

Law Office of  
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**Bankruptcy Client Information Sheet & Questionnaire**

**Client Information:**

Name: \_\_\_\_\_ Soc. Sec. No.: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Occupation: \_\_\_\_\_

Spouse Name: \_\_\_\_\_ Soc. Sec. No.: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Occupation: \_\_\_\_\_

Other names used (known as) in prior 8 years: \_\_\_\_\_

Marital

Status: \_\_\_ Single \_\_\_ Married \_\_\_ Separated \_\_\_ Divorce(Pending) \_\_\_ Divorced(Final Decree) \_\_\_ Widowed

Do you wish to file a Single or Joint Bankruptcy? \_\_\_\_\_ (If applicable)

How did you hear about our firm? Internet \_\_\_\_\_ Referral \_\_\_\_\_ Other \_\_\_\_\_

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**Employment Information:**

Client employer: \_\_\_\_\_ Length of employment \_\_\_\_\_

Spouse employer: \_\_\_\_\_ Length of employment \_\_\_\_\_

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**Contact Information:** If Renter, Name & Address of Landlord: \_\_\_\_\_

Home Address: \_\_\_\_\_, City \_\_\_\_\_, State \_\_\_\_\_, Zip \_\_\_\_\_

County \_\_\_\_\_

Home Phone/Fax: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Prior Addresses in previous (3) years: \_\_\_\_\_

Dates occupied the prior addresses (both spouses for joint filers): \_\_\_\_\_

Children & Other Dependents, members of household (name, age, relationship): \_\_\_\_\_

**Personal & Household Property Instructions:** Please list your personal property and the market value. The market value is the price you would receive at a yard sale or thrift store, Craig's List or eBay. In other words, do not list the price you purchased the item for.

	Brief Description	Market Value
Household goods and Furnishings	_____	\$ _____
	_____	\$ _____
	_____	\$ _____
	_____	\$ _____
Electronics (Stereo, VCR, TV, DVD, Computer)	_____	\$ _____
Books, Pictures, Art Objects (Any type of Collections )	_____	\$ _____
Antiques	_____	\$ _____
Wearing Apparel	Used Men's/Women's Clothing	\$ _____
Jewelry	_____	\$ _____
Firearms	_____	\$ _____
Sports & Other Hobby Equipment (i.e. bike, musical equip.)	_____	\$ _____
Vehicles and trailers (Year/Make/Model/ Miles)	_____	\$ _____
Boats, Motors, & Accessories	_____	\$ _____
Personal Bodily Injury Award/Personal Injury Claim or Law Suit	_____	\$ _____
Pets	_____	\$ _____
Professionally Prescribed Health Aids (Hearing aid, motorized wheel chair, etc.)	_____	\$ _____
Tools of the Trade for employment	_____	\$ _____
Any Other Valuable Item	_____	\$ _____
Any Other Valuable Item	_____	\$ _____

Does anyone in addition to you own jointly any of the above property? \_\_\_\_ Yes \_\_\_\_ No  
 If Yes, list the name(s) and address of other owner(s), and specify the item(s) of property \_\_\_\_\_

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Is any of your property in someone else's possession? \_\_\_\_ Yes \_\_\_\_ No.  
 If Yes, specify the item(s) of property and list the name(s) and address of the person in possession and the reason why he or she is in possession. \_\_\_\_\_

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**Real Estate & Financial Assets:**

	<b>Brief Description</b>	<b>Value</b>
Real Estate (Residence, Rental, or Commercial, Vacation, other), Provide Address and Value, and whether owned Joint or Individually	_____	\$ _____
Cash	_____	\$ _____
Stock Trading or Financial Account	_____	\$ _____
Bank Account (Checking/Savings)	_____	\$ _____
Bank Account (Checking/Savings)	_____	\$ _____
Bonds, Mutual Funds, and Stocks Money market, Investment Accounts	_____	\$ _____
Ownership in Business (e.g.. LLC, Partnership, S-Corp)	_____	\$ _____
Government or Corporate Bonds Cashier's checks, promissory notes	_____	\$ _____
Retirement & Pension Accounts (401K, Traditional, Roth, or Pension)	_____	\$ _____
Security Deposits and Prepayments	_____	\$ _____
Annuities	_____	\$ _____
529 Plan or Educational IRA	_____	\$ _____
Trusts or Life Estates	_____	\$ _____
Copyrights or Intellectual Property	_____	\$ _____
Licenses, Franchises, Intangible	_____	\$ _____
Tax Refunds	_____	\$ _____
Life Insurance (Term/Whole Life)	_____	\$ _____

Family Support  
(e.g. past due child support, divorce  
Settlement)

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

Amounts someone owes you

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

Unpaid wages, disability , SSD,  
Workers compensation, etc.

