

# Initial Bankruptcy Analysis Questionnaire



Today's Date: \_\_\_\_\_

Your Full Name: \_\_\_\_\_ SS# \_\_\_\_\_  
First Middle Last (e.g., 999-99-9999)

Spouse/Co-Client: \_\_\_\_\_ SS# \_\_\_\_\_  
 None First Middle Last (e.g., 999-99-9999)

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

City: \_\_\_\_\_ County: \_\_\_\_\_ STATE: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address  Same as above \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ STATE: \_\_\_\_\_ Zip: \_\_\_\_\_

## Your Phone Numbers & E-Mail

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

## Spouse/Co-Client Phone Numbers & E-Mail None

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

## Emergency Contact

Full Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

## How did you hear about us?

- Google search  MSN.com  Yahoo search  Other Internet
- Direct Mail  Radio  Pre-Paid Legal  Friend or Family Member
- Realtor: \_\_\_\_\_ (name)
- Attorney: \_\_\_\_\_ (name)
- Credit Counselor : \_\_\_\_\_ (name)
- Mortgage Broker: \_\_\_\_\_ (name)
- Accountant: \_\_\_\_\_ (name)
- Other: \_\_\_\_\_ (describe)



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**DEBT ASSISTANCE INITIAL CONSULTATION AGREEMENT**

1. The client desires to obtain advice and assistance with debt issues and relief from debt and has scheduled an initial consultation with the Bankruptcy Law Professionals of Colorado. This initial consultation with an attorney is free of charge. The client understands that in order for the attorney to give meaningful advice, certain detailed financial information must be provided fully and accurately. The client agrees to give accurate, honest, full and fair disclosure of financial information concerning average income over the previous 6 months from all sources, monthly living expenses, the type and amount of all debts (including names and addresses of all creditors), and a disclosure of all assets and property owned by the client.

2. The Bankruptcy Law Professional of Colorado agree to interview the client and give advice and counsel to assist the client in making decisions about debt problems, the possibility of filing bankruptcy, selecting the appropriate chapter of bankruptcy, and how a bankruptcy case may help or hurt the debt problems of the client. The initial consultation will consist of a review of the client's current monthly income, preliminary analysis of qualifications for certain chapters of bankruptcy, a preliminary analysis of the client's debt statements and a recommendation.

3. The initial one-hour consultation and interview will be performed free of charge. In the event that the client decides to file a bankruptcy case, a new written agreement must be signed by the client and the attorney that will supersede this agreement relating to attorney fees and expenses. This new agreement will also provide a detailed explanation of the services performed or to be performed by the Bankruptcy Law Professionals of Colorado.

4. All information provided by the client with a bankruptcy petition must be complete, accurate, and truthful.

Signed this, the \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_\_\_.

\_\_\_\_\_  
Client signature

\_\_\_\_\_  
Client signature

\_\_\_\_\_  
Attorney Signature



## Getting To Know You:

1. Have you visited our web site?.....Yes No
2. Which internet search tool do you most often use?  
 None  Google  Yahoo  MSN  Other : \_\_\_\_\_
3. What *type(s)* of radio stations do you listen to?  
 news/talk  sports/talk  country  pop  alternative  Gospel/Christian  Other
4. Where do you get your news from?  
 newspaper  radio  internet  television  magazine
5. Your occupation(s)? You: \_\_\_\_\_  
Spouse: \_\_\_\_\_
6. Have you every used an attorney before?  Yes  No  
a. If so, who: \_\_\_\_\_; what type of case? \_\_\_\_\_
10. How would you describe your level of knowledge about bankruptcy?  
 I/we know very little  
 I/we have read/heard a few things  
 I've/we've read everything I can get my hands on!  
 I/we have friends or family who have filed and they told us all about their experience  
 I/we have been through it once (or more) already. I filed a  Chapter 7, Chapter 13 in \_\_\_\_ (year).
11. Which issues are you most concerned about and want to discuss today? (check all that apply)  

<input type="checkbox"/> Keeping the house	<input type="checkbox"/> Student loans	<input type="checkbox"/> Divorce debt
<input type="checkbox"/> Automobiles	<input type="checkbox"/> Taxes	<input type="checkbox"/> Business Ownership
<input type="checkbox"/> Credit Card debt	<input type="checkbox"/> Medical debts	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Child Support	<input type="checkbox"/> Retirement Funds	



