

Client Questionnaire

Please fill out this form completely. The more thorough you are in providing the data requested, the more quickly your case can be filed, and the more smoothly the process will go. **If a question is not applicable to you, please indicate this on the form by writing N/A - Do not leave blanks.** If you run out of space, please attach additional sheets or write on the back of the form.

Throughout this form C1 refers to Client 1, and C2 refers to Client 2 or the non-filing spouse of Client 1.

Client 1

Full Name: _____
 First Middle Last

Other names (if any) including business names used in the last 8 years: _____

Social Security No.: _____

Federal EIN (if applicable): _____

Birth date: _____ Age: _____

Are you a disabled veteran whose indebtedness occurred primarily during a period in which you were on active duty or while you were performing a homeland defense activity? _____

Your current address: _____

City, State, and Zip code: _____

How long at this address? _____

How long have you **continuously** lived in Maine? _____

Mailing address, if different: _____

City, State, and Zip code: _____

Circle Primary Home Phone: _____ Cell Phone: _____

Work Phone: _____

Email Address: _____

Marital status: _____
Married, Divorced, Separated, Widowed, Never Married

Former spouses' names, addresses, divorce dates: _____

States resided in while married to former spouse: _____

If divorced, did you agree to assume any debt arising out of the marriage? _____
Please include copies of the divorce decree, separation agreement, domestic support orders, etc.

Client 2 or Spouse of Client 1

Full Name: _____
 First Middle Last

Other names (if any) including business names used in the last 8 years: _____

Social Security No.: _____

Federal EIN (if applicable): _____

Birth date: _____ Age: _____

Are you a disabled veteran whose indebtedness occurred primarily during a period in which you were on active duty or while you were performing a homeland defense activity? _____

Your current address: _____

City, State, and Zip code: _____

How long at this address? _____

How long have you **continuously** lived in Maine? _____

Mailing address, if different: _____

City, State, and Zip code: _____

Circle Primary Home Phone: _____ Cell Phone: _____

Work Phone: _____

Email Address: _____

Marital status: _____
Married, Divorced, Separated, Widowed, Never Married

Former spouses' names, addresses, divorce dates: _____

States resided in while married to former spouse: _____

If divorced, did you agree to assume any debt arising out of the marriage? _____
Please include copies of the divorce decree, separation agreement, domestic support orders, etc. If married, do you and your spouse intend to file for bankruptcy together? _____

Do you and your current spouse live in separate households? _____

Have you ever filed a bankruptcy case before?

Client 1:

Chapter 7 or Chapter 13 _____ State _____ Date filed _____

Was it discharged or dismissed? _____

If a spouse, business partner or affiliate, or family member has a currently pending bankruptcy case, please list that person's name, the case number, and the District in which it was filed:

Client 2:

Chapter 7 or Chapter 13 _____ State _____ Date filed _____

Was it discharged or dismissed? _____

If a spouse, business partner or affiliate, or family member has a currently pending bankruptcy case, please list that person's name, the case number, and the District in which it was filed:

Please furnish information for **all** dependents living in your household **or** for those dependents for which you are paying child support.

Name	Birthdate	Relationship	Do they live with you?
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Do you have legal custody (parental responsibility) for any other child (grandchild, etc.)? _____
If so please supply a copy of the court order.

Name	Age	Relationship	Do they live with you?
_____	_____	_____	_____

Your Home

Do you intend to keep your home? _____
Date of purchase _____ Purchase Price \$ _____ Market Value \$ _____
How was the market value determined? _____

If appraisal or broker's opinion of value, please attach copy of valuation.

Name of insurance company: _____ Policy Number: _____
Address: _____

First Mortgage

Current Balance \$ _____ Monthly Payment \$ _____ Interest Rate _____
Amount past due \$ _____
Does payment include taxes and insurance? _____ Amount paid per month \$ _____
Name of Bank/Lender: _____
Address: _____
Account No.: _____

Are there any co-debtors on your mortgage? (**LIST ALL NAMES ON MORTGAGE**)

Name and Address: _____

Second Mortgage or HELOC (Include data about additional loans/liens on the back of this page.)

