

# Western New York Law Center Bankruptcy Clinic Questionnaire

This is the Questionnaire which must be completed before your appointment. The information in this Questionnaire will be used to decide if you would benefit from a Chapter 7 Bankruptcy and whether the Bankruptcy Clinic will be able to assist you. Please answer all questions. If you need more room, attach a separate sheet of paper and state the name of the section next to your answer.

**Client**

Female      Male      **Sr, Jr, \_\_\_\_\_**

\_\_\_\_\_  
Last Name                                  First

\_\_\_\_\_  
Home Address

\_\_\_\_\_  
Mailing address (if different)

\_\_\_\_\_  
City/State/Zip

\_\_\_\_\_  
County of Residence

\_\_\_\_\_  
Other names you have used within the last 8 years

**Spouse**

Female      Male      **Sr, Jr, \_\_\_\_\_**

\_\_\_\_\_  
Last Name                                  First

\_\_\_\_\_  
Home Address

\_\_\_\_\_  
Mailing address (if different)

\_\_\_\_\_  
City/State/Zip

\_\_\_\_\_  
County of Residence

\_\_\_\_\_  
Other names you have used within the last 8 years

---

Means of Contact: enter all contact information and check which you would prefer we use.

- Home telephone: \_\_\_\_\_
- Cell: \_\_\_\_\_ Spouse Cell: \_\_\_\_\_
- Email: \_\_\_\_\_

---

**Filing information**

**Marital Status:**     Single     Married     Divorced     Widowed     Life Partner

**Are you filing individually or with your spouse:**     Individually             jointly with spouse

If married, please fill out spouse's information even if your spouse is not filing.

If married, do you and your spouse maintain separate households?  Yes  No

Have you lived at your current address for the past 3 years?  Yes  No

If "No," list all addresses and dates of occupancy:

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_

---

### Prior Bankruptcies

Please indicate any bankruptcy filings within the last eight (8) years. Also indicate any pending bankruptcies for a spouse, life partner, or business partner.

Ch. 7 or 13	Location (City, State)	Date filed	Case Number	Debtor	Date discharged/ dismissed

---

### Dependents

If married and filing individually, please include your spouse/partner as a dependent (use additional sheets if necessary.)

- | Name     | Age   | Relationship |
|----------|-------|--------------|
| 1. _____ | _____ | _____        |
| 2. _____ | _____ | _____        |
| 3. _____ | _____ | _____        |
| 4. _____ | _____ | _____        |
| 5. _____ | _____ | _____        |
| 6. _____ | _____ | _____        |

## Occupation

	Client		
	Job #1	Job #2	
Occupation:	_____	_____	
Employer:	_____	_____	
How long?	_____	_____	
Address:	_____	_____	
City/State/Zip:	_____	_____	

	Spouse		
	Job #1	Job #2	
Occupation:	_____	_____	
Employer:	_____	_____	
How long?	_____	_____	
Address:	_____	_____	
City/State/Zip:	_____	_____	

## Real and Personal Property

When completing fields regarding the value of your assets, please know that terms like "Fair Market Value", "Amount", and "Value" are asking what the property is worth today in its current condition, not what you paid for it. If you do not know an exact figure for a debt or asset value, please provide your best estimate. When valuing real property, indicate the appraised tax value from your yearly property tax statement.

### Primary Residence

Address	<b>Amount Owed</b>	\$ _____
	<b>Monthly Payment</b>	\$ _____
	<b>Type of Loan (VA, FHA, Conventional)</b>	_____
	<b>Market Value</b>	\$ _____
	<b>Mortgagee/Lender</b>	_____
	<b>Payments behind?</b>	_____
<b>Who owns it?</b> <input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint <input type="checkbox"/> Other – Who? _____		

