

CHECK LIST FOR NEXT APPOINTMENT

Complete everything on this checklist before your next appointment.

You will need to provide the following paperwork along with the questionnaire. As you complete each item check it off. If an item does not apply to you mark N/A. If you are unable to provide the information please provide the reason you cannot obtain the information.

1. Take your credit counseling from one of the places on the “Approved Credit Counseling Agencies” sheet that is enclosed.

2. The last **seven** months of pay stubs from all sources of income for you and all persons residing in your home who provide income to your household.

Continue to send copies of your stubs to us until your bankruptcy is filed.
If you do not have copies of your stubs get copies from your employer.

3. Accounting of any other income from the last **seven** months (for example social security notices, from sale of property, child support, rental income). List on **reverse side** all income for which there is no documentation (tips, lottery winnings etc).

4. Your federal **and** state tax returns for the last **two** years.

5. Paperwork from lawsuits (for example divorce decrees and divorce property settlement agreements, petitions, judgments).

6. **Three** months of bank statements for you and anyone else who provides income to the household or from anyone with whom you deposit income.

7. Current vehicle registrations for all vehicles and mobile homes on which you are listed.

8. Loan documents for: _____

10. Sign and return the Bankruptcy Fee Contract.

11. Other: _____

Credit Counseling to Be Done Before You Can File Bankruptcy

Approved Credit Counseling Agencies*

Internet – Can be done immediately.

www.abacuscc.org

24/7, fast (30 minutes typically), costs \$25.00.

In person, phone, or internet.

Consumer Credit Counseling Service, Inc. (May take several days to get an appointment.)

Wichita Office:

105 S. Broadway

Ninth Floor

Wichita, KS 67202

316-265-2000

www.kscgccs.org

Salina Office:

1201 W. Walnut

Salina, KS 67401

785-827-6731

or 800-279-2227

You may have your certificate of completion of credit counseling e-mailed to:

staff@astlelaw.com

(Your certificate is good for 180 days.)

* For a complete list of all approved agencies you may go to the US Trustee web site at http://www.usdoj.gov/ust/eo/bapcpa/ccde/cc_approved.htm

BANKRUPTCY QUESTIONNAIRE

You may download additional copies of this form from our web site at www.astlelaw.com

After you've completed this questionnaire call my office for an appointment at which time we will go over it together. My phone number is (316) 262-7696. If you live out of town you may mail (or fax at 316-262-1536) the materials back to me and I'll set up a phone appointment.

FILING STATUS:
(CHECK ONE)

Individual and unmarried
 Individual, married, and living apart
 Individual, married, and living together
 Husband and wife and living together
 Husband and wife but living apart

CLIENT INFORMATION

Name: _____
(First) (Full Middle Name) (Last)

Your social security number: | _ | _ | _ | - | _ | _ | - | _ | _ | _ | _ | .

Phone: Home: () _____ Work: () _____ Cell: () _____

If this is an individual bankruptcy, or if your spouse is not filing, don't answer the questions about your spouse.

Name of spouse: _____
(First) (Middle Name) (Last)

Spouse's social security: | _ | _ | _ | - | _ | _ | - | _ | _ | _ | _ | .

Spouse's Phone: Home: () _____ Work: () _____ Cell: () _____

Name and address of someone living locally who will always know where you can be contacted.

Name: _____ Relationship: _____
Address: _____ City, State: _____ Phone: _____

Have you been a resident of Kansas for the last ninety days? Yes No

Your driver's license number: _____ State _____ D.O.B. _____

Spouse's driver's license number: _____ State _____ D.O.B. _____

List your addresses for the last three years. If you don't know the street address, list the city and state.

Current street address: _____ City, State, Zip: _____

Mailing address (if different): _____ City, State, Zip: _____

Spouse current (if different) _____ City, State, Zip: _____

Your County: _____ Spouse's County: _____

Prior: _____ City, State: _____

Dates at this address: _____ to _____

Prior: _____ City, State: _____

Dates at this address: _____ to _____

If you have an e-mail address that we may use to communicate confidentially with you during the bankruptcy and that you check daily please provide it below:

| _ | _ | _ | _ | _ | _ | _ | _ | _ | _ | _ | _ | _ | _ | _ | _ | _ | _ | _ | _ | _ | _ |

Within the last eight years have you resided in a community property state (Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas Washington, or Wisconsin)? _____

If you or your spouse used any other names or social security numbers in the last eight years please list them below.