Current Balance \$ _____ Monthly Payment \$ _____ Interest Rate _____
Amount past due \$ _____
Does payment include taxes and insurance? _____ Amount paid per month \$ _____
Name of Bank/Lender: _____
Address: _____
Account No.: _____

Are there co-debtors on the mortgage or joint owners of the property? (**LIST ALL NAMES ON DEED AND MORTGAGE**)

Name and Address: _____

Homeowners Association

Name of Association: _____
Address: _____
Account No.: _____
Payment amount \$ _____ per (month, quarter, year).
Amount past due \$ _____

Other Real Property
(Timeshares, vacant land, investment properties, mineral interests, etc.)

Property address or legal description _____

Date of purchase _____ Purchase Price \$ _____ Market Value \$ _____

How was the market value determined? _____

If appraised or broker's opinion of value, please attach copy of valuation.

Name of insurance company: _____ Policy Number: _____

Address: _____

First Mortgage (Also fill out a debt sheet for all mortgages, HELOCS, liens, and other encumbrances.)

Current Balance \$ _____ Monthly Payment \$ _____ Interest Rate _____

Amount past due \$ _____

Does payment include taxes and insurance? _____ Amount paid per month \$ _____

Name of Bank/Lender: _____

Address: _____

City, State, and Zip code: _____

Account No.: _____

Are there co-debtors on the mortgage or joint owners of the property? (**LIST ALL NAMES ON MORTGAGE AND DEED**)

Name and Address: _____

Include data about additional liens and mortgages on the back of this page.

Personal Property and Financial Assets

Please list **ALL OPEN BANK ACCOUNTS**. List any additional accounts on the back of this form.

Name of Bank/ Credit Union _____ Type of account _____

Location/ City _____ Amount \$ _____ Last 4 digits of account _____

Names of all account owners _____

Name of Bank/ Credit Union _____ Type of account _____

Location/ City _____ Amount \$ _____ Last 4 digits of account _____

Names of all account owners _____

Name of Bank/ Credit Union _____ Type of account _____

Location/ City _____ Amount \$ _____ Last 4 digits of account _____

Names of all account owners _____

If any of the following items are collateral for a loan, please list items and creditor on debt sheets.

Identify **how many** of each item you own:

_____ sofa _____ chairs _____ end tables _____ dining room set

_____ washer _____ dryer _____ coffee tables _____ beds

_____ stove _____ freezer _____ refrigerator _____ microwave

_____ dvd/bluray _____ tv _____ stereo _____
computer

_____ video game machines (types: _____)

Boats, motorcycles, trailers, RVs, snowmobiles, four wheelers, etc.

_____ \$ _____
Year Make Model Value

_____ \$ _____
Year Make Model Value

Name of insurance company: _____ Policy Number: _____

Address: _____

Furs or jewelry -

Please list all furs and jewelry, with estimated values:

Furs:

Costume jewelry:

Precious stones, gold & silver jewelry, etc.:

Number of watches: _____ \$ _____ Number of rings: _____ \$ _____

Other _____ \$ _____

Tools of value _____ \$ _____

Are these tools work related? _____

Firearms Make/Model _____ \$ _____

Any other personal property of any kind not already listed

_____ \$ _____

Please circle C1, C2, or both for joint ownership

Stocks _____ Value \$ _____ # of shares in what company? _____ **C1 or C2**

Stocks _____ Value \$ _____ # of shares in what company? _____ **C1 or C2**

Stocks _____ Value \$ _____ # of shares in what company? _____ **C1 or C2**

Bonds _____ Value \$ _____ what type _____ **C1 or C2**

Promissory Note or other money owed to you \$ _____ **C1 or C2**

From whom (name and address) _____

Life insurance company _____ **C1 or C2**
Policy No. _____ *Name of beneficiary* _____
Policy Type (Whole life, Term, Group, etc.) _____ Cash surrender value, if any \$ _____

Life insurance company _____ **C1 or C2**
Policy No. _____ *Name of beneficiary* _____
Policy Type (Whole life, Term, Group, etc.) _____ Cash surrender value, if any \$ _____

Health insurance company _____ Policy No. _____

Do You Have an HSA (not FSA) account? **C1 or C2** HSA Provider Name: _____
Account number: _____ Current balance \$ _____

Please be sure to use your HSA as much as possible before filing, and provide us with recent statement

Auto insurance company _____ Policy No. _____

Homeowner/Renters insurance company _____ Policy No. _____

Other insurance (specify type) _____ Insurance Company _____
Policy No. _____

Are you the beneficiary of a Trust?: **C1 or C2** (provide all trust documents)

C1 401k, IRA, or other retirement: Amount in fund \$ _____
Fund manager and account number _____
Loan against? _____ Amount owed \$ _____ Mandatory pay back? _____

