

## **LAW OFFICE OF DAVID W. KNIGHT NEW CLIENT BANKRUPTCY INFORMATION PACKET**

Putting together a bankruptcy case is a detailed process requiring information about the property you own and the debts you have. The attached questionnaire is designed for both Chapter 7 and 13 bankruptcy clients to make sure that your financial situation can be evaluated thoroughly by your attorney and reported accurately to the court.

Please fill out the questionnaire to the best of your ability. Leave blank any sections that you feel are inapplicable to you. If you are not sure about your responses to a question, the attorney can assist you in answering it at your next appointment.

### **CREDIT COUNSELING:**

Prior to filing a bankruptcy all filers must take the court-mandated credit counseling course. You may use any approved counseling provider. We have been happy with the InCharge Education Foundation Co., and recommend them to our clients. Upon completing your online class, your "Certificate of Completion" will automatically be sent to this office:

InCharge Education Foundation  
[www.PersonalFinanceEducation.com](http://www.PersonalFinanceEducation.com)  
Pre-Filing Credit Counseling \$30 for Single or Joint  
Pre-Discharge Debtor Education Course \$25 Single or Joint

### **ADDITIONAL DOCUMENTS:**

In addition to filling in the questionnaire, all clients must provide this office with the following documents:

- Copy of last 2 years most recent filed tax returns, including W-2s
- Last 6 months of wage stubs for each filing party
- Last 3 months of bank statements for all accounts

### **CONTACT INFO:**

Once you have completed the questionnaire and attached all needed documents, you can remit the completed questionnaire to our office by mail, fax or e-mail and contact us to set up an appointment with the attorney.

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**Bankruptcy Client Questionnaire**  
**Section 1 Basic Information**

**Part A. Name and Address**

Name: \_\_\_\_\_  
*Last First Middle*

Spouse Name: \_\_\_\_\_  
*Last First Middle*

Telephone Number Home: \_\_\_\_\_ Cell: \_\_\_\_\_

Have you used any other names in the past eight years?  No  Yes *If yes, list other names:*

Social Security Number: \_\_\_\_\_

Spouse Social Security Number: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

County: \_\_\_\_\_

Have you lived at this address for at least 180 days?  No  Yes

Have you lived at this address for at least 2 years?  No  Yes

If you answered no to either of the questions above, please list your previous address:

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

County: \_\_\_\_\_ Dates of Occupancy: \_\_\_\_\_

If you have a different mailing address, please list:

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

If your spouse maintains a separate address, please list:

Spouse Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Part B. Prior/Pending Bankruptcy Cases**

Has a bankruptcy case been filed by you or against you in the last 8 years?  No  Yes

If yes, in which district of which state was the case filed? \_\_\_\_\_

Case Number: \_\_\_\_\_ Date filed: \_\_\_\_\_

Are there currently any bankruptcy cases pending against you, your business, your spouse, or your spouse's business?  No  Yes

If yes, name of debtor: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

Case Number: \_\_\_\_\_ Date filed: \_\_\_\_\_ Judge: \_\_\_\_\_

In which district of which state was the case filed? \_\_\_\_\_

## Section 2 Property

### Part A. Real Estate

List all real estate which you own or are a joint owner of, even if you still owe money on the property.

Address of property	Value	List all mortgages, home equity loans, and liens

### Part B. Personal Property

List all vehicles you own or are a joint owner of, even if you still owe money on the vehicle. Include cars, trucks, boats, etc.

Vehicle Year, Make and Model	Condition	Mileage	Keep or Surrender?

List all bank accounts you own or are a co-signer on.

Bank Account	Type of Account	Amount

List all other financial accounts you own, including retirement funds.

Description of Retirement account, stocks, bonds, annuities, etc.	Value

### Section 3 ~ Debts

This office needs information on all debts that you owe.

**\*\*\*\*\*Please provide a copy of a bill for every debt that is owed. In the event that you are unable to locate information on all of your debts, this office can pull a copy of your credit report for an additional fee, or you may provide a credit report to us.\*\*\*\*\***

IT IS RECOMMENDED THAT ALL CLIENTS ORDER OR PROVIDE THIS OFFICE WITH A CURRENT CREDIT REPORT TO INSURE THAT ALL DEBTS ARE NOTED IN YOUR CASE. WE WILL PULL YOUR CREDIT FOR YOU FOR AN ADDITIONAL COST OF \$50.

