

**QUESTIONNAIRE**

PLEASE DO NOT LEAVE ANY LINES BLANK. ANSWER EACH QUESTION TO THE BEST OF YOUR ABILITY. IF A QUESTION DOES NOT APPLY TO YOU, PLEASE PUT N/A. ALSO AT THE END OF THIS QUESTIONNAIRE, THERE IS SPACE FOR ANY QUESTIONS OR CONCERNS THAT YOU HAVE.

**\*REMEMBER TO BRING THIS QUESTIONNAIRE TO YOUR APPOINTMENT.**

**NAME**

(His) \_\_\_\_\_

(Her) \_\_\_\_\_

**PHONE NUMBER(S)**

(His) Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

(Her) Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

**E-MAIL ADDRESS**

(His) \_\_\_\_\_

(Her) \_\_\_\_\_

**LIST ALL OTHER NAMES YOU ARE KNOWN BY, ALSO, LIST MAIDEN NAME IF YOU ARE MARRIED.**

(His) \_\_\_\_\_

(Her) \_\_\_\_\_

**IF SELF EMPLOYED, PLEASE LIST FEDERAL TAX ID # \_\_\_\_\_**

**SOCIAL SECURITY NUMBER:**

(His) \_\_\_\_\_ Date of Birth \_\_\_\_\_ mo/day/year

(Her) \_\_\_\_\_ Date of Birth \_\_\_\_\_ mo/day/year

**WHAT COUNTY DO YOU LIVE IN?**

(His) \_\_\_\_\_ (Her) \_\_\_\_\_

**LIST THE ADDRESS WHERE YOU RECEIVE YOUR MAIL.**

\_\_\_\_\_  
\_\_\_\_\_

**IF THE ABOVE ADDRESS IS DIFFERENT FROM THE ADDRESS WHERE YOU LIVE, PLEASE LIST THE ADDRESS BELOW.**

\_\_\_\_\_  
\_\_\_\_\_

**HAVE YOU FILED A BANKRUPTCY BEFORE? IF YES, PLEASE COMPLETE THE FOLLOWING INFORMATION.**

Location Where You Filed. \_\_\_\_\_  
Case Number. \_\_\_\_\_  
Date You Filed. \_\_\_\_\_

**Have you filed State & Federal Tax Returns for years 2013, 2014, 2015, 2016?**

\_\_\_\_\_yes \_\_\_\_\_no (Copies of Federal & State Tax Returns and W-2's will be needed)

**Have you lived in any other state, other than North Carolina, during the last two years? \_\_\_\_\_yes \_\_\_\_\_no**

**DO YOU HAVE A LEASE OR CONTRACT WITH ANYONE? ARE YOU LEASING A VEHICLE? PLEASE LIST ANY LEASE OR CONTRACT YOU HAVE SIGNED.**

What kind of lease? (vehicle, rent) \_\_\_\_\_

Who is lease with? \_\_\_\_\_

When did lease begin? \_\_\_\_\_ When does lease end? \_\_\_\_\_

**ARE YOU A CO-DEBTOR OR HAVE YOU CO-SIGNED AN ANY ACCOUNTS? HAS ANYONE CO-SIGNED ON ANY OF YOUR ACCOUNTS? IF YES, PLEASE COMPLETE THE FOLLOWING:**

Name and Address of Co-Signer/Co-Debtor \_\_\_\_\_

\_\_\_\_\_

List the account(s) that they or you signed on: \_\_\_\_\_

\_\_\_\_\_

**PLEASE LIST YOUR GROSS INCOME FOR THE FOLLOWING YEARS IF YOU WERE EMPLOYED OR RECEIVED ANY KIND OF INCOME. PLEASE LIST THE AMOUNT AND TYPE OF INCOME RECEIVED. (FOR EXAMPLE: I RECEIVED \$10,000.00 FROM MY JOB OR \$10,000.00 FROM SOC SEC, SSI, ETC.)**

