

BANKRUPTCY QUESTIONNAIRE

SIMON, FITZGERALD, COOKE, REED & WELCH

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Instructions: Please complete the attached form neatly. All information must be complete. Please round all figures to the nearest dollar. Once the form is complete, please return it and we will then call you to set an appointment, unless an appointment has already been scheduled. Be sure to bring this completed form, as well as paycheck stubs from the last six months, last year's tax returns, and any other helpful information.

ATTORNEY: _____

LEGAL ASSISTANT TO CONTACT: _____

BANKRUPTCY CHAPTER: _____

FEES / COSTS: _____

PERSONAL INFORMATION:

YOUR NAME:

SPOUSE'S NAME:

Full Name: _____

All Other Names Used
in last eight (8) years: _____

Soc. Sec. No.: _____

Street Address: _____

City, State & Zip: _____

Mailing Address: _____

City, State & Zip: _____

Email Address: _____

Parish: _____

Home Phone: _____

Cell Phone: _____

Work Phone: _____

Occupation: _____

Employer: _____

Employer Address: _____

City, State & Zip: _____

How Long Employed: _____

How often Paid?: _____

Please indicate whether you are Single, Married, Divorced, Widowed, or Separated:

MARITAL STATUS / HOW LONG: _____

IF SEPARATED / HOW LONG: _____

Have you ever filed for bankruptcy before or have a bankruptcy pending? If so, give details below:

Chapter (7, 13 or 11) _____ Approximate Date _____

Chapter (7, 13 or 11) _____ Approximate Date _____

REAL ESTATE - SCHEDULE A

House and Land

Address or Location: _____

Current Est. Value

\$ _____

If you owe money on this property, then please fill out:

<u>Creditor Name and Address</u>	<u>Monthly</u>	<u>Amount</u>	<u>Est. Date</u>	<u>Balance Owed</u>
First Mortgage	<u>Payment</u>	<u>Past Due</u>	<u>Purchased</u>	<u>/ Payoff Amt.</u>

_____	\$ _____	_____	_____	\$ _____
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Account No. _____

Second Mortgage

_____	\$ _____	_____	_____	\$ _____
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Account No. _____

Other Real Estate

Address or Location: _____

Current Est. Value

\$ _____

If you owe money on this property, then please fill out:

<u>Creditor Name and Address</u>	<u>Monthly</u>	<u>Amount</u>	<u>Est. Date</u>	<u>Balance Owed</u>
	<u>Payment</u>	<u>Past Due</u>	<u>Purchased</u>	<u>/ Payoff Amt.</u>

_____	\$ _____	_____	_____	\$ _____
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Account No. _____

Other Real Estate / Interests in Real Estate in a Succession

Address or Location: _____

Current Est. Value

\$ _____

\$ _____

\$ _____

PERSONAL PROPERTY - SCHEDULE B

Cash you Expect to have on Hand on the Day of Filing: \$ _____

Checking/Saving Accounts with account number and balance:

Name of Bank or Credit Union: _____

Type of Account: Checking Savings Estimated Balance \$ _____

Name of Bank or Credit Union: _____

Type of Account: Checking Savings Estimated Balance \$ _____

Any other Accounts (Mutual Funds, Investments, etc.) _____ \$ _____

If money is owed to a bank or credit union, it is recommended that you either withdraw the funds or close the account as the creditor is secured to the extent of the deposited funds. Unless you will be continuing to pay in full, the bank or credit union may take the funds on deposit the day the bankruptcy is filed.

Security Deposits with Utility Companies, Telephone Companies, Landlords and any others:

Name of Company having Deposit: _____ Amount of Deposit \$ _____

Retirement Funds, IRAs, 401Ks, etc.

Do you have any retirement funds, IRAs, pension plans, profit sharing plans, 401Ks or similar? Yes No

If you answered yes above, complete the section below:

Type of Account(s): _____ Est. Value: \$ _____

Type of Account(s): _____ Est. Value: \$ _____

Lawsuits, Claims, etc.

Are you being sued? Yes No

If yes, you must bring our office a copy of the lawsuit.

Are you suing anyone or do you have any claims against someone that you could sue? Yes No

If yes, please explain: _____

AUTOMOBILES, TRUCKS, TRAILERS, 4-WHEELERS, BOATS, MOTORCYCLES, ETC.

