

THE LAW OFFICE OF HENRY L. AHRENS

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BANKRUPTCY QUESTIONNAIRE:

Please complete **all questions** with detailed answers. If it does not apply to you or the answer is none, please write **N/A**. If you do not provide our office with a **complete address and account number** for each creditor, that debt may not be discharged from your bankruptcy. If you do not answer all the questions completely, it may delay the filing of your case. Thank you for your cooperation.

Debtor # 1 Information:

First Name: _____ Middle Name: _____ Last Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone (home or cell): _____ (work): _____

Email Address: _____

Social Security Number: _____ Length at Residence: _____

Other Names (including maiden name) Used in Last 6 Years: _____

Debtor # 2 (Spouse) Information:

First Name: _____ Middle Name: _____ Last Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone (home or cell): _____ (work): _____

Social Security Number: _____ Length at Residence: _____

Other Names (including maiden name) Used in Last 6 Years: _____

Has either of you filed a bankruptcy before? Y/N If yes, when: _____ where: _____

Marital Status: Single _____ Married _____ Separated _____ Divorced _____ Widowed _____

Dependents: Name: Age: Relationship to You: (ex., son, daughter, etc.)

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

EMPLOYER INFORMATION:

Debtor # 1:

Employer Name: _____

Address: _____ City _____ State ____ Zip _____

Phone Number: _____ Position: _____

Length of Time Employed: _____

If more than one employer, please provide information about other employers:

Debtor # 2:

Employer Name: _____

Address: _____ City _____ State ____ Zip _____

Phone Number: _____ Position: _____

Length of Time Employed: _____

If more than one employer, please provide information about other employers:

List the names and addresses of any Businesses you are running (include self-employment):

List the addresses of any Rental Property you own:

AVERAGE MONTHLY INCOME:

Debtor # 1:

Debtor # 2:

(A) Wages from Job:

Average Monthly Gross Wages: \$ _____
(Income from your job before deductions
are taken from your paycheck. Factor in any
overtime you earn. Use your best estimate.)

\$ _____

Average Monthly Net Wages: \$ _____
(Income from your job after
deductions are taken from your paycheck)

\$ _____

(B) Income from running a Business:

Average Gross Monthly Business Income:
(Income before business expenses) \$ _____

\$ _____

Average Monthly Business Expenses: \$ _____

\$ _____

Average Net Monthly Business Income:
(Gross Income less business expenses) \$ _____

\$ _____

(C) Rental Income:

Average Gross Monthly Rental Income:
(Income before rental expenses) \$ _____

\$ _____

Average Monthly Rental Expenses: \$ _____

\$ _____

Average Net Monthly Rental Income: \$ _____

\$ _____

**(D) Regular Contributions from
Friends/Family to Household Expenses:** \$ _____

\$ _____

(E) Any other Sources of Income:

(Such as Unemployment Compensation,
Social Security benefits, Pensions, Food
Assistance Programs, Rental Assistance
Programs, etc.). Specify source: _____ \$ _____

\$ _____

AVERAGE MONTHLY LIVING EXPENSES:

Do **not** include: (a) items already deducted from your paycheck; (b) business expenses; (c) credit card payments; and (d) other unsecured debt payments. If an expense is paid less than once a month, prorate the amount. For example, if you pay car insurance once every 6 months of \$600, state \$100 as the monthly car insurance expense (\$600 divided by 6).