(His) 2017 \_\_\_\_\_

2016 \_\_\_\_\_

2015 \_\_\_\_\_

(Her) 2017 \_\_\_\_\_

2016 \_\_\_\_\_

2015 \_\_\_\_\_

**DO YOU HAVE YOUR OWN BUSINESS OR HAVE YOUHAD YOUR OWN BUSINESS IN THE PAST 4 YEARS? IF YES, PLEASE COMPLETE THE FOLLOWING:**

Name of Business? \_\_\_\_\_

Type of Business? \_\_\_\_\_

When did Business begin? \_\_\_\_\_

When did Business end? \_\_\_\_\_

**Federal Tax Id#:(Required)** \_\_\_\_\_

**ARE YOU FACING A FORECLOSURE ON YOUR HOME?** \_\_\_\_\_ **Yes** \_\_\_\_\_ **No**  
**HEARING DATE?** \_\_\_\_\_ **SALE DATE?** \_\_\_\_\_

**\*PLEASE ATTACH COPY OF FORECLOSURE PAPERWORK TO THIS QUESTIONNAIRE.\***

**HAVE YOU RECEIVED ANY LAWSUITS OR JUDGMENTS AGAINST YOU? IF YES, PLEASE ATTACH A COPY OF THE LAWSUIT AND/OR JUDGMENT. ALSO, PLEASE LIST THE LAWSUIT AND/OR JUDGMENT BELOW:**

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**HAVE YOU MADE ANY PAYMENTS TO AN INDIVIDUAL CREDITOR IN THE LAST 90 DAYS TOTALING \$600.00 OR MORE? IF YES, PLEASE LIST THE CREDITOR NAME, ADDRESS, AMOUNT & DATE PAID.**

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**HAVE YOU REPAID ANY LOANS TO RELATIVES IN THE PAST YEAR? IF YES, PLEASE LIST NAME, ADDRESS, AMOUNT & DATE PAID.**

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**HAVE YOU RETURNED ANY PROPOERTY OR HAD ANY PROPERTY REPOSSESSED OR FORCLOSED ON? IF YES, PLEASE COMPLETE THE FOLLOWING:**

Type of property (home, vehicle, furniture, etc.) \_\_\_\_\_

List Creditor that took property \_\_\_\_\_

List the date property was taken or returned \_\_\_\_\_

**HAVE YOU TRANSFERRED ANY PROPERTY WITHIN THE LAST FOUR YEARS? IF YES, PLEASE COMPLETE THE FOLLOWING:**

Type of property transferred? \_\_\_\_\_

Date of Transfer? \_\_\_\_\_

Who was the property transferred to? \_\_\_\_\_

**HAVE YOU MADE ANY PAYMENTS TO ANYONE CONCERNING DEBT COUNSELING? IF YES, PLEASE LIST WHO AND THE AMOUNT PAID BELOW:**

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**HAVE YOU OBTAINED ANY CREDIT COUNSELING WITHIN THE LAST 180 DAYS? IF YES, PLEASE DESCRIBE:** \_\_\_\_\_

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**ARE YOU HOLDING ANY PROPERTY FOR ANYONE ELSE? IF YES, PLEASE LIST NAME AND TYPE OF PROPERTY BELOW:**

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**LIST ALL OTHER ADDRESSES YOU HAVE USED IN THE PAST THREE YEARS AND THE DATES YOU LIVED THERE.**

From \_\_\_\_\_ To \_\_\_\_\_ Address \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_ Address \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_ Address \_\_\_\_\_

**LIST ALL LOSSES FROM FIRE, THEFT, GAMBLING, OR ANY OTHER CASUALTY WITHIN THE PAST YEAR:**

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**LIST ALL GIFTS OR CHARITABLE CONTRIBUTIONS MADE WITHIN THE PAST YEAR EXCEPT ORDINARY AND USUAL GIFTS TO FAMILY MEMBERS AGGREGATING LESS THAN \$200.00 IN VALUE PER INDIVIDUAL FAMILY MEMBER AND CHARITABLE CONTRIBUTIONS AGGREGATING LESS THAN \$100.00 PER RECIPIENT:**

