
Direct Deposit? YES NO

Does spouse receive any other income (unemployment, child support, social security, etc)? YES NO
How much per month \$ _____ Describe assistance: _____

NOTE: VEHICLE, RV, AND HOME MORTGAGE PAYMENTS ARE ON ANOTHER PAGE

MONTHLY BUDGET

This form is necessary to determine how much you spend each month on living expenses. Be sure to write in the **MONTHLY** (not yearly) amount in the spaces next to each expenditure. For utilities, your bill may be higher in the winter than in the summer, so write an amount that is “average” covering the whole 12 month period.

Rent/Lot Rent	\$	Health Insurance (not deducted from wages)	\$
Renter’s Insurance	\$	Life Insurance (not deducted from wages)	\$
Electricity		Auto Insurance	\$
Natural Gas	\$	Taxes (not deducted from wages)	\$
Water & Sewer	\$	Alimony/Child Support (not deducted from wages)	\$
Home Maintenance (if you own your home)	\$	Payment for support of dependents not living in home	\$
Cell Phone	\$	Babysitter/Daycare	\$
Internet, Cable/Satellite	\$	Baby Wipes/Diapers	\$
Food	\$	School Lunch/School Expenses	\$
Clothing	\$	Monthly College Tuition (not loans)	\$
Laundry & Dry Cleaning	\$	Monthly Student Loan	\$
Medical Expenses (not paid by insurance)	\$	Personal Care Items	\$
Dental Expenses (not paid by insurance)	\$	Gym Membership	\$
Prescriptions (not paid by insurance)	\$	Tobacco/Vape Products	\$
Gasoline	\$	Criminal Court fees/Fines	\$
Automobile Maintenance	\$	Other Installment Payment (RVs, 4 wheelers, etc.)	\$
Recreation, Clubs & Entertainment, Newspapers, Magazines, etc.	\$	RC Willey, Les Schwab, Best Buy, Rent-A-Center, etc.	\$
Monthly Charitable contributions that you have actually made in last 60 days	\$	Snap Finance, Progressive Leasing, Summerhays, etc.	\$
Pet Expenses	\$	Snap-on Tools, Mattco Tools, etc.	\$
Storage Unit	\$	Netflix, Hulu, Spotify, Pandora, Apple Music, etc.	\$
Other monthly expense (SPECIFY):	\$	Other monthly expense (SPECIFY):	\$

HOUSEHOLD INVENTORY

Please review the items below that you currently have in your home or within your control. Then, provide the YARD SALE VALUE (about 10% of what you paid for it) NOT the replacement cost. Only list the items that belong to you and which you will take with you when you move. Don't list items that belong to the landlord or roommates.

KITCHEN

Stove/Cooking Unit \$ _____
 Refrigerator \$ _____
 Dishwasher \$ _____
 Microwave \$ _____
 Washer/Dryer \$ _____
 Water Softener \$ _____
 Small Kitchen Appliances \$ _____
 Cooking Utensils & Cookware \$ _____
 Silverware/Flatware \$ _____
 Kitchen Table & Chairs \$ _____
 Other Kitchen Furniture \$ _____

List: _____

LIVING ROOM

Couch \$ _____
 Chair \$ _____
 Entertainment Center \$ _____
 End Table \$ _____
 Lamps & Accessories \$ _____
 Other Living Room Furniture \$ _____
 Desk/Office Furniture \$ _____

List: _____

BEDROOM

Bed(s) \$ _____
 Bedding \$ _____
 Nightstand(s) \$ _____
 Dresser(s)/Chest of Drawer(s) \$ _____
 All Clothing(Shoes,Coats,Etc) \$ _____
 Other Bedroom Furniture \$ _____

List: _____

ELECTRONICS

Television(s) \$ _____
 Stereo(s) & Stereo Equipment \$ _____
 Tablet \$ _____
 Computer \$ _____
 Computer Printer \$ _____
 Cell Phones \$ _____