You: _____ Other social security number: _____

Your Spouse: _____ Other social security number: _____

If you or your spouse ever filed a bankruptcy before, please answer the following:

Date your bankruptcy case was filed: _____ Case # _____

City and state bankruptcy was filed: _____

Date your spouse's bankruptcy case was filed: _____ Case # _____

City and state bankruptcy was filed: _____

EMPLOYMENT/INCOME

Name and address of your current employer:

Company Name: _____

Address: _____ City _____ Zip _____

How long at this job? _____ Job title: _____

List the names of **any** other employers for the last **six** months:

Name _____

Name _____

For this job or any other jobs please list the following wage information for **each** of the following years (approximations are acceptable):

Your total wages before any deductions for the year 2010: \$ _____

Your total wages before any deductions for the year 2011: \$ _____

Your total wages before any deductions for the year 2012: \$ _____ (so far this year)

If you expect to receive any bonus, commissions or similar type of compensation in the future, how much do you expect? \$ _____

If you have received income or money in the last three years from sources **other than your employment** (**for example:** unemployment, social security, sale of property, inheritance, sale of stocks or bonds, etc.) please give the following information for **each** of the following years (approximations are acceptable):

Year 2010: Source: _____ Amount \$ _____

Year 2011: Source: _____ Amount \$ _____

Year 2012: Source: _____ Amount \$ _____

(so far this year)

Name and address of your spouse's current employer:

Company Name: _____

Address: _____ City _____ Zip _____

How long at this job? _____ Job title: _____

List the names of any other employers for the last six months:

Name _____

Name _____

For your spouse's job please list the following wage information for **each** of the following years (approximations are acceptable):

Spouse's total wages before any deductions for the year 2010: \$ _____

Spouse's total wages before any deductions for the year 2011: \$ _____

Spouse's total wages before any deductions for the year 2012: \$ _____

(so far this year)

If your spouse expects to receive any bonus, commissions or similar type of compensation in the future, how much does your spouse expect? \$ _____

If your spouse has received income in the last three years from sources **other than her employment** (for example unemployment, social security, sale of stocks or bonds, etc.) please give the following information for **each** of the following years (approximations are acceptable).

Year 2010: Source: _____ Amount \$ _____

Year 2011: Source: _____ Amount \$ _____

Year 2012: Source: _____ Amount \$ _____

(so far this year)

LAW SUITS (including divorce cases and evictions.)

Answer the following for each law suit you are involved in. Please provide copies of any documents you have received in connection with any lawsuits. **IMPORTANT!! If money is still owed you must list the company or person that sued you on the list of creditors at the end of this questionnaire.**

Name of lawsuit _____ vs. _____

Name of court _____ Case Number _____

If garnished, how much was taken in the last 90 days? \$ _____

Name of lawsuit _____ vs. _____

Name of court _____ Case Number _____

If garnished, how much was taken in the last 90 days? \$ _____

Name of lawsuit _____ vs. _____

Name of court _____ Case Number _____

If garnished, how much was taken in the last 90 days? \$ _____

Name of lawsuit _____ vs. _____

Name of court _____ Case Number _____

If garnished, how much was taken in the last 90 days? \$ _____

Name of lawsuit _____ vs. _____

Name of court _____ Case Number _____

If garnished, how much was taken in the last 90 days? \$ _____

If you have had any property voluntarily returned to a creditor within the last 12 months please state what property was returned the date it was returned, and the name of the creditor.

Property returned: _____

Name of Creditor: _____ Date: _____

If you have had any property repossessed within the last 12 months please state what property was repossessed, the date it was repossessed, and the name of the creditor.

Property repossessed: _____

Name of Creditor: _____ Date: _____

FAMILY AND CREDITOR PAYMENTS

List any payments to family members, friends, acquaintances, or relatives with in the last two years (other than incidental gifts totaling less that \$100) **and** any payments you made for their benefit (for example you paid a bill for a family member).

Name of person that received the payment or benefit: _____

Amount Paid: \$ _____ Reason for payment _____

List all gifts or money to help out family members, friends, acquaintances, or relatives over the last two years totaling more that \$200.00.

Name of person that received the gift: _____

Amount Paid: \$ _____ Reason for payment _____

List all charitable contributions totaling more than \$100.00 over the last 12 months.

Name of charity _____ Amount \$ _____

If any creditor has been paid a **total** of \$600.00 or more within the last 90 days provide the following:
 (for example a house or car payment of \$400.00 every month would **total** \$600.00 or more in the last 90 days):

Creditors	Amount of each payment	Dates of each payment
<u>Example: Ford Motor Credit</u>	<u>\$ 300.00</u>	<u>1st of each month</u>
1. _____	\$ _____	_____
2. _____	\$ _____	_____
3. _____	\$ _____	_____
4. _____	\$ _____	_____

SPECIAL PAYMENTS

List all payroll deductions which are used to pay any of your debts (for example, an automatic payroll deduction for a car payment or house payment). Amount: \$ _____

What is it for? _____

If you incurred debt within the last 90 days totaling more than \$600.00 provide the following:

Name of Creditor _____ Amount: \$ _____

If you have received cash advances totaling more than \$875.00 from a creditor within the last 70 days, provide the following:

Name of Creditor _____ Amount: \$ _____

If there have been a significant increase in a number or amount of charges on any credit cards during the past few months (for example, charges totaling several hundred dollars or more) list the name of the creditor and be prepared to discuss the amounts and dates of the charges.