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

Inheritance  
(Whether pending or not)

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

Award from Lawsuits  
(Whether pending or not)

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

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**Debts Owed:**

**Brief Description**

**Amount**

Credit Card/Cash Advances

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

Credit Card/Cash Advances

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

Credit Card/Cash Advances

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

Credit Card/Cash Advances

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

Credit Card/Cash Advances

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Credit Card/Cash Advances

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Credit Card/Cash Advances

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

Credit Card/Cash Advances

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

Credit Card/Cash Advances

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

Personal Loans (Bank or Family  
Member)

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

Student Loans

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

Mortgages

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

Home Equity Loans

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

Vehicle Loans

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

Other Secured Debt

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

Medical (Outstanding Balances)

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

Past Due Utilities (Electric, Water, Sewer, Trash, Cable, Phoen, etc.)	_____	\$ _____
Tax Liabilities (Federal, State, Local Income Tax, or other Tax)	_____	\$ _____
Support Obligations (Child or Spousal)	_____	\$ _____

**Business Owner (If applicable):**

	Brief Description	Amount
Do you own a business? (Name & Percent Ownership)	_____	
Accounts Receivable	_____	\$ _____
Office assets e.g. Furniture	_____	\$ _____
Machinery, tools of trade, equipment Fixtures, supplies	_____	\$ _____
Inventory	_____	\$ _____
Customer Lists or other compilations	_____	\$ _____
Internet Domain Names	_____	\$ _____
Any other business property	_____	\$ _____
Name and Address of Accountant	_____	

**General Questions about your Financial Affairs:**

1. Do you have any **legal judgments** against you? E.g. has anyone sued you and won an award against you?

Please Describe or circle "none" \_\_\_\_\_

2. Are there any lawsuits or criminal matters **pending** against you? For example: Foreclosure lawsuits, Debt Collector law suits, traffic tickets, fines?

Please Describe or circle "none" \_\_\_\_\_

3. Has a creditor **garnished** your wages or any bank accounts within the last year?

Please Describe or circle "none" \_\_\_\_\_

4. Has any Real Estate been **foreclosed** and sold at sheriff sale or have any vehicles been **repossessed** or surrendered within the last 4 years?

Please Describe or circle "none" \_\_\_\_\_

5. Have you sold or **transferred** any **Real Estate** within the last 4 years?

Please Describe \_\_\_\_\_

6. Have you voluntarily or involuntarily given away or **transferred** any **money** or **property** to anyone within the last 4 years (Including if it was part of a divorce proceeding)?

Please Describe \_\_\_\_\_

7. Have you been **divorced** within the last 4 years?

Please Describe \_\_\_\_\_

8. Are you the **Plaintiff** in any **lawsuit**? (For example: Personal Injury, Medical Malpractice, Employment Discrimination).

Please Describe \_\_\_\_\_

9. Have you **paid** any creditor more than **\$600.00** in the prior 90 days?

Please Describe \_\_\_\_\_

10. Have you made Credit Card Purchases, Cash Advances, or Balance Transfers in the prior 90 days? If so, how much per each Credit Card?

Please Describe \_\_\_\_\_

11. Have you entered into any apartment **leases**, business **contracts**, storage unit leases or any other **agreements**?

Please Describe \_\_\_\_\_

12. Are you the **Beneficiary** of a **Trust**, the owner (settler) of a Trust, or an **Annuity**, or do you have the **right to assign** the right to receive payments from an Annuity or any other instrument?

