

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 2015, 2016, 2017, 2018?
_____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) 2019 _____

2018 _____

2017 _____

(Her) 2019 _____

2018 _____

2017 _____

DO YOU HAVE YOUR OWN BUSINESS OR HAVE YOU HAD 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 WITHIN ONE YEAR? IF YES, PLEASE ATTACH A COPY OF THE LAWSUIT AND/OR JUDGMENT. ALSO, PLEASE LIST THE LAWSUIT AND/OR JUDGMENT BELOW:

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.

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

HAVE YOU RETURNED ANY PROPERTY OR HAD ANY PROPERTY REPOSSESSED OR FORECLOSED 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 TWO 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 WITHIN ONE YEAR? IF YES, PLEASE LIST WHO AND THE AMOUNT PAID BELOW:

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

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

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:

LIST ALL GIFTS OR CHARITABLE CONTRIBUTIONS MADE WITHIN THE PAST TWO YEARS, EXCEPT ORDINARY AND USUAL GIFTS TO FAMILY MEMBERS, MORE THAN \$600.00 IN VALUE PER CHARITABLE CONTRIBUTIONS:

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 1st Mortgage on the above property? _____
How much is owed? _____ Monthly Payment _____
Are payments behind _____yes _____no Amount Behind \$ _____

Is there a 2nd Mortgage on the Property? _____yes _____no

Who has the 2nd Mortgage on the above property? _____
How much is owed? _____ Monthly Payment _____
Are payments behind _____yes _____no Amount Behind \$ _____

(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 1st Mortgage on the above property? _____
How much is owed? _____ Monthly Payment _____
Are payments behind _____yes _____no Amount Behind \$ _____

Is there a 2nd Mortgage on the Property? _____yes _____no

Who has the 2nd Mortgage on the above property? _____
How much is owed? _____ Monthly Payment _____
Are payments behind _____yes _____no 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.)

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	Joint/Individual	Name of Bank	Amount of Money
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Do you have a Safe Deposit Box _____yes _____no Contents _____

Who has access to box _____

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 Name of Bank _____

Type of Account (Checking/Savings/Other) _____ Account Balance at Closing \$ _____

Date Closed _____

Do you have stocks or bonds _____yes _____no

Do you have a Certificate of Deposit or Money Market _____yes _____no

Do you have a 401K plan, IRA, or other Retirement account _____yes _____no

Name of Retirement/Benefit Company _____ Cash Value \$ _____

Do you have Life Insurance _____yes _____no Name of Insurance Company _____

Term _____or Whole _____ Name of Beneficiary _____ Relationship _____

Amount of Cash Surrender Value \$ _____

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?

If yes, please describe:

Have you filed a lawsuit or do you have a basis to file a lawsuit against anyone? 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 2019 _____

What is you Gross Income for 2018 _____

What is you Gross Income for 2017 _____

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

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 2019 _____

What is you Gross Income for 2018 _____

What is you Gross Income for 2017 _____

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 2019: _____

GROSS Monthly Income for 2018: _____

GROSS Monthly Income for 2017: _____

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.

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	Total Amount: <u>\$2,301.00</u> Monthly Payment: <u>\$89.00</u>
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Account No.	Total Amount: \$ _____
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	Monthly Payment: \$ _____
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Account No.	Total Amount: \$ _____
-------------	------------------------

	Monthly Payment: \$ _____
--	---------------------------

Account No.	Total Amount: \$ _____
-------------	------------------------

	Monthly Payment: \$ _____
--	---------------------------

Account No.	Total Amount: \$ _____
-------------	------------------------

	Monthly Payment: \$ _____
--	---------------------------

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:\$ _____

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Total Amount:\$ _____

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Total Amount:\$ _____

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

Account No. Monthly Payment:\$ _____

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:\$ _____

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Total Amount:\$ _____

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Total Amount:\$ _____

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

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

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

Monthly Payment:\$ _____

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:\$ _____

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.

Question: _____

Answer: _____

Question: _____

Answer: _____

Question: _____

Answer: _____

Question: _____

Answer: _____