Rent/Home Mortgage Payment:	\$ _____
Are your property taxes included? Y / N If not, state amount:	\$ _____
Is property insurance included? Y / N If not, state amount:	\$ _____
Electricity and gas:	\$ _____
Water and sewer:	\$ _____
Telephone.....	\$ _____
Security System:	\$ _____
Cable Television / Satellite Dish.....	\$ _____
Internet Service.....	\$ _____
Other Utilities (Explain): _____	\$ _____
Home Maintenance or Repairs:	\$ _____
Food:	\$ _____
Clothing:	\$ _____
Laundry and Dry Cleaning:	\$ _____
Medical and Dental:	\$ _____
Transportation: (car gasoline/fuel, repairs, maintenance, parking, tolls)	\$ _____
Public Transportation:.....	\$ _____
Recreation (newspapers, magazines, etc):	\$ _____
Insurance (not deducted from wages or included in home mortgage)	\$ _____
Homeowner's or Renter's:	\$ _____
Life:	\$ _____
Health:	\$ _____
Auto:	\$ _____
Other (Explain): _____	\$ _____
Taxes (not deducted from wages or included in home mortgage payments)	
(Specify): _____	\$ _____
Installment Payments:	
Automobile:	\$ _____
Others (explain): _____	\$ _____
Child Care:	\$ _____
Alimony/support paid to others:	\$ _____
Payments for support of additional dependents	
not living at home (Explain): _____	\$ _____
Toiletries:	\$ _____
Student Loan Payments:	\$ _____
Other Expenses: _____	\$ _____
	\$ _____
Total Monthly Living Expenses:	\$ _____

ASSET / PROPERTY QUESTIONS:

Please complete this section with the “market values” of all property that you own. Please base your answers on the “garage sale” value of your property. In other words, if you held a garage sale and sold all your property, put down the amount you think your property would be sold for in its current condition.

Current Market Value:

1. Cash on hand: \$ _____
2. Checking Account
Name of the Bank and Account Number: \$ _____

Savings Account
Name of the Bank and Account Number: \$ _____

3. Security Deposits with landlord(s) or public utilities: \$ _____
4. Household goods: (include such things as kitchen set, bedroom set, silverware, electronic devices, televisions, computers, refrigerator, stove, furniture, etc.): \$ _____
5. Books, pictures, art objects, antiques, collectibles, etc.: \$ _____
6. Wearing apparel and personal effects: \$ _____
7. Furs and Jewelry: \$ _____
8. Firearms, sports and other hobby equipment: \$ _____
9. Cash value on insurance policies: \$ _____
Name and acct. no. of policy(s) _____
Who purchased this policy(s)? _____
Is the debtor(s) the beneficiary(ies) under this policy? Y/N
If not, who is, and what is relationship between the
Beneficiary (ies) and the debtor(s)? _____
What type of insurance is this policy(s) for? Life/disability/other
Please explain: _____

10. Retirement Funds (explain in detail):

_____ \$ _____
_____ \$ _____
11. Stocks, Bonds or CD's (please circle one): \$ _____
12. Annuities, IRAs, ERISA and Keough Plans (please circle): \$ _____
13. Tax refund for last year? (Already received? Y / N)
Give date refund received, and amount, for both Fed & CA:
\$ _____
14. Are you anticipating receiving an inheritance or
marital property settlement within the next 6 months?
If yes, state details and provide the value of this item:
_____ \$ _____
15. Automobiles, trucks, boats, and other vehicles:
_____ year _____ make _____ model \$ _____
_____ year _____ make _____ model \$ _____
_____ year _____ make _____ model \$ _____
16. Office equipment, furnishings, supplies, tools of your trade or
profession (such as mechanical tools, etc.) & business inventory: \$ _____
17. Real Estate (include time shares, co-ops, condos, houses,
investment properties, etc., anywhere in the world).
Address: _____ \$ _____
Do you co-own this property with anyone else? Y / N
If yes, state name of co-owner(s) and relationship to
you: _____
18. Other personal property or real estate not already listed:
(include any lawsuits in which you are suing anyone else)
_____ \$ _____
_____ \$ _____

SECURED CREDITORS:

If you do not provide our office with a complete name, address and account number for each creditor, that debt may not be discharged from your bankruptcy.

Home Mortgage:

Address of property: _____

Mortgage Company Name: _____

Address: _____

City, State, Zip Code: _____

Account Number: _____

Balance Due \$ _____ Market Value \$ _____

Will you keep home? _____ Yes _____ No

Monthly Payment \$ _____ Late Fees \$ _____

Are payments behind? _____ Yes _____ No. If yes, how many months behind? _____

Is your loan guaranteed by the VA? _____

2nd LIEN: (2nd Mortgage, Home Equity Line of Credit, etc.)