## Your Family & Income

13. How many people are there in your household, including you?  
 1    2    3    4    5    6    7    8 (or more)
14. Have you been divorced? (If "No, move on to #15)..... Yes    No
- If yes, please answer the following:
- a. What year was your divorce final? \_\_\_\_\_
- b. Current on child support?..... Yes    No  
 If no, how much do you owe? \_\_\_\_\_
- c. Current on maintenance/alimony?..... Yes    No  
 If no, how much do you owe? \_\_\_\_\_
- d. Did you agree to pay debts in a separation *agreement*?..... Yes    No
15. Are you employed? .....   **You:**  Yes    No      **Spouse:**  Yes    No
- If so, are you employed full time? .....   **You:**  Yes    No      **Spouse:**  Yes    No
- a. Name of Employer(s) \_\_\_\_\_
- b. How long have you been with this employer? You: \_\_\_\_\_ Spouse: \_\_\_\_\_
16. Do you have any other source of income? (i.e. – second jobs, social security, disability, unemployment, regular contributions from friends or family, child support, alimony/maintenance, trust or retirement account distributions, or ANY other money ) :..... Yes    No
- a. If yes, how much total other income do you receive per month? \$ \_\_\_\_\_
- b. If yes, what is the source/type of additional income?: \_\_\_\_\_
17. Have you received bonuses, overtime or other "extra" income within the last 6 months?    Yes    No
- a. If yes, please describe: \_\_\_\_\_
18. Approximately what is your monthly gross (pre-tax) income?  
 You: \_\_\_\_\_  
 Spouse: \_\_\_\_\_
19. What is the current approximate annual **gross** income for your household?  
 Less than \$40,000    \$40 – \$70,000    \$70 – \$99,999    over \$100,000
20. Do (either of) you anticipate receiving any devise, bequest, inheritance, property settlement in divorce, proceeds from trust funds, or proceeds from life insurance within the next 6 months?    Yes    No
- a. If so, what are the source and the value of the assets which you anticipate receiving:  
 \_\_\_\_\_



## Your Debts

**\*\* Definition.** Unsecured Debts: Debts that do not have liens or direct ties to a specific asset include most credit cards, medical bills, etc.; Secured debts do have liens and include mortgages, car loans, etc.\*\*

21. Do you have more than \$330,000 in **unsecured** debt? .....  Yes  No

22. Do you have more than \$900,000 in **secured** debt? .....  Yes  No

## Taxes

23. Do you owe income taxes? .....  Yes  No

If yes, please complete the following:

Tax Year	Amount owed to IRS	Amount owed to Colorado
2007	\$	\$
2006	\$	\$
2005	\$	\$
2004 and before	\$	\$

24. Do you owe any other taxes (Property, sales, unemployment insurance, etc)?  Yes  No  
 a. If so, please describe: \_\_\_\_\_.

25. Have you filed accurate and complete Income Tax Returns for all years? .....  Yes  No

26. Are you expecting a tax refund? .....  Yes  No  
 a. If so, how much? IRS: \$ \_\_\_\_\_ . Colorado \$ \_\_\_\_\_ .

27. Will any of the refund be Earned Income Credit? .....  Yes  No

## Unsecured Debts

28. Please complete the following UNSECURED debts chart (**your best guess is fine**):

Creditor Name (e.g., "Visa", "Discover,")	Monthly Payment Amount	Total Balance Due	Husband/Wife/Joint?
<b>Total =</b>			



## Your Assets

29. **Stocks & Retirement:** Do you own any partnership interests, stocks, bonds, warrants, options, debentures, negotiable instruments, promissory notes, annuities, or other securities? .....  Yes  No.  
If so, please list the securities and their approximate value: \_\_\_\_\_.
30. **Antiques & Toys:** Please describe any antiques, heirlooms, art work, boats, trailers, camping equipment, recreational vehicles, stamps, coins or other collectables and sporting goods: \_\_\_\_\_.
31. **Guns:** Do you own any guns? .....  Yes  No  
If so, what is the approximate used re-sale value? \$ \_\_\_\_\_.
32. **Season Tickets:** Do you own any season tickets? .....  Yes  No  
If so, what is their approximate re-sale value? \$ \_\_\_\_\_.
33. **College Savings Plan:** Do you have a college savings plan for yourself or your children?  Yes  No \*\* if you have a college savings plan for you or your child(ren), you will need to supply documentation for the account to our office before filing your case\*\*



## Houses, Timeshares & Raw Land None

	Value	1 <sup>st</sup> Mortgage	2 <sup>nd</sup> Mortgage	3 <sup>rd</sup> Mortgage	Keep/Surrender/Sell
Residence					
2 <sup>nd</sup> Home					
Vacation/Other					

34. **Are you current on your residential mortgage payments?**  Yes  No  
a. If not, please complete the following chart:

	Regular Monthly Payment	# of payments behind	Total Amount Past Due
1 <sup>st</sup> Mortgage	\$		
2 <sup>nd</sup> Mortgage	\$		
3 <sup>rd</sup> Mortgage/Other	\$		
Property taxes	\$		
HOA Fees	\$		

35. **Foreclosure:** Is your home in **foreclosure** or has foreclosure been completed?  Yes  No  
a. When was/is the foreclosure sale date? \_\_\_\_\_
36. **Liens:** To the best of your knowledge, are there any **judgment liens** on your house?  Yes  No



### Business Ownership ( None)

36. If you've owned or operated a business in the last **6** years, please indicate the name(s) they operated under:

Name of Business	Type of entity	Nature of business
	<input type="checkbox"/> Sole Prop <input type="checkbox"/> LLC <input type="checkbox"/> Corp <input type="checkbox"/> Partnership	<hr/> <input type="checkbox"/> Operating; <input type="checkbox"/> Not Operating
	<input type="checkbox"/> Sole Prop <input type="checkbox"/> LLC <input type="checkbox"/> Corp <input type="checkbox"/> Partnership	<hr/> <input type="checkbox"/> Operating; <input type="checkbox"/> Not Operating

I have had more than 2 businesses in the last 6 years.