Name of creditor _____

If you have taken out or refinanced a loan within the last 90 days list the creditor's name and the approximate amount financed.

Name of Creditor _____ Amount: \$ _____

TAXES

What have you received or think you will receive for the 2011 tax year (the taxes that were due April 15, 2012)?

Amount: Federal _____ Received? Yes__ No__ Offset? Yes__ No__
 State _____ Received? Yes__ No__ Offset? Yes__ No__

Will there be any changes in the refund you receive for the 2012 tax year (the taxes due April 15, 2013)?
 Yes, More __ Yes, Less __ No Change __

NOTE: Your income tax refunds are **not exempt property and can be lost by filing bankruptcy**. There are several ways this might be avoided. We will discuss this during our next appointment. Also, if you expect any of your tax refunds to be taken for back taxes, student loans, child support or any other reason please explain: _____

If there are any years that you did not file a tax return provide the following:

Tax Year	Tax Return not filed	Reason not filed
_____	Federal() State()	_____
_____	Federal() State()	_____

REAL ESTATE

The following questions only need to be answered if you own or have any legal interest in real estate. It also pertains to real estate outside of Kansas and if you own real estate with a former spouse. If you own more than one interest in real estate attach additional sheets as necessary.

Address of the property:

Street:_____City, State:_____

What do you think the property could sell for today? \$_____

Is there a trailer, mobile, manufactured, or modular home on this property? []Yes []No

If the property is inside an incorporated city limits is it less than one acre? []Yes []No

If it's outside an incorporated city limits is it less than 160 acres? []Yes []No

Are you living in this property? _____ If not, are tenants living on the property?_____ If tenants, how much rent do they pay? \$_____

Is property part of a homeowners association, condominium unit or cooperative corporation? _____

If yes, what are the dues? \$_____

HOMES INCLUDING PRIOR HOMES AND MOBILE HOMES

Over the last ten years have you paid anything on a home, including prior homes and including mobile homes and trailers (anything that was your home) other than regular monthly payments? []Yes []No

MISCELLANEOUS

If you or your spouse have any possible claims or lawsuits against any other person or business, describe the claims: _____

Is the claim part of a current lawsuit? []Yes []No

Have you ever been convicted of a felony? []Yes []No

Has your spouse ever been convicted of a felony? []Yes []No

If you or your spouse have any policies of insurance with a cash or loan value, answer the following:

Name of insurance company: _____

Date policy taken out: _____ Approximate current cash value \$_____

If you or your spouse has any ownership interest in property which is presently in the name of another person or business, describe the property and list the name of the person who has it:

Do you or your spouse have possession of or control over any property that belongs to someone else?

If there is any property in which you or your spouse have any ownership interest that is presently in the possession of a third party or business, give the name of the party and describe the property:

If you or your spouse is the beneficiaries of any sort of trust, probate estate, or inheritances of any type, please list it here: _____

If you or your spouse is aware of any money or property you may inherit from an estate in the next six months, please list it here: _____

If you or your spouse have sold or pawned any property for \$100 or more in the last two years list it here:

If you or your spouse own any property or any interest in any property which you have not already described in this Questionnaire, please describe it here: _____

If you or your spouse own or have possession of any property that poses or is alleged to pose imminent and identifiable harm to public health or safety please describe it here:

Have you or your spouse had any losses from theft, fire, other casualty or gambling within the last year? If so when and how much? _____

If you or your spouse have paid anyone for debt counseling within the last year who did you pay and how much? _____

In my conversations with you we talked about **reaffirmation** of certain debts. Reaffirmation means you **voluntarily** want to keep a particular debt. Most reaffirmation agreements continue your present payment schedule. Your final decision whether or not you wish to reaffirm a debt does not need to be made until the actual reaffirmation papers are presented to you following the filing of your bankruptcy. Even after you agree to reaffirm you have at least sixty days in which you can change your mind and cancel the reaffirmation.

If you list a debt in your bankruptcy that involves a government guaranteed student loan **or other educational benefits**, you should be aware that these debts are not dischargeable in bankruptcy unless it can be shown that repayment of the debt would be a hardship for you. Dischargeability of the debt for hardship reasons is a separate court proceeding and will be handled under a separate fee agreement.

This questionnaire is designed to assist you in preparing a complete list of all of your property and debts. If after you have completed this list, you recall any additional property or debts, omitted information of any sort or if this information changes in any way please contact this office. For “value” list replacement value which means the price a retail merchant would charge for the same property (for example Goodwill Shop, DAV, pawn shop).