C2 401k, IRA, or other retirement: Amount in fund \$ _____
Fund manager and account number _____
Loan against? _____ Amount owed \$ _____ Mandatory pay back? _____

Stock options: **C1 or C2** (provide a statement showing vesting date, grant price, number of shares, etc.)
Company _____ Number of options _____ Current value \$ _____

Profit sharing plans: **C1 or C2** (provide a statement showing vesting date, grant price, number of shares, etc.) Company _____ Current value \$ _____

Any other financial assets such as pension, profit sharing, Keogh, IRA, stock options or other retirement fund: **C1 or C2** Account type _____ Account number _____ \$ _____
Account manager and address _____

Is your name on any type of financial account that you have not already listed? **C1 or C2** Name of joint owner _____ \$ _____
Type of account _____ Account location and number _____

Do you or your spouse have any security deposits with a landlord, telephone company, utility company, or anyone else? _____ If so, state who made each deposit, the amount of each deposit, and

the name and address of the holder of each deposit.

Do you or your spouse own an interest in an education IRA or under a state tuition plan? _____
If so, identify each IRA or plan, state the present value of your interest, and when your interest was acquired. _____

Does anyone owe you or your spouse money (accounts receivable)?
_____ If so, describe the balance(s) due and name and address of person or entity that owes the money. _____

Are you or your spouse owed any unpaid alimony, maintenance, support, or property settlement payments? _____ If so, how much is owed, who owes it, and why?
\$ _____

Do you or your spouse own or have an equitable or future interest in any property? _____
If so, describe each interest and list its owner and present value. _____

Do you or your spouse own or have an interest of any kind in the estate of a deceased person, in a death benefit plan, in the death benefits of a life insurance policy, or in a trust? _____ If so, describe each interest and list its owner and present value. _____

Do you or your spouse own or have an ownership interest in any patents, copyrights, or other intellectual property? _____ If so, describe each interest, list its value, and identify the owners.

Do you or your spouse own or possess any customer lists? _____ If so, describe each list.

Do you or your spouse own or have an ownership interest in any license, franchise, or similar property? _____ If so, describe each one, identify its owners, and estimate its present value.

Do you or your spouse own or have an ownership interest in any animals/pets? _____ If so, describe each animal or group of animals, list their location and replacement value, and identify the owners.

Do you or your spouse own or have an ownership interest in any growing or harvested crops? _____ If so, describe the crops, list their value, and identify the owners. _____

Do you or your spouse own any farm supplies, chemicals, or feed? _____ If so, describe each item or group of items, list their replacement values, and identify the owners _____

Do you or your spouse own or have an ownership interest in any other personal property of any kind that has not been listed above in these worksheets? _____ If so, describe the property, list its location and replacement value, and identify the owners. _____

Has anyone in your family died within the past year or have you become entitled to any inheritances?
Specify _____

Are you, your spouse, or any member of your household a plaintiff in any ongoing litigation, or do you have any claim against anyone for which you are considering filing a lawsuit? Specify the nature of the claim and case number if any. _____

Are you or your spouse entitled to accrued paid time off or vacation time with cash value? If so, how many hours at what rate? _____

Contracts & Leases

If you are currently renting a home or apartment, please provide the following:

Landlord's name and address _____

Number of months remaining on the lease _____ Amount of security deposit \$ _____

Do you have a safe deposit box? Location: _____

Contents: _____

Do you have a contract or lease for a storage unit? _____ (include a copy of the lease or contract)

Name and address of company: _____

List all items in storage: _____

Do you have a contract for any rent-to-own items? _____ (include a copy of the lease or contract)

Name and address of company: _____

List items: _____

Monthly payment \$ _____ Balance owed \$ _____ Intend to keep and continue paying? _____

Do you have a contract for cell, internet, cable, or other services? _____

Name and address of company: _____

Number of months remaining on contract: _____ Do you intend to keep contract? _____

Anyone else on contract with you: _____ Monthly Payment \$ _____

Vehicle, if applicable. **Prepare and provide a debt sheet if vehicle is financed or leased.**

Be Specific- Example: 1993 Toyota Camry, 4dr, Sedan LE, 4wd

For trucks- short bed, long bed, king cab, etc.