### Automobiles/Motor Vehicles ( None)

37. **Borrowed Vehicles:** Are you driving any vehicles that **does not** belong to you?  Yes  No

a. If so, whose vehicle is it? \_\_\_\_\_.

b. What is the year and make of the vehicle? \_\_\_\_\_.

c. Are you paying for the vehicle? \_\_\_\_\_.

38. Do you have full coverage auto insurance on all **your** vehicles?..... Yes  No

**Please list all your motor vehicles on the following page**



**Please include boats, motorcycles, trailers, tractors, 4-wheelers and RV's**

	Year, Make & Model	Monthly Payment	Value	Amt. Owed Or Lease	Date Purchased	Interest Rate	Current on pmts?	# of months left	Co-signer?	Keep or Surrender?
1	Year: _____ Make: _____ Model: _____	\$ _____	\$ _____	\$ _____ <input type="checkbox"/> Lease		____%	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Keep <input type="checkbox"/> Surrender <input type="checkbox"/> Don't know
2	Year: _____ Make: _____ Model: _____	\$ _____	\$ _____	\$ _____ <input type="checkbox"/> Lease		____%	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Keep <input type="checkbox"/> Surrender <input type="checkbox"/> Don't know
3	Year: _____ Make: _____ Model: _____	\$ _____	\$ _____	\$ _____ <input type="checkbox"/> Lease		____%	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Keep <input type="checkbox"/> Surrender <input type="checkbox"/> Don't know
4	Year: _____ Make: _____ Model: _____	\$ _____	\$ _____	\$ _____ <input type="checkbox"/> Lease		____%	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Keep <input type="checkbox"/> Surrender <input type="checkbox"/> Don't know
5	Year: _____ Make: _____ Model: _____	\$ _____	\$ _____	\$ _____ <input type="checkbox"/> Lease		____%	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Keep <input type="checkbox"/> Surrender <input type="checkbox"/> Don't know
5	Year: _____ Make: _____ Model: _____	\$ _____	\$ _____	\$ _____ <input type="checkbox"/> Lease		____%	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Keep <input type="checkbox"/> Surrender <input type="checkbox"/> Don't know

I/we own more than 4 vehicles



..... **AND FINALLY** .... (Other things we really need to know)

- 39. Did you pay any single unsecured creditor a total of more than \$600 within the last 90 days?  Yes  No
  - a. If so, who did you pay and approximately how much? \_\_\_\_\_
- 40. Did you pay, give money or transfer any real or personal property (houses, cars, furniture, and/or money) to or for the benefit of any friend or family member within the last 12 months (includes repaying debt to a friend or family member)? \_\_\_\_\_  Yes  No
  - a. If so, please describe: \_\_\_\_\_
- 41. Have you ever been sued by a creditor? \_\_\_\_\_  Yes  No
- 42. Is anyone threatening to garnish you or repossess any property? \_\_\_\_\_  Yes  No
  - a. If so, who: \_\_\_\_\_
- 43. Do you have any non-sufficient fund checks that have not been paid? \_\_\_\_\_  Yes  No
- 44. If you own a credit card, have you used it/them in the past 90 days? \_\_\_\_\_  Yes  No
  - a. If so, when was the last time you used them? \_\_\_\_\_
  - b. Have you taken out any **cash advances** totaling over \$750.00 or made any purchases on your credit cards totaling over \$750.00 in the last 3 months (90 days)? \_\_\_\_\_  Yes  No
- 45. Do you owe student loans? \_\_\_\_\_  Yes  No
  - a. If so, how much? Total: \$ \_\_\_\_\_ Monthly payment(s): \$ \_\_\_\_\_
- 46. Do you owe any criminal fines, fees, restitution, traffic tickets, etc.? \_\_\_\_\_  Yes  No
- 47. Have you been involved in an auto accident involving drugs and/or alcohol? \_\_\_\_\_  Yes  No
- 49. Have you (both) lived in Colorado for more than 6 months? \_\_\_\_\_  Yes  No
- 50. Have you (both) lived in Colorado for the past 3 years? \_\_\_\_\_  Yes  No
- 12. Have you consulted with a debt counselor? \_\_\_\_\_  Yes  No
  - a. If so, who? \_\_\_\_\_
  - b. Did you receive a bankruptcy approval certificate? \_\_\_\_\_  Yes  No
    - Was this within the past 6 months? \_\_\_\_\_  Yes  No

**Please sign and date:**

Date \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
Your Signature

\_\_\_\_\_  
Spouse Signature (if applicable)