PERSONAL PROPERTY

Type of Property	Market Value or Amount
1. Cash on hand.....	\$ _____
2. List all checking or savings, credit union accounts, certificates of deposits, or other type accounts	
Open Accounts:	
Bank name _____ \$ _____
Bank name _____ \$ _____
Bank name _____ \$ _____
Accounts closed in the last year:	
Bank name _____	Approximately when closed: _____
Bank name _____	Approximately when closed: _____
For the next 30 days list the date of each direct deposit in any account (month/day): _____/_____, _____/_____, _____/_____, _____/_____.	
If you have a bank or credit union account and owe money to that bank or credit union, you may need to close that account before filing bankruptcy.	
Safe deposit box contents: _____	
3. Security deposits with: Phone company.....	\$ _____
Electric Company.....	\$ _____
Landlord.....	\$ _____
Other: (describe _____).....	\$ _____
4. Household goods and furnishings including audio, video and computer equipment	\$ _____
5. Books, pictures or art objects and collections	\$ _____
6. Wearing apparel	\$ _____
7. Furs and jewelry (describe _____).....	\$ _____
8. Sporting equipment, firearms (describe _____).....	\$ _____
9. Interests in insurance policies.....	\$ _____
10. Annuities.....	\$ _____
11. Interests in IRA, ERISA, 401(k), 403(b), KPERS or other pension plans.....	\$ _____
12. Amount in educational IRA or other similar accounts.....	\$ _____

13. Stocks or interests in incorporated or unincorporated business..... \$ _____
14. Interests in partnerships or joint ventures..... \$ _____
15. Government or corporate bonds, savings bonds.....\$ _____
16. Accounts receivable..... \$ _____
17. Unpaid spousal maintenance (alimony), maintenance, support or property settlements which you are receiving or entitled to..... \$ _____
18. Money owed to you, including tax refunds that are currently owed to you.....\$ _____
19. Equitable or future interests, life estates and/or rights or powers exercisable for the benefit of the debtor other than those listed in real property.....\$ _____
20. Interests in an estate, death benefit plan, life insurance policy, or trust.....\$ _____
21. Other claims of every nature, including counter-claims, rights to set off claims, and worker's compensation claims..... \$ _____
22. Patents, copyrights, licenses, franchises, etc..... \$ _____
23. Automobiles, trucks, manufactured housing, mobile homes, trailers or accessories, all terrain vehicles, and other vehicles **whether paid for or not:**

Year	Make of Vehicle	Value
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
24. Boats, water craft, motors, aircraft and/or their accessories\$ _____
25. Office equipment, furnishings, & supplies..... \$ _____
26. Machines, tools or supplies used in business..... \$ _____
27. Inventory..... \$ _____
28. Livestock, poultry, or other animals..... \$ _____
29. Crops - growing or harvested..... \$ _____
30. Farming supplies chemicals, feed or implements.....\$ _____
31. Other personal property of any kind not already listed
(describe: _____)..... \$ _____

CURRENT MONTHLY WAGE AND INCOME INFORMATION

IMPORTANT NOTE: Even if you are an individual bankruptcy but are married and living with your spouse, you spouse’s wage, income, and expense information must be provided. If there is any other person providing regular monthly income his or her wages and income must be provided.

	Your wage information	Income of other member of household
Gross pay per <u>month</u> before payroll deductions.....	\$ _____	\$ _____
Deduction for payroll taxes and social security per month.....	\$ _____	\$ _____
Deduction for insurance (health, life, disability) per month.....	\$ _____	\$ _____
Deduction for pension / retirement / 401(k) per month.....	\$ _____	\$ _____
Deduction for union dues per month.....	\$ _____	\$ _____
Deduction for alimony _____ child support _____	\$ _____	\$ _____
Other deductions (describe below)		
_____.....	\$ _____	\$ _____
Pension, social security or other retirement income (describe below)		
_____.....	\$ _____	\$ _____
_____.....	\$ _____	\$ _____
Income from any other sources (unemployment, food stamps, child support, etc.):		
_____.....	\$ _____	\$ _____
_____.....	\$ _____	\$ _____
If you or your spouse expect your income to increase or decrease by more than 10% with in the next year state how much you expect your income to change.....		
	\$ _____	\$ _____

OTHER PEOPLE IN YOUR HOUSEHOLD (Except current spouse)

Age	Relationship (son, daughter, mother, friend)	Does this person contribute income to household expenses?
_____	_____	[] Yes [] No
_____	_____	[] Yes [] No
_____	_____	[] Yes [] No
_____	_____	[] Yes [] No

ESTIMATE OF AVERAGE MONTHLY EXPENSES

Rent or home first mortgage payment (include lot rent)..... \$ _____
 Are property taxes included? []Yes []No
 Is insurance included? []Yes []No

