

ANTKOVIK & ANTKOVIK, P.C.

Bankruptcy Questionnaire

Section 1 - Basic Information

Part A. Name and Address

Name: _____

Have you used any other names in the past eight years? No Yes

If yes, please list other names used: _____

Telephone Numbers\Email address:

Home: _____

Work: _____

Cell: _____

Email: _____

Social Security Number: _____ - _____ - _____

Driver's License Number: _____

Expiration Date: _____ State: _____ Date of Birth: _____

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 730 days (2 years)? No Yes

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

Address: _____

City: _____ State: _____ Zip: _____ County: _____

If you have a different mailing address, please list:

Mailing Address: _____

City: _____ State: _____ Zip: _____ County: _____

Part B. Name and Address of Spouse

If you are filing jointly with your spouse, fill in the following information about your spouse:

Name: _____

Has your spouse used any other names in the past eight years? No Yes

If yes, please list other names used: _____

Telephone Numbers\Email address:

Home: _____

Work: _____

Cell: _____

Email: _____

Social Security Number: _____ - _____ - _____

Driver's License Number: _____ Expiration Date: _____ State: _____

Date of Birth: _____

Address: (enter only if different address) _____

City: _____ State: _____ Zip: _____ County: _____

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If your spouse has a different mailing address, please list:

Mailing Address:(enter only if different address) _____

City: _____ State: _____ Zip: _____ County: _____

Part C. Prior and/or Pending Bankruptcy Cases

Have you filed a bankruptcy case 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 involving you, your business, your spouse, or your spouse's business? No Yes

If yes, name of debtor: _____

Relationship to you: _____

Case Number: _____

Date Filed: _____

District (If known): _____

Judge (If known): _____

Part D. Exhibit "C" to the Voluntary Petition (Hazards to Public Health\Safety)

Do you own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety? No Yes

If yes, please list and describe the property:

Part E. Debtors who reside as Tenants of Residential Property

Please provide the name and address of the landlord:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Section 2 – Property

Part A. Real Estate (Schedule A)

List ALL real estate which you individually or jointly own. This could include your primary residence (house, condo or apartment(if owned)), additional residence (house, condo or apartment(if owned)), rental property, burial plot, undeveloped land and farm land. Please include the address of real property, lien holder, account number, property value and amount owed:

If you have additional property, please list the necessary information on a separate page and attach to this questionnaire.

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Part B. Personal Property (Schedule B)

For each type of property listed below, indicate whether you own any property of that category, and, if you do, fill in the remaining information. For property acquired for personal or family use, the value is the price a retail merchant would charge for a property of that kind, considering the age and condition of that property.

1. Cash on Hand: _____

2. Checking/Savings Account, Certificates of deposit, other bank accounts: _____

3. Security deposits held by utility companies, landlord: _____

4. Household goods, furniture, including audio, video, and computer equipment: *(Please see attached Inventory list)*

5. Books, pictures, art objects, records, compact discs, collectibles: _____

6. Furs and jewelry: _____

7. Sports, photographic, hobby equipment, firearms: _____

8. Interest in insurance policies-specify refund or cancellation value: _____

9. Interests in pension or profit sharing plans: _____

10. Annuities, Stocks, Bonds and Interests in partnerships/joint ventures: _____

11. Other liquidated debts owed to you, including tax refunds: _____

12. Automobiles, trucks, trailers, Boats, motors and accessories: *(Please provide the Title to each vehicle, boat, etc.)*

13. Farm animals, machinery or supplies: _____

14. Other personal property of any kind not listed: _____

If you have additional property, please list the necessary information on a separate page and attach to this questionnaire.

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Section 3 – Debts

Part A. Debts Secured by Property

Please list below all debts that you owe OR that creditors claim you owe that are secured by property.

Mortgage:

1st Mortgage:

Lien Holder and Address: _____

Account Number: _____

Balance: _____

2nd Mortgage:

Lien Holder and Address: _____

Account Number: _____

Balance: _____

Credit Cards:

Name and Address: _____

Account Number: _____

Balance: _____

Name and Address: _____

Account Number: _____

Balance: _____

Name and Address: _____

Account Number: _____

Balance: _____

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Medical Bills:

Name and Address: _____

Account Number: _____

Balance: _____

Name and Address: _____

Account Number: _____

Balance: _____

Name and Address: _____

Account Number: _____

Balance: _____

Student Loans:

Name and Address: _____

Account Number: _____

Balance: _____

Name and Address: _____

Account Number: _____

Balance: _____

Name and Address: _____

Account Number: _____

Balance: _____

If you have additional debt, please list the necessary information on a separate page and attach to this questionnaire.

