

SIMON, FITZGERALD, COOKE, REED & WELCH
Simon Fitzgerald, LLC

INITIAL CLIENT QUESTIONNAIRE

Date: _____

Atty. _____
 # _____
 BR _____
 UCC _____

How Did You Hear About Us?

- Referral From Attorney
- Referral From Friend
- Television
- Yellow Pages
- Advertisement Letter
- Firm Website
- Other: _____

Part A. - Name, Address and Contact Information	<u>Debtor</u>	<u>Spouse</u> (Fill out even if Not Filing)
Full Name:	_____ First - Middle - Last	_____ First - Middle - Last
Social Security Number:	____ - ____ - ____	____ - ____ - ____
Date of Birth:	____ / ____ / ____	____ / ____ / ____
Physical Street Address:		
City, State ZIP:		
Parish of Residence:		
Mailing Address: <i>(If different from physical)</i>		
City, State ZIP:		
Home Phone:	()	
Work Phone:	()	
Cell Phone:	()	
E-mail Address:		
Other Names you have used in the last 8 years:		
Name of Employer:		
Job Title:		
Length of Employment:		

Part B. - Marital Status	<input type="checkbox"/> Never Married <input type="checkbox"/> Married and Living Together <input type="checkbox"/> Widowed <input type="checkbox"/> Married and Living Apart <input type="checkbox"/> Divorced
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Part C. - Reasons Considering Bankruptcy (Select all that Apply)	<input type="checkbox"/> Creditor Harassment <input type="checkbox"/> Repossession <input type="checkbox"/> Pay Day Loans <input type="checkbox"/> Loss of Income <input type="checkbox"/> Foreclosure <input type="checkbox"/> Other: _____ <input type="checkbox"/> Garnishment <input type="checkbox"/> Divorce <input type="checkbox"/> Lawsuits <input type="checkbox"/> Tax Debts
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Describe what circumstances caused your financial problems: _____

Part D. - General Questions

1) Have <u>YOU</u> or <u>YOUR SPOUSE</u> filed a bankruptcy case in the last 10 years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2) Have you lived in any other state (other than Louisiana) in the last two years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3) Have you lived at your current address less than 3 years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4) Have you lived in another parish other than the one you currently reside in the last 180 days?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5) Do you own any property that needs immediate attention or that may be a threat of imminent harm to the public health or safety?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6) Are there any pending lawsuits/foreclosures/sheriff sales or evictions against you?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7) Has any of your property been garnished or seized during the last year?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8) Has any of your property been repossessed during the last year?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9) Has any of your property been voluntarily transferred or surrendered to a creditor during the last year?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
10) Is any of your property being held or controlled by a sheriff or marshal?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
11) Have you suffered any losses from Fire/Theft/Gambling within the last year?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
12) Have you consulted another attorney during the last year?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
13) Do you have a claim or a potential claim to sue someone or have you recently been injured, or are you currently involved in any lawsuit? Example: Accidents, Employment Disputes, Insurance Claims, or other rights to sue including Automobile Accidents, Malpractice Claims, Slip & Falls, Worker's Comp. or Class Action Rights.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
14) Have you sold, transferred, traded or given away anything of value during the last two years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
15) Have you been associated with a corporation, partnership, sole proprietorship, or been self-employed during the last two years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
16) Have you divorced or separated during the last year?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
17) Are either of your parents deceased?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
18) Are either of your spouse's parents deceased?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
19) Have you inherited anything or do you have a right to inherit any property?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
20) Do you or other members of your family own or have any interest in family property or heir property?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

(Continue on Next Page)

If you answered "Yes" to any of the questions above, please explain below:

<u>E. - Income</u>	<u>Debtor</u>	<u>Spouse</u>
How many jobs (full or part-time) have you had in the past 6 months?	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> more than 2	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> more than 2
Have you or your spouse received ANY INCOME in the past SIX (6) MONTHS from ANY of the following Sources? Check <u>Yes</u> or <u>No</u> in the following boxes.		
Employment Wages, Salary, Tips, Bonuses, Overtime, Commission?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Social Security or Social Security Disability?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
VA income or VA Disability income?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Food Stamps or WIC income?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Unemployment Compensation?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Income from Operation of a Business or Self-employment income?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Rental income?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Oil and Gas or Royalties, Interest or Dividend income?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Retirement or Pension income?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Child support or Alimony?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Money From any Family Members, Roommates or Friends that help you pay your monthly expenses?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has <u>Anyone</u> assisted you with paying <u>Any</u> of your monthly expenses?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Any other income not mentioned above that you regularly rely on to pay your monthly expenses: Please explain: _____ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Estimated Gross Annual Income	Debtor	Spouse
What is you estimated annual or <u>Yearly Gross Income</u> ?	\$ _____	\$ _____