Home second mortgage payment.....\$ _____
 Electricity and heat\$ _____
 Water and sewer.....\$ _____
 Telephone and cell phone.....\$ _____
 Trash.....\$ _____
 Cable/satellite/internet.....\$ _____
 Other utilities (describe:_____).\$ _____
 Home maintenance.....\$ _____
 Food (including school lunches, cleaning supplies, paper products etc).....\$ _____
 Clothing.....\$ _____
 Laundry/dry cleaning.....\$ _____
 Medical and dental expenses (other than those paid by health insurance or from
 a medical savings account).....\$ _____
 Transportation (including gas, oil, maintenance, tires, etc. but do not include car
 payments or insurance).....\$ _____
 Charitable contributions.....\$ _____
 Recreation, club, entertainment, newspapers/periodicals.....\$ _____
 Homeowners/renters insurance (if not included in house payment).....\$ _____
 Life insurance (not deducted from wages).....\$ _____
 Health insurance (not deducted from wages).....\$ _____
 Vehicle insurance.....\$ _____
 Other insurance not previously listed (described:_____).\$ _____
 Real estate taxes not included in mortgage payments.....\$ _____
 Other taxes, for example personal property taxes on vehicles
 (describe:_____).\$ _____
 Vehicle Payments for any vehicles you'll be keeping
 Year _____ Make _____ Payments.....\$ _____
 Year _____ Make _____ Payments.....\$ _____
 Year _____ Make _____ Payments.....\$ _____
 Other installment payments for loans you will be reaffirming or keeping through
 bankruptcy (describe:_____).\$ _____
 Alimony you pay (not deducted from wages).....\$ _____
 Child support you pay (not deducted from wages).....\$ _____
 Child care expenses.....\$ _____
 Any other payments you make as a result of a divorce or separation.....\$ _____
 School tuition/fees/expenses.....\$ _____
 Any other expenses not listed above (describe)
 _____.\$ _____
 _____.\$ _____

Any changes to the above expenses expected in the next year? _____

BUSINESS INFORMATION

Complete if you have been in business within the last 8 years.

Have you been any of the following: owned own business____ incorporated____ partner____

Type of Business _____ address_____

Business Name_____ Tax ID #_____

Date Started_____ Date Stopped _____

BOOKS, RECORDS, AND FINANCIAL STATEMENTS

List name and address of bookkeeper or accountant who within the last **two years** has kept or supervised keeping of record for the business. _____

List name and address of any firm or individual who within the last **two years** has audited the books or prepared a financial statement. _____

If prepared has the financial statement been given to anyone within the last **two years**? _____ If yes, list name and address. _____

List name and address of all firms or individuals who currently have possession of the books of accounts and records of the debtor. If not available explain why. _____

INVENTORIES

Has an inventory of the property been done? _____ If yes, list who supervised preparation and when inventory was done. _____

ENVIRONMENTAL ISSUES

Have you ever received notice that you may be liable under or in violation of an environmental law.

Have you provided a notice to a governmental unit of a release of hazardous material. _____

List all judicial or administrative proceedings relating to any environmental law, including settlements and orders.

READ THIS PAGE VERY CAREFULLY!

List **all** debts on the following pages even if the debt is mentioned in the preceding pages.

Even if you give us a copy of the bill still list the debt on the following pages.

Even if the debt is not primarily yours, like you are a cosigner, or an ex-spouse was ordered to pay, **still list the debt.**

Even if you plan on paying a debt (like a car or house you want to keep) **you must still list the debt.**

Even if a debt may not be dischargeable (like taxes or student loans) **you must still list the debt.**

In Section A list only secured creditors. These include your home loan, vehicle loan, vehicle leases, furniture and appliance leases or “rent-to-own” programs and any other loans in which the creditor has a lien on some property.

In Section B list unsecured creditors. These include medical bills, most credit card bills, pay day loans, taxes, student loans, back rent, past due utility bills, money owed to relatives, and all other debt. **Also, list any child support**, spousal maintenance, and any person owed the money (like your ex-spouse) and any agency collecting it (Kansas Payment Center, SRS, an attorney). List this even though it is not dischargeable in bankruptcy and even if you are current on payments.

You must provide a **complete** mailing address for each creditor. If an address is not provided the debt cannot be included on the bankruptcy.

READ THIS PAGE VERY CAREFULLY!

SECTION A - SECURED CREDITORS ONLY
(for example: home loan, car loan and any other secured loans)

IMPORTANT INSTRUCTIONS:

1) **DO NOT** put credit cards, medical, or any other unsecured loans in this section. These go in Section B starting on page 18.