Year _____ Make _____ Model _____

Type: (SE, LE, crew cab, etc) _____ 2dr ___ 4dr ___

4cyl _____ 6cyl _____ 4WD _____ 2WD _____

OTHER MODEL INFO _____ VIN # _____

e.g. Hatchback, Wagon, Limited

Condition of vehicle: Good ___ Fair ___ Poor ___ Mileage _____

Describe body damage or mechanical issues _____

Names on title (circle all that apply): **C1 C2 Someone else** (list names): _____

Name of insurance company: _____ Policy Number: _____
Address: _____

Lender name (if any) _____

Lender's Address: _____

City, State, Zip code _____

Account # _____ **Date of purchase** _____

Current balance \$ _____ Payment amount \$ _____ Interest Rate _____%

Name of any co-debtors on loan _____

Is this a leased vehicle? Yes _____ No _____ Will you be keeping this vehicle? _____

Has it been repossessed? Yes _____ No _____ If yes, when? _____

**Second vehicle, if applicable Prepare and provide a debt sheet if vehicle is financed or leased.
List additional vehicles on the back of this page**

Year _____ Make _____ Model _____
Type: (SE, LE, crew cab, etc) _____ 2dr ___ 4dr ___
4cyl _____ 6cyl _____ 4WD _____ 2WD _____

OTHER MODEL INFO _____ VIN # _____
e.g. Hatchback, Wagon, Limited

Condition of vehicle: Good ___ Fair ___ Poor ___ Mileage _____

Describe body damage or mechanical issues _____

Names on title (circle all that apply): **C1 C2 Someone else** (list names): _____

Name of insurance company: _____ Policy Number: _____
Address: _____

Lender name (if any) _____

Lender's Address: _____

City, State, Zip code _____

Account # _____ **Date of purchase** _____

Current balance \$ _____ Payment amount \$ _____ Interest Rate _____%

Name of any co-debtors on loan _____

Is this a leased vehicle? Yes _____ No _____ Will you be keeping this vehicle? _____

Has it been repossessed? Yes _____ No _____ If yes, when? _____

If using someone else's vehicle: Name of owner _____
Address _____
Relation to you _____

Is your name on the: Title _____ Registration _____ Loan _____ Insurance _____?

Year _____ Make _____ Model _____ Type _____

Condition of vehicle: Good _____ Fair _____ Poor _____ Mileage _____

Income

Client 1
Occupation _____
Name of employer _____
Address _____

Employed since _____
Hours worked per week _____
Hourly rate: \$ _____ per hour
Or
Salary (gross) \$ _____
Pay frequency (circle one): Weekly,
Every other week, Twice a month, Monthly

Client 2
Occupation _____
Name of employer _____
Address _____

Employed since _____
Hours worked per week _____
Hourly rate: \$ _____ per hour
Or
Salary (gross) \$ _____
Pay frequency (circle one): Weekly,
Every other week, Twice a month, Monthly

List additional jobs on the back of this form

List the amount of Social Security income that you and/or your spouse **received** during each of the last 6 calendar months, the year-to-date total, and the totals for each of the past two years:

<u>Month</u>	<u>Client 1</u>	<u>Client 2</u>
1. _____	\$ _____	\$ _____
2. _____	\$ _____	\$ _____
3. _____	\$ _____	\$ _____
4. _____	\$ _____	\$ _____
5. _____	\$ _____	\$ _____
6. _____	\$ _____	\$ _____
2021 YTD	\$ _____	\$ _____
2020 Total	\$ _____	\$ _____
2019 Total	\$ _____	\$ _____

List the amount of pension and retirement income, other than Social Security benefits, that you and/or your spouse **received** during each of the last 6 calendar months, the year-to-date total, and the totals for each of the past two years, and identify the source of the compensation:

Month	Client 1		Client 2	
	Source	Amount	Source	Amount
1. _____	_____	\$ _____	_____	\$ _____
2. _____	_____	\$ _____	_____	\$ _____
3. _____	_____	\$ _____	_____	\$ _____
4. _____	_____	\$ _____	_____	\$ _____
5. _____	_____	\$ _____	_____	\$ _____
6. _____	_____	\$ _____	_____	\$ _____
2021 YTD	_____	\$ _____	_____	\$ _____
2020 Total	_____	\$ _____	_____	\$ _____
2019 Total	_____	\$ _____	_____	\$ _____

List the amount of gross receipts **received** and the amounts of ordinary and necessary operating expenses incurred by you and/or your spouse from rent and other real property income during each of the last 6 calendar months, the year-to-date total, and the totals for each of the past two years, and identify the source of the compensation:

Month	Client 1		Client 2	
	Source	Amount	Source	Amount
1. _____	_____	\$ _____	_____	\$ _____
2. _____	_____	\$ _____	_____	\$ _____
3. _____	_____	\$ _____	_____	\$ _____
4. _____	_____	\$ _____	_____	\$ _____
5. _____	_____	\$ _____	_____	\$ _____
6. _____	_____	\$ _____	_____	\$ _____
2021 YTD	_____	\$ _____	_____	\$ _____
2020 Total	_____	\$ _____	_____	\$ _____
2019 Total	_____	\$ _____	_____	\$ _____

List the amount of interest, dividends and royalties that you and/or your spouse **received** during each of the last 6 calendar months, the year-to-date total, and the totals for each of the past two years, and identify the source of the compensation:

	Client 1		Client 2	
Month	Source	Amount	Source	Amount
1. _____	_____	\$ _____	_____	\$ _____
2. _____	_____	\$ _____	_____	\$ _____
3. _____	_____	\$ _____	_____	\$ _____
4. _____	_____	\$ _____	_____	\$ _____
5. _____	_____	\$ _____	_____	\$ _____
6. _____	_____	\$ _____	_____	\$ _____
2021 YTD	_____	\$ _____	_____	\$ _____
2020 Total	_____	\$ _____	_____	\$ _____
2019 Total	_____	\$ _____	_____	\$ _____

List the amount of unemployment compensation **received** by you and/or your spouse during each of the last 6 calendar months, the year-to-date total, and the totals for each of the past two years, and identify the source of the compensation:

	Client 1		Client 2	
Month	Source	Amount	Source	Amount
1. _____	_____	\$ _____	_____	\$ _____
2. _____	_____	\$ _____	_____	\$ _____
3. _____	_____	\$ _____	_____	\$ _____
4. _____	_____	\$ _____	_____	\$ _____
5. _____	_____	\$ _____	_____	\$ _____
6. _____	_____	\$ _____	_____	\$ _____
2021 YTD	_____	\$ _____	_____	\$ _____
2020 Total	_____	\$ _____	_____	\$ _____
2019 Total	_____	\$ _____	_____	\$ _____

List the amount and recipient of alimony or spousal maintenance you or your spouse **received** during each of the last 6 calendar months, the year-to-date total, and the totals for each of the past two years, and identify the source of the compensation:

	Client 1		Client 2	
Month	Source	Amount	Source	Amount
1. _____	_____	\$ _____	_____	\$ _____
2. _____	_____	\$ _____	_____	\$ _____
3. _____	_____	\$ _____	_____	\$ _____
4. _____	_____	\$ _____	_____	\$ _____
5. _____	_____	\$ _____	_____	\$ _____
6. _____	_____	\$ _____	_____	\$ _____
2021 YTD	_____	\$ _____	_____	\$ _____
2020 Total	_____	\$ _____	_____	\$ _____
2019 Total	_____	\$ _____	_____	\$ _____

List the amount of child support you or your spouse **received** on behalf of a dependent in your household during each of the last 6 calendar months, the year-to-date total, and the totals for each of the past two years, and identify the source of the compensation:

	Client 1		Client 2	
Month	Source	Amount	Source	Amount
1. _____	_____	\$ _____	_____	\$ _____
2. _____	_____	\$ _____	_____	\$ _____
3. _____	_____	\$ _____	_____	\$ _____
4. _____	_____	\$ _____	_____	\$ _____
5. _____	_____	\$ _____	_____	\$ _____
6. _____	_____	\$ _____	_____	\$ _____
2021 YTD	_____	\$ _____	_____	\$ _____
2020 Total	_____	\$ _____	_____	\$ _____
2019 Total	_____	\$ _____	_____	\$ _____

List the amount of income from any source not listed above **received** by you and/or your spouse during each of the last 6 calendar months, the year-to-date total, and the totals for each of the past two years, and identify the source of the compensation.