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**REAL PROPERTY**

#1 Do you own **Real Property (home, land)**? \_\_\_\_\_yes \_\_\_\_\_no  
Describe Property (house, acres, lot) \_\_\_\_\_  
Address of this property \_\_\_\_\_  
Is this your residence? \_\_\_\_\_ Date Purchased \_\_\_\_\_ Purchase Price \_\_\_\_\_  
Tax Value \_\_\_\_\_ Insurance Value \_\_\_\_\_

Who has the 1<sup>st</sup> Mortgage on the above property? \_\_\_\_\_  
How much is owed? \_\_\_\_\_ Monthly Payment \_\_\_\_\_  
Are payments behind? \_\_\_\_\_ Amount Behind \_\_\_\_\_

Is there a 2<sup>nd</sup> Mortgage on the Property? \_\_\_\_\_yes \_\_\_\_\_no

Who has the 2<sup>nd</sup> Mortgage on the above property? \_\_\_\_\_  
How much is owed? \_\_\_\_\_ Monthly Payment \_\_\_\_\_  
Are payments behind? \_\_\_\_\_ Amount Behind \_\_\_\_\_

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**(Complete only if you have additional Real Property)**

#2 Do you own additional **Real Property (home, land)**? \_\_\_\_\_yes \_\_\_\_\_no  
Describe Property (house, acres, lot) \_\_\_\_\_  
Address of this property \_\_\_\_\_  
Is this your residence? \_\_\_\_\_ Date Purchased \_\_\_\_\_ Purchase Price \_\_\_\_\_  
Tax Value \_\_\_\_\_ Insurance Value \_\_\_\_\_

Who has the 1<sup>st</sup> Mortgage on the above property? \_\_\_\_\_  
How much is owed? \_\_\_\_\_ Monthly Payment \_\_\_\_\_  
Are payments behind? \_\_\_\_\_ Amount Behind \_\_\_\_\_

Is there a 2<sup>nd</sup> Mortgage on the Property? \_\_\_\_\_yes \_\_\_\_\_no

Who has the 2<sup>nd</sup> Mortgage on the above property? \_\_\_\_\_  
How much is owed? \_\_\_\_\_ Monthly Payment \_\_\_\_\_  
Are payments behind? \_\_\_\_\_ Amount Behind \_\_\_\_\_

(Please list any additional personal property and attached to questionnaire.)

**PROPERTY**

#1 Do you own a **mobile home**? \_\_\_\_\_ yes \_\_\_\_\_ no Is this your Residence? \_\_\_\_\_

Description: **Size** \_\_\_\_\_ **Make** \_\_\_\_\_ **Model** \_\_\_\_\_ **Year** \_\_\_\_\_

Amount of lien: \_\_\_\_\_ Date of Loan \_\_\_\_\_ Monthly Payments \_\_\_\_\_

Lien Holder \_\_\_\_\_

(Please list any additional personal property and attached to questionnaire.)

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Do you own a motor **vehicle**? \_\_\_\_\_ yes \_\_\_\_\_ no

#1 Description: **Year** \_\_\_\_\_ **Make** \_\_\_\_\_ **Model** \_\_\_\_\_ **Mileage** \_\_\_\_\_

Amount of Lien: \_\_\_\_\_ Date of Loan: \_\_\_\_\_ Lien Holder: \_\_\_\_\_

Monthly payment: \_\_\_\_\_ Are you behind on payments? \_\_\_\_\_ yes \_\_\_\_\_ no

Owner: \_\_\_\_\_ husband \_\_\_\_\_ wife \_\_\_\_\_ both

#2 Description: **Year** \_\_\_\_\_ **Make** \_\_\_\_\_ **Model** \_\_\_\_\_ **Mileage** \_\_\_\_\_