Name and complete mailing address
of creditor:

If a collection agency or attorney
is collecting give name & address:

EXAMPLE:

Ford Motor Credit

PO Box 219686

Kansas City, MO 64121

Account No.: 123456

Account No.: _____

Approximate amount owed: \$10,000

Year debt incurred: 2008

What is the collateral? 2007 Ford

What is the current market value of the collateral? \$12,000

Who is obligated on the account? Husband Wife Both

Is anyone else obligated (like a cosignor)? _____ If so, name and address: _____

Do you want to keep the collateral by continuing to pay for it (reaffirm) or do you want to surrender the collateral and not continue paying? Keep/Reaffirm Surrender

SECTION A - SECURED CREDITORS ONLY

(for example: home loan, car loan and any other secured loans)

Name and complete mailing address
of creditor:

If a collection agency or attorney
is collecting give name & address:

Account No.: _____

Account No.: _____

Approximate amount owed: \$_____ Year debt incurred: _____

What is the collateral? (Example: 2007 Ford, house at 123 N. Main)

What is the current market value of the collateral? \$_____

Who is obligated on the account? Husband Wife Both

Is anyone else obligated (like a cosignor)? _____ If so, name and address: _____

Do you want to keep the collateral by continuing to pay for it (reaffirm) or do you want to surrender the collateral and not continue paying? Keep/Reaffirm Surrender

Name and complete mailing address
of creditor:

If a collection agency or attorney
is collecting give name & address:

Account No.: _____

Account No.: _____

Approximate amount owed: \$_____ Year debt incurred: _____

What is the collateral? (Example: 2007 Ford, house at 123 N. Main)

What is the current market value of the collateral? \$_____

Who is obligated on the account? Husband Wife Both

Is anyone else obligated (like a cosignor)? _____ If so, name and address: _____

Do you want to keep the collateral by continuing to pay for it (reaffirm) or do you want to surrender the collateral and not continue paying? Keep/Reaffirm Surrender

SECTION A - SECURED CREDITORS ONLY

(for example: home loan, car loan and any other secured loans)

Name and complete mailing address
of creditor:

If a collection agency or attorney
is collecting give name & address:

Account No.: _____

Account No.: _____

Approximate amount owed: \$ _____ Year debt incurred: _____

What is the collateral? (Example: 2007 Ford, house at 123 N. Main)

What is the current market value of the collateral? \$ _____

Who is obligated on the account? Husband Wife Both

Is anyone else obligated (like a cosignor)? _____ If so, name and address: _____

Do you want to keep the collateral by continuing to pay for it (reaffirm) or do you want to surrender the collateral and not continue paying? Keep/Reaffirm Surrender

Name and complete mailing address
of creditor:

If a collection agency or attorney
is collecting give name & address:

Account No.: _____

Account No.: _____

Approximate amount owed: \$ _____ Year debt incurred: _____

What is the collateral? (Example: 2007 Ford, house at 123 N. Main)

What is the current market value of the collateral? \$ _____

Who is obligated on the account? Husband Wife Both

Is anyone else obligated (like a cosignor)? _____ If so, name and address: _____

Do you want to keep the collateral by continuing to pay for it (reaffirm) or do you want to surrender the collateral and not continue paying? Keep/Reaffirm Surrender

SECTION A - SECURED CREDITORS ONLY

(for example: home loan, car loan and any other secured loans)

Name and complete mailing address
of creditor:

If a collection agency or attorney
is collecting give name & address:

Account No.: _____ Account No.: _____

Approximate amount owed: \$ _____ Year debt incurred: _____

What is the collateral? (Example: 2007 Ford, house at 123 N. Main)

What is the current market value of the collateral? \$ _____

Who is obligated on the account? Husband Wife Both

Is anyone else obligated (like a cosignor)? _____ If so, name and address: _____

Do you want to keep the collateral by continuing to pay for it (reaffirm) or do you want to surrender the collateral and not continue paying? Keep/Reaffirm Surrender

Name and complete mailing address
of creditor:

If a collection agency or attorney
is collecting give name & address:

Account No.: _____ Account No.: _____

Approximate amount owed: \$ _____ Year debt incurred: _____

What is the collateral? (Example: 2007 Ford, house at 123 N. Main)

What is the current market value of the collateral? \$ _____

Who is obligated on the account? Husband Wife Both

Is anyone else obligated (like a cosignor)? _____ If so, name and address: _____

Do you want to keep the collateral by continuing to pay for it (reaffirm) or do you want to surrender the collateral and not continue paying? Keep/Reaffirm Surrender

SECTION B - ALL OTHER CREDITORS

DO NOT put home loans, car loans, or any other secured loan in this section.

DO put credit cards, medical bills, pay day loans, student loans, taxes and other unsecured debt in this section.