	Client 1		Client 2	
Month	Source	Amount	Source	Amount
1. _____	_____	\$ _____	_____	\$ _____
2. _____	_____	\$ _____	_____	\$ _____
3. _____	_____	\$ _____	_____	\$ _____
4. _____	_____	\$ _____	_____	\$ _____
5. _____	_____	\$ _____	_____	\$ _____
6. _____	_____	\$ _____	_____	\$ _____
2021 YTD	_____	\$ _____	_____	\$ _____
2020 Total	_____	\$ _____	_____	\$ _____
2019 Total	_____	\$ _____	_____	\$ _____

Monthly Expenses

Fill in the estimated amount you pay **OUT OF POCKET** each month for each item listed below. Do not include any amounts deducted from paychecks. Prorate any payments **to show a monthly rate**:

Rent/1st mortgage \$ _____ Taxes and insurance included? Y or N 2nd mortgage \$ _____ Heat \$ _____ Electric \$ _____ Water/sewer \$ _____ Phone \$ _____ Cable \$ _____ Cell Phone \$ _____ Internet \$ _____ Home maintenance \$ _____ Food \$ _____ Clothing \$ _____ Laundry/Dry cleaning \$ _____ Medical & Dental Expenses - copays, prescriptions, etc. (out of pocket only) \$ _____ Personal care \$ _____ Gasoline, Bus, Parking, Tolls \$ _____ Recreation, club memberships, entertainment, etc. \$ _____ Charitable Contributions \$ _____ Child/spousal Support \$ _____	Tax payment \$ _____ Student loans \$ _____ HOA \$ _____ Insurance Homeowners/ Renters \$ _____ Life \$ _____ Health (out of pocket only) \$ _____ Auto \$ _____ Other (specify) \$ _____ Car Payment \$ _____ Car Payment \$ _____ Children's activities (lunches, sports, etc.) Activity: _____ \$ _____ Activity: _____ \$ _____ Activity: _____ \$ _____ Activity: _____ \$ _____ Day care \$ _____ Pet care \$ _____ Storage Unit \$ _____ Other (specify) \$ _____
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Total monthly expenses \$ _____

Please describe any significant increase or decrease in your expenses expected over the next year:

List the total amount of expenses that you **paid** or incurred during each of the last 6 calendar months for education that was a condition of your employment and for education that is required for a physically or mentally challenged dependent child for whom no public education providing similar services is available.

<u>Month</u>	<u>Amount of Expenses</u>
1. _____	\$ _____
2. _____	\$ _____
3. _____	\$ _____
4. _____	\$ _____
5. _____	\$ _____
6. _____	\$ _____

List the total amount of expenses that you **paid** or incurred for child care during each of the last 6 calendar months. Do not include payments made for a child's education.

<u>Month</u>	<u>Amount of Expenses</u>
1. _____	\$ _____
2. _____	\$ _____
3. _____	\$ _____
4. _____	\$ _____
5. _____	\$ _____
6. _____	\$ _____

List the total amount that you **paid** or incurred during the last 6 calendar months for healthcare expenses that were not reimbursed by insurance or paid using a health savings account. Do not include health insurance premiums.

<u>Month</u>	<u>Amount of Expenses</u>
1. _____	\$ _____
2. _____	\$ _____
3. _____	\$ _____
4. _____	\$ _____
5. _____	\$ _____
6. _____	\$ _____

List the amount of expenses, if any, that you **paid** or incurred during each of the last 6 calendar months for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or your immediate family who is unable to pay for these expenses (including any of your parents, grandparents, siblings, children and grandchildren, or any other dependents).

<u>Month</u>	<u>Amount of Expenses</u>
1. _____	\$ _____
2. _____	\$ _____
3. _____	\$ _____
4. _____	\$ _____
5. _____	\$ _____
6. _____	\$ _____

List the total amount of expenses that you **paid** or incurred during each of the last 6 calendar months in providing elementary and secondary education for your dependent children who are 18 or younger.

<u>Month</u>	<u>Amount of Expenses</u>
1. _____	\$ _____
2. _____	\$ _____
3. _____	\$ _____
4. _____	\$ _____
5. _____	\$ _____
6. _____	\$ _____

Attach statements, receipts, and other documents verifying the amounts shown above.

List the total amount of expenses that you **paid** or incurred during each of the last 6 calendar months on a domestic support obligation such as child support and alimony.

<u>Month</u>	<u>Amount of Expenses</u>
1. _____	\$ _____
2. _____	\$ _____
3. _____	\$ _____
4. _____	\$ _____
5. _____	\$ _____
6. _____	\$ _____

Total of payments in the last 12 months \$ _____

Name and address of recipient _____

Do you owe any past due and unpaid child support, alimony, or other domestic support obligation? _____ How much? \$ _____. Please create a debt sheet for this obligation.

