

Law Office of
Timothy E. Wilfong LLC
20 South Main Street
(610) 935-5555
timwilfongesquire@gmail.com
Phoenixville, PA 19460

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 _____

Employment Information:

Client employer: _____ Length of employment _____

Spouse employer: _____ Length of employment _____

Contact Information:

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.)	_____	\$ _____
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 _____

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. _____

Real Estate & Financial Assets:

	Brief Description	Value
Real Estate (Residence, Rental, or Commercial, Vacation, other), Provide Address and Value, and whether owned Joint or Individually	_____	\$ _____
Cash	_____	\$ _____
Deposits of Money (Banks & Financial)	_____	\$ _____
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	_____	\$ _____
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)	_____	\$ _____

Debts Owed:

	Brief Description	Amount
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, 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 _____

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

Please Describe _____

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

Please Describe _____

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 _____

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 entered into any apartment **leases**, business **contracts**, storage unit leases or any other **agreements**?

Please Describe _____

11. 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 _____

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

Please Describe _____

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

Please Describe _____

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

Please Describe _____

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

Please Describe _____

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

Please Describe _____

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

Please Describe _____

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

Please Describe _____

Income:

	Brief Description	Amount
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 (property tax paid directly, IRS payment plan, 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 \$ _____