Name and complete mailing address of creditor:

EXAMPLE:

Citibank Visa

123 N. Main

Chicago, IL 60601

Collection agency or attorney name and address:

ABC Collection Agency

PO Box 789

Wichita, KS 67201

Account No.: 4567-8901-2345-6789

Account No.: 12345

What is the debt for? Medical Services Credit Card Other _____

Approximate amount owed: \$ 4,000 Year debt incurred 2007-2009

Who is obligated on the account? Husband Wife Both

Is anyone else obligated (like a cosignor)? _____ If so, name and address: _____

Name and complete mailing address of creditor:

Collection agency or attorney name and address:

Account No.: _____

Account No.: _____

What is the debt for? Medical Services Credit Card Other _____

Approximate amount owed: \$ _____ Year debt incurred _____

Who is obligated on the account? Husband Wife Both

Is anyone else obligated (like a cosignor)? _____ If so, name and address: _____

Name and complete mailing address of creditor:

Collection agency or attorney name and address:

Account No.: _____

Account No.: _____

What is the debt for? Medical Services Credit Card Other _____

Approximate amount owed: \$ _____ Year debt incurred _____

Who is obligated on the account? Husband Wife Both

Is anyone else obligated (like a cosignor)? _____ If so, name and address: _____

Name and complete mailing address of creditor:

Collection agency or attorney name and address:

Account No.: _____

Account No.: _____

What is the debt for? Medical Services Credit Card Other _____

Approximate amount owed: \$ _____ Year debt incurred _____

Who is obligated on the account? Husband Wife Both

Is anyone else obligated (like a cosignor)? _____ If so, name and address: _____

Name and complete mailing address of creditor:

Collection agency or attorney name and address:

Account No.: _____

Account No.: _____

What is the debt for? Medical Services Credit Card Other _____

Approximate amount owed: \$ _____ Year debt incurred _____

Who is obligated on the account? Husband Wife Both

Is anyone else obligated (like a cosignor)? _____ If so, name and address: _____

Name and complete mailing address of creditor:

Collection agency or attorney name and address:

Account No.: _____

Account No.: _____

What is the debt for? Medical Services Credit Card Other _____

Approximate amount owed: \$ _____ Year debt incurred _____

Who is obligated on the account? Husband Wife Both

Is anyone else obligated (like a cosignor)? _____ If so, name and address: _____

Name and complete mailing address of creditor:

Collection agency or attorney name and address:

Account No.: _____

Account No.: _____

What is the debt for? Medical Services Credit Card Other _____

Approximate amount owed: \$ _____ Year debt incurred _____

Who is obligated on the account? Husband Wife Both

Is anyone else obligated (like a cosignor)? _____ If so, name and address: _____

Name and complete mailing address of creditor:

Collection agency or attorney name and address:

Account No.: _____

Account No.: _____

What is the debt for? Medical Services Credit Card Other _____

Approximate amount owed: \$ _____ Year debt incurred _____

Who is obligated on the account? Husband Wife Both

Is anyone else obligated (like a cosignor)? _____ If so, name and address: _____

Name and complete mailing address of creditor:

Collection agency or attorney name and address:

Account No.: _____

Account No.: _____

What is the debt for? Medical Services Credit Card Other _____

Approximate amount owed: \$ _____ Year debt incurred _____

Who is obligated on the account? Husband Wife Both

Is anyone else obligated (like a cosignor)? _____ If so, name and address: _____

Name and complete mailing address of creditor:

Collection agency or attorney name and address:

Account No.: _____

Account No.: _____

What is the debt for? Medical Services Credit Card Other _____

Approximate amount owed: \$ _____ Year debt incurred _____

Who is obligated on the account? Husband Wife Both

Is anyone else obligated (like a cosignor)? _____ If so, name and address: _____

Name and complete mailing address of creditor:

Collection agency or attorney name and address:

Account No.: _____

Account No.: _____

What is the debt for? Medical Services Credit Card Other _____

Approximate amount owed: \$ _____ Year debt incurred _____

Who is obligated on the account? Husband Wife Both

Is anyone else obligated (like a cosignor)? _____ If so, name and address: _____

Name and complete mailing address of creditor: Collection agency or attorney name and address:

Account No.: _____ Account No.: _____
What is the debt for? Medical Services Credit Card Other _____
Approximate amount owed: \$ _____ Year debt incurred _____
Who is obligated on the account? Husband Wife Both
Is anyone else obligated (like a cosignor)? _____ If so, name and address: _____

Name and complete mailing address of creditor: Collection agency or attorney name and address:

Account No.: _____ Account No.: _____
What is the debt for? Medical Services Credit Card Other _____
Approximate amount owed: \$ _____ Year debt incurred _____
Who is obligated on the account? Husband Wife Both
Is anyone else obligated (like a cosignor)? _____ If so, name and address: _____

Name and complete mailing address of creditor: Collection agency or attorney name and address:

Account No.: _____ Account No.: _____
What is the debt for? Medical Services Credit Card Other _____
Approximate amount owed: \$ _____ Year debt incurred _____
Who is obligated on the account? Husband Wife Both
Is anyone else obligated (like a cosignor)? _____ If so, name and address: _____

Name and complete mailing address of creditor: _____ Collection agency or attorney name and address: _____

Account No.: _____ Account No.: _____
What is the debt for? Medical Services Credit Card Other _____
Approximate amount owed: \$ _____ Year debt incurred _____
Who is obligated on the account? Husband Wife Both
Is anyone else obligated (like a cosignor)? _____ If so, name and address: _____