MISCELLANEOUS

Wedding Ring(s) \$ _____
 Jewelry, Watches & Accessories \$ _____
 Collectibles \$ _____
 Prints/Paintings/Art \$ _____
 Camera(s)/Photography Equip. \$ _____
 List Make/Model: _____
 Smart Watch \$ _____
 Drone \$ _____

OUTDOOR

Gun(s) & Firearm(s) \$ _____
 List Make/Model: _____
 Gun Safe \$ _____
 Bicycle \$ _____
 Sports/Hobby Equipment \$ _____
 List: _____
 Camping Equipment \$ _____
 Lawnmower \$ _____
 Additional Yard Tools/Equip. \$ _____
 Snow Blower \$ _____
 Carpenter Tools \$ _____
 Mechanic Tools \$ _____

FINANCIAL

Rent Deposit w Landlord \$ _____
 Cash On Hand \$ _____
 Life Insurance Policy \$ _____
 Bitcoin/Digital Currency \$ _____
 Resort Timeshare \$ _____

OTHER PROPERTY OF EVERY KIND EXCEPT HOME & CAR

_____ \$ _____
 _____ \$ _____
 _____ \$ _____
 _____ \$ _____
 _____ \$ _____

Is your name on the title to any other property of any sort (Home, Car, RV, Bank Account, etc) that you do not consider to be yours? YES _____ No _____

FINANCIAL ACCOUNTS, SAVINGS, INVESTMENTS

List here all accounts of every sort that have your money in them or your name on them. Include all accounts even if you don't use them any more or if they don't have any money in them. You must list an account if your money is/was/will be in it, even if your name is not on the account.

First Account

Circle Account Type: Bank / Prepaid / Retirement (IRA/401K) / Health Savings / (Venmo, Paypal) / Education Savings

Name of Bank or Financial Institution _____

Name(s) on the Account _____

Primary account number _____ Present Balance \$ _____

Secondary account number _____ Present Balance \$ _____

Do you owe this bank money? Yes No Do other people use this account? Yes No

Do you transfer money to/from friends or family using this account? Yes No

Second Account (if applicable)

Circle Account Type: Bank / Prepaid / Retirement (IRA/401K) / Health Savings / (Venmo, Paypal) / Education Savings

Name of Bank or Financial Institution _____

Name(s) on the Account _____

Primary account number _____ Present Balance \$ _____

Secondary account number _____ Present Balance \$ _____

Do you owe this bank money? Yes No Do other people use this account? Yes No

Do you transfer money to/from friends or family using this account? Yes No

Third Account (if applicable)

Circle Account Type: Bank / Prepaid / Retirement (IRA/401K) / Health Savings / (Venmo, Paypal) / Education Savings

Name of Bank or Financial Institution _____

Name(s) on the Account _____

Primary account number _____ Present Balance \$ _____

Secondary account number _____ Present Balance \$ _____

Do you owe this bank money? Yes No Do other people use this account? Yes No

Do you transfer money to/from friends or family using this account? Yes No

Fourth Account (if applicable)

Circle Account Type: Bank / Prepaid / Retirement (IRA/401K) / Health Savings / (Venmo, Paypal) / Education Savings

Name of Bank or Financial Institution _____

Name(s) on the Account _____

Primary account number _____ Present Balance \$ _____

Secondary account number _____ Present Balance \$ _____

Do you owe this bank money? Yes No Do other people use this account? Yes No

Do you transfer money to/from friends or family using this account? Yes No

Fifth Account (if applicable)

Circle Account Type: Bank / Prepaid / Retirement (IRA/401K) / Health Savings / (Venmo, Paypal) / Education Savings