Have you **transferred money or property to (or for the benefit of) a relative or business associate**, other than a domestic support obligation, within the last 365 days? _____

Name and address of creditor, Creditor's relationship to you, Date of payment, Amount paid, Amount still owed.

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

If you owe taxes, list them below. Taxes are generally not discharged in bankruptcy, but should be listed regardless. Please provide Tax Account Transcripts or bills for any year which you owe. Transcripts can be obtained at [irs.gov/Individuals/Get-Transcript](https://www.irs.gov/Individuals/Get-Transcript). **The taxes must also be listed on debt sheets.**

Federal: Amount \$ _____ year _____ date filed _____

Amount \$ _____ year _____ date filed _____

Amount \$ _____ year _____ date filed _____

State: Amount \$ _____ year _____ date filed _____

Amount \$ _____ year _____ date filed _____

Amount \$ _____ year _____ date filed _____

Other: Amount \$ _____ year _____ date filed _____

Any unfiled taxes? If so, which years: _____

Notes regarding taxes: _____

Do you expect to receive a tax refund this year? _____

If so, please state estimated amounts: Federal \$ _____ State \$ _____

Please provide the requested information regarding last year's tax returns and be specific as it **will affect your bankruptcy**

Date returns filed: Federal _____ State _____

Amount of refund: Federal _____ State _____

Date refund received: Federal _____ State _____

Or amount owing: Federal _____ State _____

If you received tax refunds for last year's returns, what did you spend the money on?
Did you repay any debts to friends or family members? If yes, to whom, when, and how much?

Please list **NAMES AND ADDRESSES** OF ANY COSIGNER who is also liable on any of your debts (not including your spouse in a joint case).

Name _____ Relationship _____

Address _____

Debt _____

Did you pay **ANY SINGLE** unsecured creditor (not mortgage or car payment) more than \$600.00 in the 90 days before you filed bankruptcy? Yes _____ No _____

Name of creditor _____ amount \$ _____

Date paid _____

Furnish the following information on any **lawsuits or garnishments** in which you have been involved. **Prepare and provide debt sheets for associated debts.**

Caption of Suit	Case #	Nature of Proceeding (personal injury, debt collection, etc.)

Location of Court	Status of case (pending, judgment entered, etc?)

Are your wages currently being garnished? _____ If yes, by whom?

_____ **Please provide a copy of the court order.**

Has any property been **repossessed, foreclosed or returned**? _____

If yes, indicate the following: **Prepare and provide debt sheets for associated debts.**

Name & Address of creditor

Date of Repo/Foreclosure	Description and Value of Property

If applicable, list deficiency amount(s) _____

Have you **sold, transferred or disposed of any real estate or personal property** within the last 4 years?

_____ If so, what was sold, transferred, or disposed of, and what money or other consideration did you receive for that transfer or sale? _____

To whom was it sold or transferred (name and address): _____

When was it sold, transferred or disposed of (date)? _____

If it was a home, list the address _____

List the total amount of **charitable contributions including church tithes** that you paid during each of the last 6 calendar months.

<u>Month</u>	<u>Amount of Contributions</u>	<u>Name of Charity</u>
1. _____	\$ _____	_____
2. _____	\$ _____	_____
3. _____	\$ _____	_____
4. _____	\$ _____	_____
5. _____	\$ _____	_____
6. _____	\$ _____	_____

Complete the following showing any **losses from fire, theft, other casualty, or from gambling**, that you or your spouse have incurred during the last 365 days.

Type of loss	Property lost	Date of loss	Amount of loss covered by insurance?	Person who incurred the loss
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Please **LIST ALL BANK ACCOUNTS** held in your name that have been **closed** in the past 12 months:

Bank name and Address

Type of Account and #	Amount of final balance	Closing date	Reason for closing
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Bank name and Address

Type of Account and #	Amount of final balance	Closing date	Reason for closing
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Please list any **previous addresses for the last 3 years (not current address)**:

Address City, State, Zip code

Name used Dates of occupancy

Address City, State, Zip code

Name used Dates of occupancy

Address City, State, Zip code

Name used Dates of occupancy

Please review this form for accuracy and completeness. Any errors or omissions can cause a delay in the preparation of your bankruptcy and will negatively impact your case.

I/we do hereby state that the foregoing is complete, true, and correct to the best of my/our knowledge.

Client 1 Date

Client 2 Date

Please return to:

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