Name and complete mailing address of creditor: _____ Collection agency or attorney name and address: _____

Account No.: _____ Account No.: _____
What is the debt for? Medical Services Credit Card Other _____
Approximate amount owed: \$ _____ Year debt incurred _____
Who is obligated on the account? Husband Wife Both
Is anyone else obligated (like a cosignor)? _____ If so, name and address: _____

Name and complete mailing address of creditor: _____ Collection agency or attorney name and address: _____

Account No.: _____ Account No.: _____
What is the debt for? Medical Services Credit Card Other _____
Approximate amount owed: \$ _____ Year debt incurred _____
Who is obligated on the account? Husband Wife Both
Is anyone else obligated (like a cosignor)? _____ If so, name and address: _____

Name and complete mailing address of creditor:

Collection agency or attorney name and address:

Account No.: _____

Account No.: _____

What is the debt for? Medical Services Credit Card Other _____

Approximate amount owed: \$ _____ Year debt incurred _____

Who is obligated on the account? Husband Wife Both

Is anyone else obligated (like a cosignor)? _____ If so, name and address: _____

Name and complete mailing address of creditor:

Collection agency or attorney name and address:

Account No.: _____

Account No.: _____

What is the debt for? Medical Services Credit Card Other _____

Approximate amount owed: \$ _____ Year debt incurred _____

Who is obligated on the account? Husband Wife Both

Is anyone else obligated (like a cosignor)? _____ If so, name and address: _____

Name and complete mailing address of creditor:

Collection agency or attorney name and address:

Account No.: _____

Account No.: _____

What is the debt for? Medical Services Credit Card Other _____

Approximate amount owed: \$ _____ Year debt incurred _____

Who is obligated on the account? Husband Wife Both

Is anyone else obligated (like a cosignor)? _____ If so, name and address: _____

Name and complete mailing address of creditor:

Collection agency or attorney name and address:

Account No.: _____

Account No.: _____

What is the debt for? Medical Services Credit Card Other _____

Approximate amount owed: \$ _____ Year debt incurred _____

Who is obligated on the account? Husband Wife Both

Is anyone else obligated (like a cosignor)? _____ If so, name and address: _____

Name and complete mailing address of creditor:

Collection agency or attorney name and address:

Account No.: _____

Account No.: _____

What is the debt for? Medical Services Credit Card Other _____

Approximate amount owed: \$ _____ Year debt incurred _____

Who is obligated on the account? Husband Wife Both

Is anyone else obligated (like a cosignor)? _____ If so, name and address: _____

Name and complete mailing address of creditor:

Collection agency or attorney name and address:

Account No.: _____

Account No.: _____

What is the debt for? Medical Services Credit Card Other _____

Approximate amount owed: \$ _____ Year debt incurred _____

Who is obligated on the account? Husband Wife Both

Is anyone else obligated (like a cosignor)? _____ If so, name and address: _____

Name and complete mailing address of creditor:

Collection agency or attorney name and address:

Account No.: _____

Account No.: _____

What is the debt for? Medical Services Credit Card Other _____

Approximate amount owed: \$ _____ Year debt incurred _____

Who is obligated on the account? Husband Wife Both

Is anyone else obligated (like a cosignor)? _____ If so, name and address: _____

Name and complete mailing address of creditor:

Collection agency or attorney name and address:

Account No.: _____

Account No.: _____

What is the debt for? Medical Services Credit Card Other _____

Approximate amount owed: \$ _____ Year debt incurred _____

Who is obligated on the account? Husband Wife Both

Is anyone else obligated (like a cosignor)? _____ If so, name and address: _____

Name and complete mailing address of creditor:

Collection agency or attorney name and address:

Account No.: _____

Account No.: _____

What is the debt for? Medical Services Credit Card Other _____

Approximate amount owed: \$ _____ Year debt incurred _____

Who is obligated on the account? Husband Wife Both

Is anyone else obligated (like a cosignor)? _____ If so, name and address: _____

NEXT ...

After completing the bankruptcy questionnaire please check to make sure you've provided all the requested information in the questionnaire and also all the documents requested on the "Bankruptcy Checklist" (pay stubs, tax returns, bank statements, etc.). If you have any questions about any particular items in the questionnaire we can go over that together at our next appointment.

Please indicate below if you would prefer that we set up a phone conference for this appointment or if you would prefer to come to Wichita and go over it with me in the office.

If you have any questions in the meantime please feel free to contact me.

I prefer:

To schedule a phone conference to go over this questionnaire.

An appointment with you in your office to go over this questionnaire.

A convenient time for you to call me to schedule an appointment is:

Any time

During the day between the hours of _____ to _____

Phone number _____

In the evening between the hours of _____ to _____

Phone number _____

Other: _____

➔ Staple your check or money order here

Make checks or money orders payable to: **Donald C. Astle, P.A.**