Amount of Lien: \_\_\_\_\_ Date of Loan: \_\_\_\_\_ Lien Holder: \_\_\_\_\_

Monthly payment: \_\_\_\_\_ Are you behind on payments? \_\_\_\_\_ yes \_\_\_\_\_ no

Owner: \_\_\_\_\_ husband \_\_\_\_\_ wife \_\_\_\_\_ both

#3 Description: **Year** \_\_\_\_\_ **Make** \_\_\_\_\_ **Model** \_\_\_\_\_ **Mileage** \_\_\_\_\_

Amount of Lien: \_\_\_\_\_ Date of Loan: \_\_\_\_\_ Lien Holder: \_\_\_\_\_

Monthly payment: \_\_\_\_\_ Are you behind on payments? \_\_\_\_\_ yes \_\_\_\_\_ no

Owner: \_\_\_\_\_ husband \_\_\_\_\_ wife \_\_\_\_\_ both

#4 Description: **Year** \_\_\_\_\_ **Make** \_\_\_\_\_ **Model** \_\_\_\_\_ **Mileage** \_\_\_\_\_

Amount of Lien: \_\_\_\_\_ Date of Loan: \_\_\_\_\_ Lien Holder: \_\_\_\_\_

Monthly payment: \_\_\_\_\_ Are you behind on payments? \_\_\_\_\_ yes \_\_\_\_\_ no

Owner: \_\_\_\_\_ husband \_\_\_\_\_ wife \_\_\_\_\_ both

**BANK ACCOUNT(S)?**

**If yes, please complete the following information.**

Type of Account	Amount of Money	Name of Bank
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Do you have a Safe Deposit Box? \_\_\_\_\_yes \_\_\_\_\_no

Have you closed a Safe Deposit Box in the past year? \_\_\_\_\_yes \_\_\_\_\_no

Have you closed any Bank accounts in the last year? \_\_\_\_\_yes \_\_\_\_\_no Date Closed \_\_\_\_\_  
Type of Account (Checking/Savings/Other \_\_\_\_\_) Account Balance at Closing \$ \_\_\_\_\_  
Name of Bank \_\_\_\_\_

Do you have stocks or bonds? \_\_\_\_\_yes \_\_\_\_\_no

Do you have a Bank Certificate of Deposit or Money Market? \_\_\_\_\_yes \_\_\_\_\_no

Do you have a 401K plan, IRA, or other Retirement account? \_\_\_\_\_yes \_\_\_\_\_no Cash Value \_\_\_\_\_  
Name of Retirement/Benefit Company \_\_\_\_\_

Do you have Life Insurance? \_\_\_\_\_yes \_\_\_\_\_no Amount of Cash Surrender Value? \_\_\_\_\_  
Term/Whole Life Policy \_\_\_\_\_ Name of Beneficiary \_\_\_\_\_ Relationship \_\_\_\_\_  
Name of Insurance Company \_\_\_\_\_

Does anyone owe money to you? \_\_\_\_\_yes \_\_\_\_\_no Amount owed? \_\_\_\_\_

Do you have a pending Claim or lawsuit for a personal injury, accident, worker's compensation, or disability? \_\_\_\_\_yes \_\_\_\_\_no

If yes, list type of claim pending: \_\_\_\_\_

Will you be inheriting any property within the next 6 months? If yes, please describe:

\_\_\_\_\_  
\_\_\_\_\_

Will you receive any property as a result of a divorce or separation agreement within the next 6 months?