\_\_\_\_\_ CHECK HERE IF YOU DO NOT AGREE TO OUR OFFICE PULLING YOUR CREDIT REPORT

### Section 4 ~ Current Income

Provide this office with copies of your last 3 months wage stubs.

Marital Status:

- Married
- Single
- Divorced
- Separated
- Widowed

List all dependents of you and your spouse, their ages, and their relationship to you:		
Name	Age	Relationship

#### Part A. Debtor's Income

1. What is your occupation? \_\_\_\_\_
2. Name and address of your employer:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
3. How long have you been employed there? \_\_\_\_\_

Complete the below questions with your estimate of monthly averages.

- Do you receive
- a) income from business operations outside of your

#### Part B. Joint Debtor's Income

1. What is your spouse's occupation? \_\_\_\_\_
2. Name and address of your spouse's employer:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
3. How long employed there? \_\_\_\_\_

Complete the below questions with your estimate of monthly averages.

- Does your spouse receive
- a) income from business operations outside of the regular

regular paycheck listed above? If so, what is the business and how much do you receive per month?

paycheck listed above? If so, what is the business and how much does your spouse receive per month?

b) income from real estate property? If so, how much per month?  No  Yes \$ \_\_\_\_\_

b) income from real estate property? If so, how much per month?  No  Yes \$ \_\_\_\_\_

c) alimony or family support payments for your use or for the care of your dependents? If so, how much per month?  No  Yes \$ \_\_\_\_\_

c) alimony or family support payments for spouse's use or for care of dependents? If so, how much per month?  No  Yes \$ \_\_\_\_\_

d) social security or other forms of monetary government assistance?  No  Yes \$ \_\_\_\_\_

d) social security or other forms of monetary government assistance?  No  Yes \$ \_\_\_\_\_

e) retirement or pension money?  No  Yes \$ \_\_\_\_\_

e) retirement or pension money?  No  Yes \$ \_\_\_\_\_

Do you have any other sources of income not listed?

Does your spouse have any other income not listed?

Are you or your spouse expecting any increase or decrease in salary next year? If so, explain.

## Section 5 ➤ Current Expenses

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

The following questions ask for your expenses each month. If you are unsure of the amount you pay each month, but know the amount for a different period (per week, per day, every 2 months, etc.), write in the amount and the frequency that you pay the amount.

### Indicate how much you pay for each item each month...

1. your rent or your home mortgage

\$1<sup>st</sup>/rent \_\_\_\_\_

Does that amount include real estate taxes?  No  Yes

\$2<sup>nd</sup> \_\_\_\_\_

Does it include property insurance?  No  Yes

2. electricity and heating

\$ \_\_\_\_\_

3. water and sewage

\$ \_\_\_\_\_

4. telephone service/long distance

\$ \_\_\_\_\_

5. Do you have any other utility bills? If so, what, and how much per month?

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

6. home maintenance, including repairs and general upkeep

\$ \_\_\_\_\_

7. food

\$ \_\_\_\_\_

8. clothing

\$ \_\_\_\_\_

9. laundry and dry cleaning

\$ \_\_\_\_\_

10. medical and dental expenses

\$ \_\_\_\_\_

11. transportation (not including car payments)