Estimated Monthly Net Income	Debtor	Spouse
Monthly Take Home Pay from <u>Employment Wages</u> or <u>Self Employment</u>	\$ _____	\$ _____
Monthly Take Home Pay from <u>Part-time job</u>	\$ _____	\$ _____
Monthly <u>Pension</u> or <u>Retirement</u>	\$ _____	\$ _____
Monthly <u>Child Support</u> or <u>Alimony</u> received	\$ _____	\$ _____
Monthly <u>Social Security/SSI</u> or <u>Disability</u> Income received	\$ _____	\$ _____
Monthly <u>contributions from family or friends</u>	\$ _____	\$ _____
Other Monthly Income - Source(s): _____	\$ _____	\$ _____

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Part F. - Household Size	
How many people including yourself live with you, whether, children, family members, or friends?	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 6+
1) Name: _____ Age: _____ Relationship: <input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Other: _____	2) Name: _____ Age: _____ Relationship: <input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Other: _____
3) Name: _____ Age: _____ Relationship: <input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Other: _____	4) Name: _____ Age: _____ Relationship: <input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Other: _____
5) Name: _____ Age: _____ Relationship: <input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Other: _____	6) Name: _____ Age: _____ Relationship: <input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Other: _____
If any of the above children are over 18, are they in college?	
	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do any of the above children work and contribute any money to assist with household expenses or do they pay any of the household bills?	
	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have other children or dependents who do not live with you?	
	<input type="checkbox"/> Yes <input type="checkbox"/> No

Part G. - Free & Clear Property	Do you <u>own</u> , <u>co-own</u> or <u>have any interest</u> in any of the following items FREE & CLEAR (Items <u>Paid In Full</u> that you don't owe any money on)? Please check all items that you own.				
<input type="checkbox"/> Home(s) <input type="checkbox"/> Rent House(s) <input type="checkbox"/> Mobile Home(s) <input type="checkbox"/> Land <input type="checkbox"/> Heir Property/Family Property <input type="checkbox"/> Other Real Estate	<input type="checkbox"/> Vehicle(s) <input type="checkbox"/> Motorcycle(s) <input type="checkbox"/> 4-Wheeler(s) <input type="checkbox"/> Guns or firearms <input type="checkbox"/> Boats, Motors or Trailers <input type="checkbox"/> Other recreational item(s)				
	<input type="checkbox"/> Riding Lawn Mowers <input type="checkbox"/> Tractors <input type="checkbox"/> Savings Accounts <input type="checkbox"/> Checking Accounts <input type="checkbox"/> CDs, Stocks, Bonds <input type="checkbox"/> Other Property of Financial Value				
If you checked any item above, please describe the item and list it's value (Value is what the item could sell for given it's current condition (as is))					
<u>Item</u>	<u>Value</u>	<u>Item</u>	<u>Value</u>	<u>Item</u>	<u>Value</u>
_____	\$ _____	_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____	_____	\$ _____

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Part H. - Real Estate & Housing

Do you own or rent?	<input type="checkbox"/> Own (Free and Clear) <input type="checkbox"/> Buying (Have a home Mortgage/House Note) <input type="checkbox"/> Renting - \$ _____ per month <input type="checkbox"/> Live with Relatives or Roommates - \$ _____ per month
Do you share or split costs of housing with anyone?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Answer the following questions if you Own Your Home or you are Purchasing Your Home and have a House Note or Mortgage:

Who do you owe your House Note to (1 st Mortgage Holder)?	_____	What is the <u>value</u> of your home? (Home much could is sell for right now as is)	\$ _____
What date was it purchased?	_____/_____ (Month/Year)	Has the home ever been appraised?	<input type="checkbox"/> Yes <input type="checkbox"/> No
		If so, what year?	_____/_____ (Month/Year)
		How much did it appraise for?	\$ _____
What is the current monthly <u>house note</u> ?	\$ _____ per month	What is the current <u>payoff</u> balance on you home mortgage?	\$ _____
<u>Are you behind</u> on your payments?	<input type="checkbox"/> Yes <input type="checkbox"/> No	How many payments are you <u>behind</u> ?	_____ months
Have you been <u>served with foreclosure papers</u> ?	<input type="checkbox"/> Yes <input type="checkbox"/> No	What is the total <u>amount needed to be completely current</u> ?	\$ _____
Do you have a <u>Second Mortgage</u> on your home?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have any <u>liens or judgements</u> on your property?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you own any <u>other Real Estate</u> ?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever received any money for <u>Oil, Gas or Mineral Royalties</u> ?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Are you buying or do you have any other interest in any real estate/rent houses or heir property of family property?
(If so, Please explain below):

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Part I. - Automobiles, Boats, and Utility Vehicles

If you have any Vehicles, Automobiles, Motorcycles, 4-Wheelers, Boats, Recreational Vehicles, Tractors or Riding Lawnmowers that you are purchasing, please answer the following questions.