Mortgage Company Name: _____

Address: _____

City, State, Zip Code: _____

Account Number: _____

Balance Due \$ _____ Market Value \$ _____

Will you keep home? _____ Yes _____ No

Monthly Payment \$ _____ Late Fees \$ _____

Are payments behind? _____ Yes _____ No. If yes, how many months behind? _____

Vehicle Loan # 1:

Creditor Name: _____ Account No _____

Address: _____

City, State, Zip Code: _____

Phone No _____ Will you keep? _____ Yes _____ No

Balance Due: \$ _____ Market Value: \$ _____

Year _____ Make/Model _____ Mileage _____

Monthly Payments \$ _____ Late Fees \$ _____

Are payments behind? _____ Yes _____ No. If yes, how many months behind? _____

Vehicle Loan # 2:

Creditor Name: _____ Account No _____

Address: _____

City, State, Zip Code: _____

Phone No _____ Will you keep? _____ Yes _____ No

Balance Due: \$ _____ Market Value: \$ _____

Year _____ Make/Model _____ Mileage _____

Monthly Payments \$ _____ Late Fees \$ _____

Are payments behind? _____ Yes _____ No. If yes, how many months behind? _____

TAX INFORMATION:

For unpaid and/or past due taxes. Specify the type of tax owed (for example - income tax, sales tax, excise tax, withholding tax, etc.)

Federal Taxes (owed to Internal Revenue Service):

SS# or Tax ID#: _____ Balance Owed \$ _____

What type of tax? _____

What tax year(s) do these taxes cover? _____

State taxes due and owing:

Name of State Taxing Authority: _____

Address: _____

City, State, Zip: _____

SS# or Tax ID#: _____ Balance Owed \$ _____

What type of tax? _____

What tax year(s) do these taxes cover? _____

Other taxes due and owing:

Name of Taxing Authority: _____

Address: _____

City, State, Zip: _____

SS# or Tax ID#: _____ Balance Owed \$ _____

What type of tax? _____

What tax year(s) do these taxes cover? _____

Has a tax lien been issued, or a tax been assessed? Y / N. If yes, please provide a copy of any documentation you have from the appropriate taxing authority.

UNSECURED CREDITORS:

If you do not provide our office with a complete name, address and account number for each creditor, that debt may not be discharged from your bankruptcy. If you have copies of the most recent invoices from a creditor, provide that instead of filling in this section for that specific creditor.

Creditor Name: _____	Check reason for debt:
Address: _____	Credit Card _____
City, State, Zip: _____	Services Rendered _____
Account Number: _____	Other (Explain) _____
	Dates of Usage (ex., from 5/1996 to 3/2001) _____

Balance Due \$ _____	Phone No. _____
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Creditor Name: _____	Check reason for debt:
Address: _____	Credit Card _____
City, State, Zip: _____	Services Rendered _____
Account Number: _____	Other (Explain) _____
	Dates of Usage _____

Balance Due \$ _____	Phone No. _____
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Creditor Name: _____	Check reason for debt:
Address: _____	Credit Card _____
City, State, Zip: _____	Services Rendered _____
Account Number: _____	Other (Explain) _____
	Dates of Usage _____

Balance Due \$ _____	Phone No. _____
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Creditor Name: _____	Check reason for debt:
Address: _____	Credit Card _____
City, State, Zip: _____	Services Rendered _____
Account Number: _____	Other (Explain) _____
	Dates of Usage _____

Balance Due \$ _____	Phone No. _____
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Creditor Name: _____

Address: _____

City, State, Zip: _____

Account Number: _____

Balance Due \$ _____

Check reason for debt:

Credit Card _____

Services Rendered _____

Other (Explain) _____

Dates of Usage _____

Phone No. _____

Creditor Name: _____

Address: _____

City, State, Zip: _____

Account Number: _____

Balance Due \$ _____

Check reason for debt:

Credit Card _____

Services Rendered _____

Other (Explain) _____

Dates of Usage _____

Phone No. _____

Creditor Name: _____

Address: _____

City, State, Zip: _____

Account Number: _____

Balance Due \$ _____

Check reason for debt:

Credit Card _____

Services Rendered _____

Other (Explain) _____

Dates of Usage _____

Phone No. _____

Creditor Name: _____

Address: _____

City, State, Zip: _____

Account Number: _____

Balance Due \$ _____

Check reason for debt:

Credit Card _____

Services Rendered _____

Other (Explain) _____

Dates of Usage _____

Phone No. _____

Creditor Name: _____

Address: _____

City, State, Zip: _____

Account Number: _____

Balance Due \$ _____

Check reason for debt:

Credit Card _____

Services Rendered _____

Other (Explain) _____

Dates of Usage _____

Phone No. _____

STATEMENT OF FINANCIAL AFFAIRS:

Each question must be answered, if it does not apply write N/A or None. If each question is not answered completely, this will delay your filing. If you need more room to answer, attach a continuation sheet. (The term "**all property**", as used in the following questions, means any real estate, cars, boats, jewelry, money and any other assets that have any value at all.)

1. State the **gross amount** of income you received from your job, trade, profession or from running a business(es) from the beginning of this calendar year to now, and for the two prior years. State also income for your spouse (Debtor # 2) separately. Give the **source** of all income listed below (for example, if from your job, so state and give the name of the employer; if the income is from other sources, such as from running a business, so state, and give the name of the business.) If, in a single year, you had income from more than one source, indicate how much income is from each such source.

Debtor # 1:

Source of Income:

2026, to date: \$	_____	_____
2025: \$	_____	_____
2024: \$	_____	_____

Debtor # 2 (Spouse):

Source of Income:

2026, to date: \$	_____	_____
2025: \$	_____	_____
2024: \$	_____	_____

2. State the amount of income received by you from sources **other than** from your job, trade, profession, or running a business during the current year and for the two prior years. Give particulars. Also state any such income for your spouse separately. (For example, unemployment compensation, social security benefits, pensions, investments, etc.)
3. List all payment(s) made by you to repay loans, installment purchases of goods or services, cash advances, and other debts, where the payment(s) total more than \$600.00 repaid by you to any individual creditor in the last 90 days. Give the name and address of the creditor.
4. List: (a) all debts incurred to a single creditor which total more than \$800 for "luxury items" made or incurred in the past 90 days, and (b) all cash advances, from a single creditor, which add up to more than \$1,100, in total, taken within the past 70 days. Give the name and address of the creditor.

5. List all lawsuits, foreclosures and administrative proceedings to which you were or is a party within the last year. Please include the case number and attorney name and address involved in this proceeding.
6. Describe all property that has been attached, garnished or seized under any legal or equitable process within the last year (such as a bank account frozen by a creditor).
7. List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within the last year.
8. List all gifts or charitable contributions you made within the last year, and give the name and address of the recipient (except ordinary and usual gifts to family members totaling less than \$200.00 in value per individual family member and charitable contributions totaling less than \$100.00 per recipient).
9. List all losses from fire, theft, other casualty or gambling within the last year.
10. List all property (other than property transferred in the ordinary course of your business or financial affairs), transferred by you either absolutely or as security within the last four years.
11. List all safe deposit boxes in which you have or had securities, cash or other valuables within the last year, and the value of the items therein. Give the name and address of the bank where the safe deposit box is located.
12. If you have moved within the last three (3) years, list all prior addresses in the last 3 years, and the dates in which you lived there.

