

Legal Name (Last, First, Middle Initial)

Spouse (if any) Legal Name

Physical Address (No., Street, City, State, Zip)

Spouse Mailing Address (if different)

Do you own this real property or rent? If you own, list the names of all mortgagors

Home Telephone

Cellular Telephone

E-Mail Address

E-Mail Address

Social Security Number

Social Security Number

Maiden Names, D/B/A, Other

Have you lived at your current address for 180 consecutive days?

Have you ever filed a bankruptcy case before?

Are any family members or business partners involved in a pending bankruptcy case?

Marital Status

Marital Status

How many people live in your household?

How many people live in your household?

Current Employer or Source of Income

Current Employer or Source of Income

Occupation/Length of Time Employed

Occupation/Length of Time Employed

Have you paid anyone a total of \$600.00 in the past 90 days (mortgage, rent, auto loans, etc.)?

Have you repaid any family members or business associates any amount in the past year?

Yes

No

Have you been involved in any legal proceeding in the last 12 months?

Have you had any property garnished, attached, seized, repossessed or foreclosed upon in the past 12 months?

Have you given any personal property to a creditor in the past year?

Is anything you own currently being held by a receiver, custodian or court-appointed official?

Have you suffered any losses from fire, theft, gambling or other casualty in the past year?

Have you paid any amount of money to any person or company for debt settlement assistance or bankruptcy assistance in the past year?

Have you sold, transferred or otherwise disposed of any property in the past two years?

Have you made any charitable donation in excess of \$200.00 in the past year?

Have you closed any bank accounts in the past year?

Are you in possession of any property that is owned by someone else?

Have you rented a safe deposit box at any time in the past year?

Have you been married to anyone outside of your current home state in the past 8 years?

Have you lived anywhere other than your your current address during the past three years?

Has any financial institution removed funds from your account in the past 90 days to pay a debt?

Have you taken any cash advances on any credit card in the past 90 days?

Have you transferred any credit card balance in the past 90 days?

Have you purchased any single item valued at more than \$550.00 in the past 90 days?

Have you ever been cited for violation of any environmental law or for releasing a hazardous material?

Are you a disabled veteran?

Do you currently serve in the armed forces (active or reserve)?

Do you expect to receive any inheritance in the next six months?

Are you currently a party to any lease or contract which has not expired?

Have you owned or operated all or any part of a business in the past six years?

Do you have any dependents that you claimed on your most recently filed income tax return?

Do you have the right to bring a lawsuit against anyone for a personal injury action related to a car accident, slip and fall, or other injury or does anyone currently owe you any money?

PERSONAL PROPERTY

LIST THE VALUE, CONSIDERING THE AGE AND CONDITION,
FOR ANY OF THE FOLLOWING THAT YOU OWN

Cash

Vehicle #1

Savings Account

Vehicle #2

Checking Account

Vehicle #3

Security Deposit

Office Equipment

Household Furniture

Computer Equipment

Clothing

Pets/Pet Supplies

Jewelry

Collectibles

Appliances

Books, Paintings, Artwork

Beds/Bedding

Firearms, Sporting Goods, Boats

Stocks, Bonds, CDs or Other

Boats, Snow Machines, ATVS, Other

Retirement Account, 401(k), 403(b), Other

Tools or Equipment

List a description of any other property you own not listed above

CURRENT MONTHLY EXPENSES

List the amount you currently spend, monthly, on the following:

Mortgage (incl. taxes and insurance) or Rent	Food
Electric and Heat (Oil, Propane, Wood, etc.)	Clothing
Telephone, Cable, Internet	Automobile Installment #1
Water, Sewer, Garbage, Snow Removal	Automobile Installment #2
Home Maintenance	Automobile Installment #3
Medical Expenses (uncovered by insurance)	Other Installment Payments
Health Insurance	Other Installment Payments
Automobile Insurance	Transportation (Gas, Tolls, Parking, etc.)
Other Insurance	Domestic Support (Alimony, Child Support)
Childcare/Daycare	Business Related Expenses
Expenses for Other Dependents	Other

DOCUMENTS NEEDED

Please provide the following documents when you return this questionnaire:

1. Pay stubs for the prior six (6) complete months of employment
2. Proof of all other income for the prior six (6) months (social security, disability, retirement, state assistance, child support or other)
3. Income tax returns (signed) for the past two years
4. Copy of valid driver's license and social security card
5. Most recent account statement for all debts (mortgage, auto loans, credit cards, medical bills, collection accounts, personal loans, student loans, tax debts, etc.)
6. Bank statements for the prior six (6) months for all accounts
7. Certificate of Credit Counseling (approved agencies providing this service are listed under the "Links" tab at www.mbfisherlaw.com)
8. Profit/loss statement for prior twelve (12) months (self-employed debtors only)
9. Copy of any lease or contract you are a party to that has not yet expired
10. Copy of any divorce decree, support order or other court documents
11. Homeowners:
 - a. Current homeowner insurance declaration page
 - b. Most recent property tax bill, current market analysis or appraisal for all real property
 - c. Copy of recorded, signed mortgage and promissory note
 - d. Recent mortgage account statement