*If possible, bring to our office the "Retail Installment Agreement" for any vehicles with a loan balance.

Vehicle No. 1

Description:

Year	Make	Model	<input type="checkbox"/> 2 door
_____	_____	_____	
Vehicle Identification Number	Estimated Mileage		<input type="checkbox"/> 4 door
_____	_____		

If you owe money on this vehicle, please fill out:

<u>Creditor Name and Address</u>	<u>Monthly Payment</u>	<u># of Pymts. Past Due</u>	<u>Est. Date Purchased</u>	<u>Balance Owed / Payoff Amt.</u>
_____	\$ _____	_____	_____	\$ _____

Account No. _____	Estimated Value \$ _____			

Vehicle No. 2

Description:

Year	Make	Model	<input type="checkbox"/> 2 door
_____	_____	_____	
Vehicle Identification Number	Estimated Mileage		<input type="checkbox"/> 4 door
_____	_____		

If you owe money on this vehicle, please fill out:

<u>Creditor Name and Address</u>	<u>Monthly Payment</u>	<u># of Pymts. Past Due</u>	<u>Est. Date Purchased</u>	<u>Balance Owed / Payoff Amt.</u>
_____	\$ _____	_____	_____	\$ _____

Account No. _____	Estimated Value \$ _____			

Vehicle No. 3

Description:

Year Make Model

2 door

Vehicle Identification Number Estimated Mileage

4 door

If you owe money on this vehicle, please fill out:

<u>Creditor Name and Address</u>	<u>Monthly Payment</u>	<u># of Pymts. Past Due</u>	<u>Est. Date Purchased</u>	<u>Balance Owed / Payoff Amt.</u>
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_____	\$ _____	_____	_____	\$ _____
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Account No. _____ Estimated Value \$ _____

Vehicle No. 4

Description:

Year Make Model

2 door

Vehicle Identification Number Estimated Mileage

4 door

If you owe money on this vehicle, please fill out:

<u>Creditor Name and Address</u>	<u>Monthly Payment</u>	<u># of Pymts. Past Due</u>	<u>Est. Date Purchased</u>	<u>Balance Owed / Payoff Amt.</u>
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_____	\$ _____	_____	_____	\$ _____
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Account No. _____ Estimated Value \$ _____

OTHER SECURED DEBTS - SCHEDULE D

(Debts for Furniture, Appliances, Loans Secured by Household Goods, Tools, Guns, Electronics, etc.)

Examples would include Tower Loan, Ivan Smith, etc.)

	<u>Creditor Name & Address</u>	<u>Description & Est. Value of Property</u>	<u>Est. Date Of Loan</u>	<u>Payoff Owed</u>
(1)	_____	_____	_____	\$ _____
	_____	\$ _____		

	Account No. _____			
(2)	_____	_____	_____	\$ _____
	_____	\$ _____		

	Account No. _____			
(3)	_____	_____	_____	\$ _____
	_____	\$ _____		

	Account No. _____			

PRIORITY DEBTS - SCHEDULE E

TAX CREDITORS

<u>Unpaid Taxes (Federal / State)</u>	<u>Balance Due</u>	<u>Type / Tax Year (Income, Sales, Payroll)</u>
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____

PAST DUE CHILD SUPPORT / ALIMONY

Do you pay a child support obligation through a state or government agency? Yes No

If yes, what agency? _____

<u>Name and Address of Parent Receiving Support</u>	<u>Amount Behind</u>	<u>Name(s) of Children for Whom Support is Paid</u>
_____	\$ _____	_____
_____		_____
_____		_____

UNSECURED CREDITORS - SCHEDULE F

(Creditors that do not have any collateral such as signature loans, credit cards, medical bills, pay day loans, misc.)

Please list any creditors you do not see on your credit report.

<u>Creditor Name and Address</u>	<u>Acct. No.</u>	<u>Approximate Balance</u>
(1) _____ _____ _____	_____	\$ _____
(2) _____ _____ _____	_____	\$ _____
(3) _____ _____ _____	_____	\$ _____
(4) _____ _____ _____	_____	\$ _____
(5) _____ _____ _____	_____	\$ _____
(6) _____ _____ _____	_____	\$ _____
(7) _____ _____ _____	_____	\$ _____

If you need to list additional creditors, you may attach a separate sheet of paper.