Name of Bank or Financial Institution _____

Name(s) on the Account _____

Primary account number _____ Present Balance \$ _____

Secondary account number _____ Present Balance \$ _____

Do you owe this bank money? Yes No Do other people use this account? Yes No

Do you transfer money to/from friends or family using this account? Yes No

*****SKIP THIS PAGE IF YOU DO NOT OWN REAL ESTATE*****

REAL ESTATE

PRINT OUT ADDITIONAL PAGES FOR EVERY SEPARATE PIECE OF REAL ESTATE THAT YOU OWN

Check the type of real estate you own: House Condominium Vacant Lot Mobile Home

Name(s) on Deed or Title _____

Address of Real Estate _____

Name of Mortgage Company _____

Address of Mortgage Company _____ City/State _____ Zip _____

Account Number _____

Date mortgage was obtained _____ Monthly Payments \$ _____

Does this payment include insurance and taxes? YES NO

If not included in your mortgage, what is your monthly payment for: Insurance \$ _____ Taxes \$ _____

Pay-Off Amount on Mortgage \$ _____

Are You Behind in Payments? YES NO Amount to Catch up Back Payments \$ _____

Monthly HOA payments? \$ _____ Amount behind on HOA payments \$ _____

What was the Appraised Value \$ _____ Year Real Estate Last Appraised? _____

Do you want to keep or surrender your home? KEEP SURRENDER

SECOND MORTGAGE INFORMATION (IF APPLICABLE)

Name of Mortgage Company _____

Address _____ City/State _____ ZIP _____

Account Number _____

Date mortgage was obtained _____

What are the Monthly Payments \$ _____

Pay-Off Amount \$ _____

Are You Behind in Payments? YES NO Amount to Catch up Back Payments \$ _____

HOME FORECLOSURE INFORMATION

provide information about any law firm handling the foreclosure, if applicable

Name of Collector or Attorney _____

Address _____ City/State _____ ZIP _____

Is this Real Estate in the Process of Foreclosure? YES NO

If in foreclosure, please provide a copy of the court documents or foreclosure letters you were served

*****LIST EVERY MOTOR OR RECREATIONAL VEHICLE YOU OWN, EVEN IF YOUR NAME IS NOT ON THE TITLE TO IT*****

MOTOR / RECREATIONAL VEHICLE #1

Motor vehicles include cars, trucks, SUVs, motorcycles, motor homes, boats, trailers, campers, etc. that are TITLED IN YOUR (OR YOUR SPOUSE'S) NAME. Add additional sheets if you own more than 2 vehicles.

Type: Automobile Truck Motorcycle Boat Trailer Other: _____

Year: _____ Make: _____ Model: _____ Mileage: _____

Trim Level (e.g. XLT, SL, Laredo, etc) : _____ Color: _____

Check applicable: 2 Door 4 Door 4 Wheel Drive 2 Wheel Drive

List Other Extras: _____

Condition: Excellent Good Fair Poor Not Running

Name(s) on vehicle title: _____

Is vehicle leased? YES NO If yes, what is the "buy out" on the lease? _____

Name of company you make payments to for this vehicle: _____

Address _____ City/State _____ ZIP _____

Account Number: _____ Monthly Payment: \$ _____ Date Established _____

What is the "pay off" amount on this vehicle? \$ _____

Check One: KEEP SURRENDER

MOTOR / RECREATIONAL VEHICLE #2

Motor vehicles include cars, trucks, SUVs, motorcycles, motor homes, boats, trailers, campers, etc. that are TITLED IN YOUR (OR YOUR SPOUSE'S) NAME. Add additional sheets if you own more than 2 vehicles.

Type: Automobile Truck Motorcycle Boat Trailer Other: _____

Year: _____ Make: _____ Model: _____ Mileage: _____

Trim Level (e.g. XLT, SL, Laredo, etc) : _____ Color: _____

Check applicable: 2 Door 4 Door 4 Wheel Drive 2 Wheel Drive

List Other Extras: _____

Condition: Excellent Good Fair Poor Not Running

Name(s) on vehicle title: _____

Is vehicle leased? YES NO If yes, what is the "buy out" on the lease? _____

Name of company you make payments to for this vehicle: _____

Address _____ City/State _____ ZIP _____

Account Number: _____ Monthly Payment: \$ _____ Date Established _____

What is the "pay off" amount on this vehicle? \$ _____

Check One: KEEP SURRENDER