Please Describe \_\_\_\_\_

13. Do you have **gambling** losses or losses from **theft** or **fire**?

Please Describe \_\_\_\_\_

14. Do you have a **Safe Deposit Box**, and have you **closed** in **Financial/Bank Accounts** within the last year?

Please Describe \_\_\_\_\_

15. Have you **filed** all **Tax Returns** within the last 4 years?

Please Describe \_\_\_\_\_

16. Have you lived in a **Community Property State** within the prior 8 years?

Please Describe \_\_\_\_\_

17. Do you own any property that is **Environmentally Hazardous**?

Please Describe \_\_\_\_\_

18. Have you hired a **Debt Settlement/Consolidation** Company within the last year?

Please Describe \_\_\_\_\_

19. Have you **owned** your own **business** within the prior 4 years?

Please Describe \_\_\_\_\_

20. Have contributed more than **\$600** to any one **charity** or given **gifts** of more than **\$600.00** to any one person in the last prior 2 years?

Please Describe \_\_\_\_\_

21. Do you receive or owe **Support Obligations** (Child, Spousal, etc.)?

Please Describe \_\_\_\_\_

22. Do you believe there is a possibility that you will receive an **inheritance** within the next 5 years, or is there an inheritance pending that is due to you, but has not been paid to you as of yet?

Please Describe \_\_\_\_\_

23. Do you have any **potential** or **pending** medical malpractice lawsuits, personal injury lawsuits, or other potential lawsuits against anyone, whether the case has been filed or not?

Please Describe \_\_\_\_\_

**Income:**

	<b>Brief Description</b>	<b>Amount</b>
Annual Gross Employment Income	_____	\$ _____
Annual Gross Employment Income	_____	\$ _____
Annual Gross Business Income	_____	\$ _____
Other Income	_____	\$ _____
Child or Spousal Support	_____	\$ _____

Retirement or Pension	_____	\$ _____
Social Security	_____	\$ _____
Unemployment, Workers Comp, Disability, any other benefit program	_____	\$ _____
Contribution from roommate or family Member	_____	\$ _____
Start Date of Employment	_____	

**EXPENSES (Monthly):**

Instructions: Projected future monthly expenses for you and your family. This may not match exactly to your bills because this is the projected expenses you will pay monthly in the next year. For the items indicated estimate the highest and lowest price you might pay per month. If the price is fixed or the same each month then list only one price.

Rent or home mortgage payment (mobile home lot rent included)		\$ _____
Are Real Estate taxes included (Renters)	Yes ____ No ____	\$ _____
Is Property Insurance included	Yes ____ No ____	\$ _____
Home maintenance		\$ _____
Home Owner's Association or Condo		\$ _____
Second Mortgage or Home Equity Loan		\$ _____

Utilities	Low	High
Electricity/Gas	\$ _____	\$ _____
Oil/Propane/Firewood	\$ _____	\$ _____
Water/Sewer/Trash/Septic	\$ _____	\$ _____
Phone/Internet/Cable	\$ _____	\$ _____
Other: (Cell)	\$ _____	\$ _____

Food / House Keeping Supplies	\$ _____	\$ _____
Childcare/Child Education	\$ _____	\$ _____
Clothing/Laundry/Dry Cleaning	\$ _____	\$ _____
Personal Care Products or Services (e.g. Haircut, Salon, Gym, etc.)	\$ _____	\$ _____
Medical & dental (Out of pocket, not insurance)	\$ _____	\$ _____
Transportation (Gas, Maintenance, Repairs, not car payment)	\$ _____	\$ _____
Recreation & Entertainment (Eating out, movie, etc.)	\$ _____	\$ _____
Charitable contributions (Cash only, not Clothing)	\$ _____	\$ _____

Insurance		
Life		\$ _____
Health		\$ _____



Auto \$ \_\_\_\_\_

Other \_\_\_\_\_ \$ \_\_\_\_\_

Taxes (IRS payment plan etc., not deducted from wages or included in mortgage payments) \$ \_\_\_\_\_

Installment payments  
Care Loan or Lease \$ \_\_\_\_\_

Alimony, maintenance, support paid to others \$ \_\_\_\_\_

Regular expenses from operation of business (Profit & Loss Statement may be needed) \$ \_\_\_\_\_

Other Real Property Expenses \$ \_\_\_\_\_