LEASES AND EXECUTORY CONTRACTS - SCHEDULE G

Please list all Unexpired Leases and Executory Contracts

<u>Name and Address</u>	<u>Term</u>	<u>Amt Past Due</u>	<u>Monthly Payment</u>
_____	_____	\$ _____	\$ _____

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Please list any Rent to Own Agreements:

<u>Name and Address</u>	<u>Term</u>	<u>Amt Past Due</u>	<u>Payment Amount</u>
_____	_____	\$ _____	\$ _____

PAYMENTS DUE:			
<input type="checkbox"/> Weekly <input type="checkbox"/> Every 2 Weeks <input type="checkbox"/> Semi-Monthly <input type="checkbox"/> Monthly			
<hr/>			

CO-DEBTORS - SCHEDULE H

Please list any person who has co-signed or guaranteed or signed with you on any of your loans or for whom you have co-signed or guaranteed their loan.

<u>Name and Address of Co-Obligor</u>	<u>Creditor Name</u>
_____	_____

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Please list the first initial and last name of all Children and Dependents.

Name _____	Age _____	Relationship _____
Name _____	Age _____	Relationship _____
Name _____	Age _____	Relationship _____
Name _____	Age _____	Relationship _____

CURRENT INCOME AND EXPENSES - SCHEDULES I & J

Monthly Income

Monthly Take Home Pay	Debtor \$ _____	Spouse \$ _____
Child Support Received	Debtor \$ _____	Spouse \$ _____
Other Monthly Income (part-time work, SSI, etc.)	Debtor \$ _____	Spouse \$ _____
Pro-rated Tax Refunds	Debtor \$ _____	Spouse \$ _____

TOTAL ESTIMATED MONTHLY INCOME \$ _____

Estimated Monthly Living Expenses

Rent/Mortgage

Does your mortgage include:	insurance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	taxes?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Utilities:

*Electric & Gas	\$ _____
*Water & Sewer	\$ _____
*Telephone (include home phone and cell phone)	\$ _____
*Cable and/or Satellite	\$ _____
Home maintenance (repairs, lawn care & upkeep)	\$ _____
Food (\$200 - \$300 per person is typical)	\$ _____
Clothing	\$ _____
Laundry & Cleaning	\$ _____
Medical, Dental, Medicines	\$ _____
Transportation (Gasoline, Oil Changes & Repairs to vehicles)	\$ _____
Recreation, Clubs, Entertainment, Newspapers, Magazines, etc.	\$ _____
Charitable Contributions (list church tithes only if you have a history of making payments in the last year)	\$ _____
Insurance (not deducted from wages or included in home mortgage payments)	
*Homeowner/renters insurance	\$ _____
*Life insurance (do not include if deducted from wages)	\$ _____
*Health/Medical insurance (do not include if deducted from wages)	\$ _____
*Vehicle(s) insurance	\$ _____
*Other insurance	\$ _____
Taxes (not deducted from wages or included in home mortgage payments)	\$ _____
Monthly Payments (do not list payments to be included in Chapter 13 Plan)	
*Vehicle 1	\$ _____
*Vehicle 2	\$ _____
*Other	\$ _____
Child or Spousal Support Paid by You	\$ _____
Day Care	\$ _____
School Expenses (children)	\$ _____
Expenses from operation of business, profession or farm	\$ _____
Haircuts/Beauty Shop	\$ _____
Veterinary & Pet Supplies	\$ _____
Cigarettes	\$ _____
Other living expenses (please specify what the other expenses are)	\$ _____

TOTAL MONTHLY EXPENSES: \$ _____

ESTIMATED MONTHLY DISPOSABLE INCOME: \$ _____

STATEMENT OF FINANCIAL AFFAIRS

1. State the gross amount of income you received from employment or from the operation of a business during each of the following calendar years.

Fiscal Period	DEBTOR		JOINT DEBTOR / SPOUSE	
	Sources - where you worked (each place)	Approximate Total Amount Earned from each	Sources - where you worked (each place)	Approximate Total Amount Earned from each
2017 Year-to-date				
2016				
2015				

2. Please state any other sources of income during the past two years and the approximate amount of income. (Such as Social Security; Child Support; Disability, Gambling Winnings, Retirement, or Unemployment)

Fiscal Period	Sources	Approximate Total Amount
2017 Year-to-date		
2016		
2015		

3. (A) List payments made to creditors during the last 90 days that the total for all 3 months equals \$600 or more.