1) Year, Make & Model _____	Current Balance \$ _____	Monthly Payment \$ _____	Are you behind on payments? <input type="checkbox"/> Yes <input type="checkbox"/> No How far?: _____ months
Who do you owe the note to? _____	Date of Purchase _____/_____ (Month/Year)	VIN# _____ Mileage: _____ miles	What is the value of the item? \$ _____

2) Year, Make & Model _____	Current Balance \$ _____	Monthly Payment \$ _____	Are you behind on payments? <input type="checkbox"/> Yes <input type="checkbox"/> No How far?: _____ months
Who do you owe the note to? _____	Date of Purchase _____/_____ (Month/Year)	VIN# _____ Mileage: _____ miles	What is the value of the item? \$ _____

3) Year, Make & Model _____	Current Balance \$ _____	Monthly Payment \$ _____	Are you behind on payments? <input type="checkbox"/> Yes <input type="checkbox"/> No How far?: _____ months
Who do you owe the note to? _____	Date of Purchase _____/_____ (Month/Year)	VIN# _____ Mileage: _____ miles	What is the value of the item? \$ _____

4) Year, Make & Model _____	Current Balance \$ _____	Monthly Payment \$ _____	Are you behind on payments? <input type="checkbox"/> Yes <input type="checkbox"/> No How far?: _____ months
Who do you owe the note to? _____	Date of Purchase _____/_____ (Month/Year)	VIN# _____ Mileage: _____ miles	What is the value of the item? \$ _____

5) Year, Make & Model _____	Current Balance \$ _____	Monthly Payment \$ _____	Are you behind on payments? <input type="checkbox"/> Yes <input type="checkbox"/> No How far?: _____ months
Who do you owe the note to? _____	Date of Purchase _____/_____ (Month/Year)	VIN# _____ Mileage: _____ miles	What is the value of the item? \$ _____

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Part. J - Other Secured Debts (Loans with Collateral)

Are you <u>buying or financing any other items</u> not previously mentioned? (For example: Furniture, Appliances, Lawn Equipment or any other item)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have any loans that required you to <u>list or put up household items you own as collateral</u> ?	<input type="checkbox"/> Yes <input type="checkbox"/> No

If yes, please describe each loan below. DO NOT LIST UNSECURED DEBTS BELOW (Only loans with Collateral)

<u>Creditor Name</u>	<u>Description of Collateral</u>	<u>Date Purchased</u>	<u>Payoff Balance</u>	<u>Value (What is it worth)</u>	<u>Behind on Payments?</u>
_____	_____	____/____/____ (Month/Year)	\$ _____	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	____/____/____ (Month/Year)	\$ _____	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	____/____/____ (Month/Year)	\$ _____	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	____/____/____ (Month/Year)	\$ _____	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	____/____/____ (Month/Year)	\$ _____	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	____/____/____ (Month/Year)	\$ _____	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No

Part. K - Rent-to-Own Agreements or Leases (For Example: Aaron's, Rent-A-Center, etc.)

Are you buying anything from a Rent-to-Own or Leasing Company? (For example: Furniture, Appliances, Computers, Tires or Rims)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you paying someone else's note with the understanding that they will give you the item once it's paid for?	<input type="checkbox"/> Yes <input type="checkbox"/> No

If yes, please describe below:

<u>Creditor Name</u>	<u>Description of Collateral</u>	<u>Payment Amount</u>	<u># of Months Remaining</u>	<u>Behind on Payments?</u>
_____	_____	\$ _____ Payments Due: <input type="checkbox"/> Weekly <input type="checkbox"/> Every 2 weeks <input type="checkbox"/> Semi-Monthly <input type="checkbox"/> Monthly	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____ Amount Behind
_____	_____	\$ _____ Payments Due: <input type="checkbox"/> Weekly <input type="checkbox"/> Every 2 weeks <input type="checkbox"/> Semi-Monthly <input type="checkbox"/> Monthly	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____ Amount Behind

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Part. L - Co-Signed of Joint Debts

Have you co-signed or guaranteed another person's debt?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has someone else co-signed or guaranteed your debt?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you jointly liable on a debt with someone else? (For example: You and a relative both owe a house note together)	<input type="checkbox"/> Yes <input type="checkbox"/> No

If yes, please describe below:

<u>Name of Creditor/Lender</u>	<u>Name of Person/Relationship</u>	<u>Address of Person</u>
	_____ / _____	
	_____ / _____	
	_____ / _____	
	_____ / _____	