\_\_\_\_\_  
\_\_\_\_\_

Have you filed a lawsuit or do you have a basis to file a lawsuit against anyone? \_\_\_\_\_yes \_\_\_\_\_no  
If yes, list type of lawsuit:

\_\_\_\_\_

**(If you have entered into a Separation Agreement, Court Order concerning custody, child support, spousal support, and/or a Divorce Settlement, please attach a copy.)**

**HOUSEHOLD GOODS****List all Household Furnishings and current market value.**DescriptionValue  
(How much it's worth)

Clothing/personal items \_\_\_\_\_

Jewelry (costume, watches, engagement/wedding rings) \_\_\_\_\_

Kitchen appliances (toaster, microwave) \_\_\_\_\_

Stove \_\_\_\_\_

Refrigerator \_\_\_\_\_

Freezer \_\_\_\_\_

Washing Machine \_\_\_\_\_

Dryer \_\_\_\_\_

Living Room furniture \_\_\_\_\_

Dining Room furniture \_\_\_\_\_

Bedroom furniture \_\_\_\_\_

Air Conditioner \_\_\_\_\_

Lawn Mower \_\_\_\_\_

Yard Tools \_\_\_\_\_

**ELECTRONICS**

TV \_\_\_\_\_

Stereo ( ) Radio ( ) \_\_\_\_\_

VCR ( ) DVD ( ) Video Camera ( ) \_\_\_\_\_

Satellite \_\_\_\_\_

Computer ( ) Printer ( ) \_\_\_\_\_

**EQUIPMENT FOR SPORTS & HOBBIES**

Musical Instrument (\_\_\_\_\_ ) \_\_\_\_\_

Recreational Equipment/Boat (\_\_\_\_\_ ) \_\_\_\_\_

Collections of Value (antiques, figurines, coin, etc) \_\_\_\_\_

**OTHER PERSONAL & HOUSEHOLD ITEMS**

Firearm (\_\_\_\_\_ ) \_\_\_\_\_

401K ( ) State Employees Retirement ( ) other Retirement ( ) \_\_\_\_\_



**OCCUPATION INFORMATION**

**Debtor 1:**

Employers Name: \_\_\_\_\_

Employers Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Employed Since: \_\_\_\_\_

Occupation: \_\_\_\_\_

Payment Period: (circle one)

**Weekly                  Bi-Weekly                  Twice a month                  Monthly**

Gross amount paid per period \_\_\_\_\_

Taxes & Social Security \_\_\_\_\_

Insurance \_\_\_\_\_

Other deductions \_\_\_\_\_

Take home amount each period. \_\_\_\_\_

What is you Gross Income for 2017 \_\_\_\_\_

What is you Gross Income for 2016 \_\_\_\_\_

What is you Gross Income for 2015 \_\_\_\_\_

Do you anticipate a salary increase or decrease in the next twelve (12) months? If yes, what amount? \_\_\_\_\_

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**Debtor 2:**

Employers Name: \_\_\_\_\_

Employers Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Employed Since: \_\_\_\_\_

Occupation: \_\_\_\_\_

Payment Period: (circle one)

**Weekly                  Bi-Weekly                  Twice a month                  Monthly**

Gross amount paid per period \_\_\_\_\_

Taxes & Social Security \_\_\_\_\_

Insurance \_\_\_\_\_

Other deductions \_\_\_\_\_

Take home amount each period. \_\_\_\_\_

What is you Gross Income for 2017 \_\_\_\_\_

What is you Gross Income for 2016 \_\_\_\_\_

What is you Gross Income for 2015 \_\_\_\_\_

Do you anticipate a salary increase or decrease in the next twelve (12) months? If yes, what amount? \_\_\_\_\_

**CHILDREN** (List only the children & grandchildren or other individuals that are currently living with you and that you can claim as dependents under IRS dependency test.)