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Section 4 - Unexpired Leases and Contracts (Schedule G)

List below any leases or contracts that are still current that you are a party to. Include residential, car and business leases, and service or business contracts.

Nature and Description of Contract:
Name and address of Other Party or Parties:
Date that Contract Expires:

Part A. Marital Status and Dependents

Please select your current Marital Status:

- Single
Married
Divorced
Separated
Widowed
Common Law
Unknown

Please list all dependents of you and your spouse with their age and relationship to you (if applicable).

Part B. Debtor's Employer Information

Name and Address of your employer:

How long have you been employed at this job:
Occupation (please state job title or provide brief description):

Second employer (if applicable):

Name and Address of your Second employer:

How long have you been employed at this job:
Occupation (please state job title or provide brief description):

Part C. Joint Debtor's (Spouse's) Employer Information

Name and Address of your spouse's employer:

How long have you been employed at this job:
Occupation (please state job title or provide brief description):

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Second employer (if applicable):

Name and Address of your spouse's **Second** employer: _____

How long have you been employed at this job: _____

Occupation (please state job title or provide brief description): _____

Section 6 - Current Expenses

Do you and your spouse live separately and maintain separate households? No Yes. If yes, please let your attorney know and they will have to provide you with an additional copy of this section to detail the expenses for the completely separate household.

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. Rent or Home Mortgage: \$ _____
Does that amount include real estate taxes: No Yes
Does that amount include property insurance: No Yes
2. Utilities:
 - a. Electricity and heating fuel: \$ _____
 - b. Water and sewer: \$ _____
 - c. Telephone service/long distance: \$ _____
 - d. Do you have any other utility bills? If yes, describe and enter monthly amount below:
_____ \$ _____
_____ \$ _____
_____ \$ _____
3. Home maintenance (including repairs and upkeep): \$ _____
4. Food: \$ _____
5. Clothing: \$ _____
6. Laundry and dry cleaning: \$ _____
7. Medical and dental expenses: \$ _____
8. Transportation (do NOT include car payments): \$ _____
9. Recreation and entertainment: \$ _____
10. Charitable contributions: \$ _____
11. Insurance NOT deducted from wages or included in home mortgage payments:
 - a. Homeowner's or renter's insurance: \$ _____
 - b. Life insurance: \$ _____
 - c. Health insurance: \$ _____
 - d. Auto insurance: \$ _____
 - e. Other insurance (describe and list monthly amount): \$ _____

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12. Tax bills NOT deducted from wages or included in home mortgage payments:

Three horizontal lines for tax bills, each followed by a dollar sign and a blank line for the amount.

13. Installment payments for car, furniture, etc. (Describe):

Five horizontal lines for installment payments, each followed by a dollar sign and a blank line for the amount.

14. Alimony, maintenance and support paid to others: \$ _____

15. Payments for support of additional dependents not living at your home: \$ _____

16. Regular expenses from operation of business, profession or farm: \$ _____

17. Other expenses (Describe): (please see "Additional Expenses" below before putting anything here)

Five horizontal lines for other expenses, each followed by a dollar sign and a blank line for the amount.

19. Describe any increase or decrease in expenses you expect to occur within the next year?

Three horizontal lines for describing expected changes in expenses.

Please provide our office with the following items:

- 1. Federal and State tax receipts for the most recent 2 years, including W2 forms.
2. All vehicle titles, property deeds, mortgage paperwork, etc.
3. Bank statements for the last sixty (60) days.
4. Income verification - payroll receipts, unemployment receipts, etc. that show the current income for the minimum of the two (2) months prior to filing. Please include any alimony, child support or settlement payouts.
5. Any notice of lawsuit, garnishment or other legal matter.
6. Credit report.

Please use the following inventory sheets for household property (from Part B. #4)

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Kitchen Inventory

Item	Approximate Age	Make/Model (Name Brand)	Dollar Value

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Master Bedroom Inventory

Item	Approximate Age	Make/Model (Name Brand)	Dollar Value

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Garage/Shed/Pole Barn/Basement Inventory

Item	Approximate Age	Make/Model (Name Brand)	Dollar Value