Part. M - Income Tax Debts or Other Taxes

Do you owe any Federal or State Tax Debts for prior years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has the Internal Revenue Service (IRS) or Louisiana Department of Revenue (LDR) sent you any paperwork or contacted you in any way and indicated that you may owe a tax debt for a prior year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does any other taxing entity, agency or governmental office claim that you owe any Income, Withholding, Sales or Property taxes of any kind?	<input type="checkbox"/> Yes <input type="checkbox"/> No

If yes, please describe below:

<u>Creditor</u>	<u>Amount Owed</u>	<u>Type of Tax</u>	<u>Tax Years or Period</u>
<input type="checkbox"/> IRS <input type="checkbox"/> State: _____ <input type="checkbox"/> Other: _____	\$ _____	<input type="checkbox"/> Income <input type="checkbox"/> Sales/Use <input type="checkbox"/> Withholding <input type="checkbox"/> Property <input type="checkbox"/> Other: _____	_____
<input type="checkbox"/> IRS <input type="checkbox"/> State: _____ <input type="checkbox"/> Other: _____	\$ _____	<input type="checkbox"/> Income <input type="checkbox"/> Sales/Use <input type="checkbox"/> Withholding <input type="checkbox"/> Property <input type="checkbox"/> Other: _____	_____

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Part. N - Child Support & Alimony

Do you pay Child Support or Alimony to anyone?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you behind, past-due or in arrears on your Child Support or Alimony Payments? (Answer yes, if the you are behind or have arrears and they are being deducted from your paychecks)	<input type="checkbox"/> Yes <input type="checkbox"/> No

If yes, please describe below:

<u>Name & Address of Person who Receives the Support</u>	<u>Type of Support</u>	<u>Monthly Payment & Past Due Amount</u>	<u>How are the payments made?</u>
Name _____ Address _____ City State Zip _____	<input type="checkbox"/> Child Support <input type="checkbox"/> Alimony <input type="checkbox"/> Other: _____ Is the debt collected by a State agency? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, List Agency: _____	\$ _____ Normal Monthly Payment Are you behind on the payments? <input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____ Arrears or Past Due Amount	<input type="checkbox"/> Deducted from Paycheck <input type="checkbox"/> Paid by me Directly <input type="checkbox"/> Other: _____
Name _____ Address _____ City State Zip _____	<input type="checkbox"/> Child Support <input type="checkbox"/> Alimony <input type="checkbox"/> Other: _____ Is the debt collected by a State agency? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, List Agency: _____	\$ _____ Normal Monthly Payment Are you behind on the payments? <input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____ Arrears or Past Due Amount	<input type="checkbox"/> Deducted from Paycheck <input type="checkbox"/> Paid by me Directly <input type="checkbox"/> Other: _____

Part. O - Student Loans

Do you owe any Student Loans?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you guaranteed, co-signed or signed to help anyone else receive or consolidate their student loans? (For example: A parent signing with a child or husband with a wife)	<input type="checkbox"/> Yes <input type="checkbox"/> No

<u>Name of Creditor</u>	<u>Payoff Balance</u>

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Part. P - Unsecured Debts (Loans without Collateral, such as credit cards, medical bills, pay day loans etc.)		<u>Estimated Balances</u>
Do you owe any <u>Credit Card</u> debts?	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____
Do you owe any unpaid <u>Medical bills</u> ?	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____
Do you owe any <u>Pay Day loans</u> ?	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____
Do you owe any <u>Signature loans</u> ?	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____
Do you owe any <u>Unsecured Lines of Credit</u> ?	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____
Do you have any <u>Overdrawn Bank Accounts</u> ?	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____
Do you owe on unpaid <u>Utility Bills</u> ?	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____
Do you owe the State for <u>Overpayment of Unemployment Benefits</u> ?	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____
Do you owe the Social Security Administration for <u>Overpayment of Social Security Benefits</u> ?	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____
Do you owe any other unsecured debts not mentioned above?	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____
Please estimate the total amount of unsecured debt you believe you owe	<input type="checkbox"/> Up to \$5,000 <input type="checkbox"/> \$5,001 to \$10,000 <input type="checkbox"/> \$10,001 to \$25,000 <input type="checkbox"/> \$25,001 to \$50,000 <input type="checkbox"/> \$50,0001 \$100,000 <input type="checkbox"/> More than \$100,000	

Part. Q - Certification	
<p>My answers to theses questions and the information furnished on this form are true and correct to the best of my knowledge. I understand that this information will be used to prepare the bankruptcy schedules, statement of financial affairs and other documents to may be filed with the Bankruptcy Court. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. I also understand that I will be asked by the Trustee to affirm under oath that the information contained herein is true and correct and that there are no errors or omissions of material information.</p>	
x _____ Signature of Consulting Party	x _____ Signature of Consulting Party
_____ Date	_____ Date



- GO TELL THE RECEPTIONIST YOU HAVE COMPLETED THE FORM