Age	Relationship
_____	_____
_____	_____
_____	_____
_____	_____

**POSSIBLE OTHER INCOME:**

**AMOUNT RECEIVED**

Social Security	_____
Unemployment Benefits	_____
Pension or Retirement Income	_____
Alimony Received	_____
Child Support Received	_____
Government Benefits (AFDC, Food Stamps, SSI)	_____
Rental Income	_____
Other Income Received	_____

**MONTHLY EXPENSES**

**AMOUNT PAID**

Rent/Mortgage Payment	_____
Are Real Estate Tax included? _____yes _____no	
Is property insurance included? _____yes _____no	
Lot/Land payment:	_____
Monthly Utilities Electricity/Heating Fuel	_____
Water/Sewer	_____
Telephone	_____
Cell Phone	_____
Garbage	_____
Cable/Satellite	_____
Monthly Charitable Contributions (tithes, organizations, etc.)	_____
Home Maintenance	_____
Food	_____
Clothing	_____
Laundry & Dry Cleaning	_____
Medical & Dental Expenses	_____
Transportation (not including car payment)	_____
Recreation, clubs, entertainment, newspaper, etc.	_____
Insurance (Not included from wages or included in home mortgage payments.)	
Homeowner's	_____
Life	_____
Health	_____
Auto	_____
Other: _____	_____
Taxes (Not deducted from wages or included in home mortgage)	
Specify: _____	_____
Payments for support of additional dependents not living with you.	
Paid to whom: _____	_____
Regular expenses from operation of business	_____
Babysitter/Daycare	_____
Lunches	_____
Personal Hygiene (Haircuts, etc.)	_____
Pet Care Expenses (Food, Vet)	_____

Amount of Child Support/Alimony (Spousal Support) \_\_\_\_\_ Paid to Whom? \_\_\_\_\_

**Complete this form ONLY if you are Self Employed**

Business Name: \_\_\_\_\_ Address: \_\_\_\_\_

Telephone No: \_\_\_\_\_ Self Employed Since: \_\_\_\_\_

GROSS Monthly Income for 2017: \_\_\_\_\_

GROSS Monthly Income for 2016: \_\_\_\_\_

GROSS Monthly Income for 2015: \_\_\_\_\_

**MONTHLY BUSINESS EXPENSES**

**AMOUNT PAID**

Rent/Mortgage payment:	_____
Lot/Land payment:	_____
Electricity/Heating Fuel:	_____
Telephone:	_____
Garbage:	_____
Security:	_____
Other Utilities: _____	_____
Insurance:	_____
Taxes:	_____
Rental/Lease Payment:	_____
Maintenance on Equipment:	_____
Advertising:	_____
Bank Service Charge:	_____
Interest:	_____
Depreciation:	_____
Office Expenses:	_____
Dues & Publications:	_____
Supplies & Materials:	_____
Freight:	_____
Travel & Entertainment:	_____
Commissions, Wages, & Salaries:	_____
Employees Benefit Programs:	_____
Pensions/Profit Sharing:	_____
Production Costs:	_____
Other Expenses: _____	_____
_____	_____
_____	_____

**PLEASE READ CAREFULLY**

On the next few sheets, please list everyone you owe money to. **(You are required by law to list everyone you owe.)** List all bills including hospital, personal loans, credit cards, vehicle loans, home loans, furniture accounts, taxes, and any loans owed to relatives. **THE PEOPLE YOU OWE MONEY TO ARE CALLED CREDITORS.** Please complete the following information about your creditors.

**These sheets ask for:**

- Section (1) The name, address, & account number of the person you owe money to.
- Section (2) **Who is responsible for the debt? (Husband, Wife, Joint) Indicate who is responsible for the debt by placing a "H", "W", or "J". If you have or are a co-debtor on an account, please list the account and place a "C" in the box marked C.**
- Section (3) If known, please list the date the debt was incurred.
- Section (4) List the amount of money owed to each creditor and in the amount of the monthly payment.