Creditors (name and address)	Dates of Payments			Total amount paid in the past 90 days	Amount still owed
	Month before last	Last Month	This Month		
(Such as Home) 1. 2.					
(Such as Autos or Furniture) 1. 2.					
(Credit Cards, Other Debts) 1. 2.					

3. (B) Did you pay any relatives on a loan in the last year (12 months)? Yes No
 If the answer is yes, please describe the circumstances:

4. (A) Were you sued or did you sue anybody in the last year (12 months)? Yes No
 If yes, list the following information on that suit:

Caption of Suit and Case number	Nature of Proceeding	Court or Agency and Location	Status or Disposition

4. (B) List any property garnished, attached or seized during the last year by a creditor.

Creditor (name and address)	Date of seizure	Description and value of property

5. List any repossessions, foreclosures and voluntary returns during the last year.

Creditor (name and address)	Date of repossession	Description and value of property

6. (A) Describe any assignment of property for the benefit of creditors made within the last 120 days.

Name and Address of Assignee	Date of Assignment	Terms of Assignment or Settlement

6. (B) List all property which has been in the hands of the Sheriff, Marshall, a custodian, receiver, or court-appointed official during the past year.

Name and Address of Custodian	Name & Location of Court Case Title & Number	Date of Order	Description and value of property

7. Have you given more than \$600.00 to any charity (including church tithes) or made any gifts over \$600.00 in the past two years?

If so, please furnish details below:

Recipient (name and address)	Relationship (if any)	Date of gift	Description and value of gift

8. List all losses from fire, theft, other casualty or gambling during the past year.

Description and value of Property	Description of Circumstances and, if Loss was covered in whole or in part by insurance, give particulars	Date of Loss

9. List all payments made to attorneys other than us over the past year for legal services pertaining to debt relief or bankruptcy. Any fees paid in connection with a bankruptcy should be listed.

Payee (name and address)	Date of Payment, Payor	Amount Paid or Value of Property transferred.

10. List all payments made to anyone helping you pay or deal with your creditors over the past year (debt consolidation, or loan assistance).

Payee (name and address)	Date of Payment, Payor	Amount Paid or Value of Property transferred.

11. List all property transferred, sold, given away, traded-in, or put up as collateral during the past 2 years.

Transferee & relationship (name and address)	Date	Describe property transferred and value received

12. Have you closed any bank, credit union or financial accounts during the last 12 months? (This includes checking, savings, or other financial accounts, certificates of deposit, shares and share accounts held in banks, credit unions, pension funds, brokerage houses, etc.) If so, please complete the following:

Institution (name and address)	Acct type & number Amt of Final Balance	Amount & date of sale or closing

13. List each safe deposit or other box or depository in which you have had valuables within the past year:

Institution (name and address)	Who has access? (Names and address)	Description of contents	Date of transfer or surrender

14. List each storage unit in which you have stored property in within one year before you filed for bankruptcy:

Storage Facility (name and address)	Who has access? (Names and address)	Description of contents

15. List all setoffs (money taken from an account to repay a loan at the same bank as where your money has been deposited) made by any creditor, including a bank, against a debt or deposit within the past 90 days.

Creditor (name and address)	Date of setoff	Amount of Setoff

16. List all property OWNED by another person that is in your possession or controlled by you.

Owner (name and address)	Description & value of property	Location of property

17. If you have moved within the last THREE years, list all premises occupied and vacated during that period.

Address	Name used	Dates of occupancy

18. If your spouse is not filing, state the name of your spouse; also state the name of any former spouse with whom you have resided during the last eight years.

Name of Spouses or Former Spouses

19. Have you ever been notified of any environmental or pollution problems on any land you may have owned? If so, please furnish details below:

Site Name and Address	Name and Address of Governmental Unit	Date of Notice	Environmental Law

20. Please provide the information below for any businesses you have operated or been involved with during the past four (4) years:

Name, Address, and Taxpayer I.D. Number	Nature of Business	Beginning and Ending Dates

My answers to each of these 20 questions and the information furnished on this form are true and correct. I understand this information will be used to prepare the bankruptcy schedules and statement of affairs and I will be asked by the Trustee to affirm under oath the information contained herein is true and correct.

(Please Sign) (Date)

(Please Sign) (Date)