13. List the names and addresses of all businesses in which you were an officer, director, or managing executive of a corporation, partnership, sole proprietorship, or was a self-employed professional within the last six years.
14. List the name and address of any banks in which you had bank accounts or other financial accounts, which were closed within the last year. Give the account number of the closed bank account, and the amount of money which was in the account at the time that it was closed.
15. List the name and address of any person or entity that is also liable (or legally responsible) for your debts (such as co-signors or guarantors). State which of your debts such person or entity is responsible for, including any dollar limits on this responsibility.
16. List all payments, and the name and address of the payee(s), made within the past year for debt consolidation, debt counseling or to attorneys (other than this office) regarding applying for bankruptcy or relief under the bankruptcy laws.
17. List all on-going leases of either real estate (such as the lease of your apartment) or leases of personal property (such as a car lease). State the name and address of the other party to the lease, the amount of the monthly payment, and when the lease ends. Indicate if you are behind on the monthly payments, and if so, how much.
18. Have you have repaid any monies owed to friends, relatives or business associates within the last year? If yes, so state, and give the date(s) of repayment and the amount(s) of repayment.

I certify that the information given above is true and correct to the best of my knowledge and the same is true for all the pages of this questionnaire and my listing of creditors is complete to the best of my knowledge. If any of the above information changes after I provide the completed questionnaire to the law office, I agree to also provide updated information to the law office until my case is filed.

Date: _____

Signature: _____
(Debtor # 1)

Signature: _____
(Debtor # 2)

Please provide copies of the following documents to our office:

- 1) Copies of most recent **bills and other statements** from creditors and collection agents.
- 2) Copies of **all your paystubs for the past six (6) months** – for all jobs you have had.
Copies of **all paystubs of your spouse for the past six (6) months** – for all jobs your spouse has had.
- 3) If either you or your spouse are **self-employed**, please fill out our office monthly **Profit and Loss Statement** form, for each month separately, for each of the last six (6) months, for every business that either you or your spouse is currently operating or has operated in the last six (6) months.
- 4) Complete copies of your two most recently filed **tax returns** - Federal & state, including all **W2s & 1099s**.
- 5) Copies of **any collection or assessment letters or tax liens** from the tax authorities.
- 6) Copies of your most recent monthly **car loan or car lease statement**.
- 7) Copies of current **car titles, registrations, insurance** for all vehicles that you and/or your spouse own.
- 8) Copies of document(s) indicating **the annual property taxes & insurance premiums** on your home.
- 9) Copies of your **most recent monthly mortgage statements** for all mortgages or other similar loans - such as a Home Equity Line of Credit, and proof of current insurance for all real estate you own.
- 10) Copies of **any legal papers & correspondence** received from the **mortgage lender's attorneys** - if your home is in foreclosure. You may also need to obtain an **appraisal** of the value of your home.
- 11) Copies of all pages of your monthly **bank account statements for the past three (3) months (including month of case filing)**, for all bank accounts of either you or your spouse.
- 12) Copies of **the most recent statement for any investments** - such as Certificates of Deposit, Mutual Funds, Stocks, Bonds, Time Shares, Commodities, 401(k)s, IRAs, Annuities, etc.
- 13) For any **pensions**, 401(k)s, Keough Plans, 457 Plans, Individual Retirement Accounts (IRAs) or other similar plans, please provide: (a) **name & address** of the entity administering the plan; (b) your **account number** with that pension or plan; and (c) **the outstanding balance** of any such pension or plan.

Please indicate any loans you have taken against any of your pensions or plans, and also provide a copy of the most recent statement from the plan/pension, etc.

- A) You are also required to take a two part **credit counseling course**.

The first part must be done before your Bankruptcy case can be filed, and the second part must be done shortly after your case is filed.

- B) You will also need to provide us with copies of the following documents:

(a) a government issued **photo ID card**, such as a current driver's license or U.S. passport; and

(b) your **Social Security card**. If you have lost your card, please contact your local Social Security Administration office immediately to obtain a replacement card.

Please keep this page FYI; please provide photocopies of the requested documents; do not give us your originals. If you give us your originals, we will charge you a \$0.25/page photocopying expense. Also, please supplement the documents you provide to this office with new documents, as they become available, until your case is filed.