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**PLEASE PROVIDE OUR OFFICE WITH A COPY OF MOST RECENT STATEMENT FROM EACH CREDITOR.**

<u>Section (1)</u> Creditor Name, Address, & Zip Code	<u>Section (2)</u> C W H J	<u>Section (3)</u> Date claim was incurred & collateral for claim.	<u>Section (4)</u> Amount of Claim & Monthly Payment
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**Example:**

Account No. 01234-5678 GMAC PO Box 1234 Anytown, US 00000	J	1-1-13 2000 Honda Accord	<b>Total Amount:\$<u>2,301.00</u></b>  <b>Monthly Payment:\$<u>89.00</u></b>
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Account No.	Total Amount:\$ _____
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Account No.	Total Amount:\$ _____
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Account No.	Total Amount:\$ _____
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Account No.	Total Amount:\$ _____
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Account No.	Total Amount:\$ _____
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Creditor Name, Address & Zip Code      C W H J      Date claim was incurred & collateral for claim      Amount of Claim & Monthly Payment  
Account No.      Total Amount:\$\_\_\_\_\_

\_\_\_\_\_  
Account No.      Monthly Payment:\$\_\_\_\_\_  
Total Amount:\$\_\_\_\_\_

\_\_\_\_\_  
Account No.      Monthly Payment:\$\_\_\_\_\_  
Total Amount:\$\_\_\_\_\_

\_\_\_\_\_  
Account No.      Monthly Payment:\$\_\_\_\_\_  
Total Amount:\$\_\_\_\_\_

\_\_\_\_\_  
Account No.      Monthly Payment:\$\_\_\_\_\_  
Total Amount:\$\_\_\_\_\_

\_\_\_\_\_  
Account No.      Monthly Payment:\$\_\_\_\_\_  
Total Amount:\$\_\_\_\_\_

\_\_\_\_\_  
Account No.      Monthly Payment:\$\_\_\_\_\_  
Total Amount:\$\_\_\_\_\_

\_\_\_\_\_  
Account No.      Monthly Payment:\$\_\_\_\_\_  
Total Amount:\$\_\_\_\_\_

\_\_\_\_\_  
Monthly Payment:\$\_\_\_\_\_

Creditor Name, Date claim was incurred Amount of Claim &  
Address & Zip Code C W H J & collateral for claim Monthly Payment \_\_\_\_\_  
Account No. Total Amount:\$ \_\_\_\_\_

Monthly Payment:\$ \_\_\_\_\_  
Account No. Total Amount:\$ \_\_\_\_\_

Monthly Payment:\$ \_\_\_\_\_  
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Account No. Total Amount:\$ \_\_\_\_\_

Monthly Payment:\$ \_\_\_\_\_  
Account No. Total Amount:\$ \_\_\_\_\_

Monthly Payment:\$ \_\_\_\_\_

Creditor Name, Date claim was incurred Amount of Claim &  
Address & Zip Code C W H J & collateral for claim Monthly Payment \_\_\_\_\_  
Account No. Total Amount:\$\_\_\_\_\_

Monthly Payment:\$\_\_\_\_\_  
Account No. Total Amount:\$\_\_\_\_\_

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Monthly Payment:\$\_\_\_\_\_  
Account No. Total Amount:\$\_\_\_\_\_

Monthly Payment:\$\_\_\_\_\_  
Account No. Total Amount:\$\_\_\_\_\_

Monthly Payment:\$\_\_\_\_\_

On this sheet, please take the time to list any questions that you may have for the attorney. As you think of questions that you need to ask, please continue to add them to this list.

We have provided you space to write down all the answers to your questions when you come in for your **FREE** consultation.

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Question: \_\_\_\_\_

\_\_\_\_\_

Answer: \_\_\_\_\_

\_\_\_\_\_

Question: \_\_\_\_\_

\_\_\_\_\_

Answer: \_\_\_\_\_

\_\_\_\_\_

Question: \_\_\_\_\_

\_\_\_\_\_

Answer: \_\_\_\_\_

\_\_\_\_\_

Question: \_\_\_\_\_

\_\_\_\_\_

Answer: \_\_\_\_\_

\_\_\_\_\_