Please Initial:            Client: \_\_\_\_\_ Spouse: \_\_\_\_\_

## Other Real Property

<b>Address</b>	<b>Amount Owed</b>	\$
	<b>Monthly Payment</b>	\$
	<b>Type of Loan (VA, FHA, Conventional)</b>	
	<b>Market Value</b>	\$
	<b>Mortgagee/Lender</b>	
	<b>Payments behind?</b>	
<b>Who owns it?</b> Husband    Wife    Joint    Other – Who? _____		

## Personal Property

When filling out this part of the worksheet, use a “replacement value.” That means you should list the price you would get if you were to sell it at a yard sale, accounting for the age and condition of the items. Cars should be valued by the N.A.D.A. official used car guide, which you can find at [www.nada.com](http://www.nada.com).

Indicate who owns each item by entering one of the following in the column labeled “Owner.”

**H** = Husband            **W** =Wife            **J** = Joint

Type of property				
1. Household Goods and Furnishings				
Item	Quantity	Owner	Value	Liens
<input type="checkbox"/> Television			\$	\$
<input type="checkbox"/> Entertainment Center			\$	\$
<input type="checkbox"/> Stereo			\$	\$
<input type="checkbox"/> DVD player			\$	\$
<input type="checkbox"/> CD Player			\$	\$
<input type="checkbox"/> Speakers			\$	\$
<input type="checkbox"/> Recliners			\$	\$
<input type="checkbox"/> Coffee tables			\$	\$
<input type="checkbox"/> End Tables			\$	\$
<input type="checkbox"/> Lamps			\$	\$
<input type="checkbox"/> Piano			\$	\$
<input type="checkbox"/> Other Musical Instruments			\$	\$
<input type="checkbox"/> Computer			\$	\$
<input type="checkbox"/> Dining chairs			\$	\$

Please Initial:            Client: \_\_\_\_\_ Spouse: \_\_\_\_\_

1. (cont.) Household Goods and Furnishings	Quantity	Owner	Value	Liens
<input type="checkbox"/> Stove/Oven			\$	\$
<input type="checkbox"/> Dishwasher			\$	\$
<input type="checkbox"/> Microwave			\$	\$
<input type="checkbox"/> Refrigerator			\$	\$
<input type="checkbox"/> Freezer			\$	\$
<input type="checkbox"/> Dresser			\$	\$
<input type="checkbox"/> Armoire			\$	\$
<input type="checkbox"/> Nightstand			\$	\$
<input type="checkbox"/> Mirror			\$	\$
<input type="checkbox"/> Bed			\$	\$
<input type="checkbox"/> Couch			\$	\$
<input type="checkbox"/> Side chairs			\$	\$
<input type="checkbox"/> Glasses, dishes, flatware			\$	\$
<input type="checkbox"/> Crystal			\$	\$
<input type="checkbox"/> China			\$	\$
<input type="checkbox"/> Pots and pans			\$	\$
<input type="checkbox"/> Washer			\$	\$
<input type="checkbox"/> Dryer			\$	\$
<input type="checkbox"/> Small appliances			\$	\$
<input type="checkbox"/> Power tools			\$	\$
<input type="checkbox"/> Hand tools			\$	\$
<input type="checkbox"/> Lawnmower			\$	\$
<input type="checkbox"/> Outdoor furniture			\$	\$
<b>2. Books, Pictures, Music, Art, and Other Collections</b>				
Item	Quantity	Owner	Value	Liens
<input type="checkbox"/> Books			\$	\$
<input type="checkbox"/> Pictures			\$	\$
<input type="checkbox"/> Stamps			\$	\$
<input type="checkbox"/> Art			\$	\$
<input type="checkbox"/> Antiques (please specify)			\$	\$
<input type="checkbox"/> Figurines			\$	\$
<input type="checkbox"/> Statues			\$	\$