\$ \_\_\_\_\_

12. entertainment, recreation, newspapers, magazines

\$ \_\_\_\_\_

13. charitable contributions

\$ \_\_\_\_\_

14. insurance not deducted from paycheck

a) homeowner's or renter's insurance

\$ \_\_\_\_\_

b) life insurance

\$ \_\_\_\_\_

c) health insurance

\$ \_\_\_\_\_

d) auto insurance

\$ \_\_\_\_\_

- e) other insurance \_\_\_\_\_ \$ \_\_\_\_\_
- 15. taxes not deducted from paycheck \$ \_\_\_\_\_
- 16. installment payments for car, furniture, etc. (Specify)
  - \_\_\_\_\_ \$ \_\_\_\_\_
  - \_\_\_\_\_ \$ \_\_\_\_\_
  - \_\_\_\_\_ \$ \_\_\_\_\_
- 17. alimony, maintenance, support paid to others \$ \_\_\_\_\_
- 18. payments for support of dependents not living at home \$ \_\_\_\_\_
- 19. expenses from operation of business \$ \_\_\_\_\_
- Additional Expenses (707(b) Expenses)**
- 20. mandatory payroll deductions not already listed \_\_\_\_\_ \$ \_\_\_\_\_
- 21. court ordered payments not already listed \_\_\_\_\_ \$ \_\_\_\_\_
  - \_\_\_\_\_ \$ \_\_\_\_\_
  - \_\_\_\_\_ \$ \_\_\_\_\_
- 22. education necessary to maintain employment \$ \_\_\_\_\_
- 23. education for a physically or mentally challenged child \$ \_\_\_\_\_
- 24. childcare \$ \_\_\_\_\_
- 25. health savings accounts \$ \_\_\_\_\_
- 26. care for elderly, chronically ill, or disabled family members \$ \_\_\_\_\_
- 27. protection from family violence \$ \_\_\_\_\_
- 28. education expense for your children under 18 \$ \_\_\_\_\_
- 29. non-mandatory contributions to retirement accounts (including loan repayment)
  - \_\_\_\_\_ \$ \_\_\_\_\_
- 30. other expenses not listed above \_\_\_\_\_ \$ \_\_\_\_\_
  - \_\_\_\_\_ \$ \_\_\_\_\_
  - \_\_\_\_\_ \$ \_\_\_\_\_

## Section 6 Financial History

If you are filing jointly with your spouse, include information about both you and your spouse. If you have no information to report for a question, check the "NONE" box.

### 1. Income from employment or operation of business in past years

State your gross income from employment or operation of a business: If you have not received an income from employment during the **two years** immediately preceding this calendar year, check this box:

NONE

2010 YTD Total employment income made by Husband: \$ \_\_\_\_\_

2010 YTD Total employment income made by Wife: \$ \_\_\_\_\_

2009 Total employment income made by Husband: \$ \_\_\_\_\_

2009 Total employment income made by Wife: \$ \_\_\_\_\_

2008 Total employment income made by Husband: \$ \_\_\_\_\_

2008 Total employment income made by Wife: \$ \_\_\_\_\_

2. Income other than from employment or operation of business

State the amount of income received other than from employment or operation of business during the **two years** immediately preceding the commencement of this case:

NONE

Period	\$ Amount	Source	Husband/Wife
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3. Payments to creditors

List all payments on loans, installment purchases of goods or services, and other debts, adding up to more than \$600 to any one creditor made within **90 days** immediately preceding the commencement of this case.

NONE

Name and Address of Creditor	Dates of Payments	Amount paid	Amount still owed
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4. Suits, executions, garnishments and attachments

a. List all suits to which you are or were a party within **the last year**.

NONE

Caption of Suit and Case Number	Nature of Proceeding	Court or Agency and Location	Status or Disposition
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b. Describe all property that has been garnished, seized, or attached in the **last one year**.

NONE

Name and Address of Person/Company for Whom the Property Was Seized (Creditor)	Date of Seizure	Description and Value of Property
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5. Repossessions, foreclosures, and returns

List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure, or returned to the seller in the last year.

NONE

Name and Address of Creditor	Date of Repossession, Foreclosure, Transfer or Return	Description and Value of Property
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6. Gifts

List all gifts or charitable contributions made within **one year** immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient.

NONE

Name and Address of Recipient	Relationship to You, if Any	Date of Gift	Description and Value of Gift
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7. Losses

List all losses from fire, theft, gambling or other casualty within **one year** immediately preceding the commencement of this case **or since the commencement of this case.**

NONE

Description and Value of Property	Description of Circumstances and Amount Covered by Insurance, if Any	Date of Loss
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8. Other transfers (including sale of your property)

a. List all other property, transferred either absolutely or as a security within **two years** immediately preceding the commencement of this case.

NONE

Name and Address of Transferee and Relationship to you	Date of Transfer	Description of Property Transferred and Value Received
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9. Closed financial accounts

List all financial accounts that were closed in the last year.

NONE

Bank Name	Type of Account	Amount and Date at Close
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10. Safe deposit boxes

List each safe deposit or other box or depository in which you have or have had securities, cash, or other valuables within **one year** immediately preceding commencement of this case.

NONE

Name and Address of Bank or Other Depository	Name and Address of Those With Access to Box or Depository	Description of Contents	Date of Transfer, if Any
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11. Spouses and Former Spouses

List all current and former spouses for the last 8 years.

NONE

Name
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12. Businesses

Provide the following information for each business that you have owned in the last 6 calendar years.

NONE

Business Name	Tax ID Number	Description of Business
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**All Done? Don't forget the tax returns, pay stubs, and bank statements!**