<input type="checkbox"/> Sports cards			\$	\$
<input type="checkbox"/> Sports memorabilia			\$	\$
<input type="checkbox"/>			\$	\$
<input type="checkbox"/>			\$	\$
<b>3. Clothing</b>				
<input type="checkbox"/> Wearing apparel			\$	\$
<input type="checkbox"/> Accessories			\$	\$
<input type="checkbox"/> Shoes			\$	\$
<input type="checkbox"/>				
<b>4. Furs and Jewelry</b>				
<input type="checkbox"/> Wedding rings			\$	\$
<input type="checkbox"/> Engagement rings			\$	\$
<input type="checkbox"/> Watches			\$	\$
<input type="checkbox"/> Fur coats			\$	\$
<input type="checkbox"/> Costume jewelry			\$	\$
<input type="checkbox"/>			\$	\$
<b>5. Firearms, Sports, Photographic, and/or Hobby Equipment</b>				
Item	Quantity	Owner	Value	Liens
			\$	\$
			\$	\$
			\$	\$
<b>6. Cash Value of Insurance Policies</b> (the amount of cash to which you have access, not to include "term" policies)				
Issuer of Policy		Owner	Value	Liens
			\$	\$
			\$	\$
			\$	\$
<b>7. Automobiles, Motorcycles, Trailers, Mobile Homes, other Vehicles</b>				
Year, Make and Model		Owner	Value	Liens
			\$	\$
			\$	\$
			\$	\$
			\$	\$

Please Initial:            Client: \_\_\_\_\_ Spouse: \_\_\_\_\_

## CURRENT MONTHLY BUDGET

**To complete this schedule please have all your bills and support documentation for all your expenses handy.**  
 The Bankruptcy Courts now require supporting documentation for all claimed expenses. Please save receipts for every bill and for every purchase.

Do you and your spouse maintain separate households?  Yes  No If so, fill one budget out for your household and another for your spouse's.

HOUSING EXPENSES		INSURANCE	
Rent	\$	Renters Insurance	\$
First Mortgage	\$	Term Life Ins. (not deducted from wages)	\$
Second Mortgage	\$	Whole Life Ins. (not deducted from wages)	\$
Taxes (not included in mortgage payments)	\$	Health Ins. (not deducted from wages)	\$
Insurance (not included in mortgage payments)	\$	Auto Insurance	\$
Lot for mobile home payment	\$	Disability Insurance	\$
Monthly Common Charges / Assessments		Other Insurance _____	\$
UTILITIES	\$	INSTALLMENT PAYMENTS	
Electric and Heat	\$	Automobile Installments	\$
Water and Sewer	\$	Furniture Installments	\$
Telephone (home basic service)	\$	Appliances Installments	\$
Telephone (cell phones)	\$	Computer/Electronics Installments	\$
Internet	\$	Jewelry Installments	\$
Cable TV / Satellite TV	\$	Other Installments _____	\$
Trash Pick-Up		OTHER EXPENSES	
BASIC NEEDS	\$	Alimony/Maintenance you pay	\$
Repairs and Maintenance (if you own your home)	\$	Child support you pay	\$
Food and Grocery Items	\$	Care of dependent not living with you	\$
Clothing	\$	Care for elderly or disabled	\$
Laundry/Dry Cleaning	\$	Union Dues (not deducted from wages)	\$
Medical Expenses (not paid by insurance)	\$	Child care expenses (receipts needed)	\$
Dental Expenses (not paid by insurance)		Health Savings Account payments	\$
	\$	Education Expenses (child must be < 18)	\$
TRANSPORTATION	\$	Personal care items	\$
Gasoline / Bus fare		Student Loan Repayment	\$
Auto Maintenance (oil change, tires, etc.)		Other (specify)	\$
RECREATION	\$	Other (specify)	\$
Recreation / Entertainment	\$	Other (specify)	\$
Newspapers / Magazines		Other (specify)	\$
CHARITY	\$	Other (specify)	\$
Charitable contributions (receipts will be needed)	\$	Other (specify)	\$

Do you anticipate any increase or decrease in expenses to occur within the next year?

Yes  No

Please describe when and why: