

WOLFE LAW FIRM
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BANKRUPTCY QUESTIONNAIRE

*WE ARE A LAW FIRM PROVIDING DEBT RELIEF SERVICE
TO INDIVIDUALS FILING FOR BANKRUPTCY PROTECTION*

Your full legal name:

(First)

(Full Middle Name)

(Last)

Any other names used in past 6 years: _____

Date of Birth _____ SSN: _____ - _____ - _____

(social security number)

Spouse's full legal name:

(First)

(Full Middle Name)

(Last)

Any other names used by Spouse in past 6 years: _____

Date of Birth _____ SSN: _____ - _____ - _____

(social security number)

Address (physical): _____

Address (mailing): _____

Phone (home): _____

Phone (cell): _____

Own: _____ Rent: _____

How long have you lived at this residence: _____

Have you lived in any other State in the past 27 months? _____

If yes, please list these States. _____

What County do you currently live in? _____

Have you live there for at least 90 days Y___ N___

All other addresses either you or your spouse have lived at in past 6 years: (identify who):

Will you be filing Jointly? Y___ N___

Have you or your spouse ever filed bankruptcy before? Y___ N___

If yes,
Who filed, name(s) on filing? _____

Date of filing: _____

Where filed: _____

Case Number: _____

REAL PROPERTY

DO YOU AND/OR YOUR SPOUSE OWN ANY REAL PROPERTY? _____

You will need to list any and all real property that you own, even if you do not live on the property, if you are a partial owner or have a life interest.

Description and location of house and/or other real property (please list how many bedrooms, is it one story or two, and how much land it sits on and the current value):

Whose name is property in? Husband ____ Wife ____ Both ____ Other ____

Do you and/or your spouse owe for the purchase of this real estate? Y ____ N ____

What year did you and/or your spouse buy or begin paying for this property? _____

What was the purchase price? \$ _____ When was it last appraised? _____

What was the appraised Value \$ _____

How much did the assessor appraise this property for taxes \$ _____
(Please provide copy of tax or other appraisals.)

How much do you think the property is worth? \$ _____

How did you arrived at this properties value? _____

Is there a mortgage on this property? Y ____ N ____

If yes, name and address of mortgage holder: _____

Account no. _____

Original Loan Amount: _____

Current Amount Owed: _____

Date of Loan: _____

Terms of Loan (number of years): _____

Is there a second mortgage or home equity loan on this property? Y ___ N ___

If yes, name and address of mortgage holder: _____

Account no. _____

Original Loan Amount: _____

Current Amount owed: _____

Date of Loan: _____

Terms of Loan (number of years): _____

Are your payments current (up to date)? Y ___ N ___

If additional real property is owned, please use separate sheet of paper to answer all the above questions for each piece of real property.

Do you and/or your spouse own any mobile homes? _____

If yes, list the following:

Year: _____

Make: _____

Model: _____

Current Market Value: _____

How did you arrive at the value: _____

How much was the mobile home assessed for tax purposes? _____

Is/are the above mobile home(s) owned free & clear of any Liens? _____

If no, what bank or person holds the lien(s) _____

Amount of lien _____

Is the lien perfected on the Title? _____

How much is currently owed? _____

Are your payments current? _____

What's the monthly payment? _____

Date of Loan _____

Terms of Loan (number of years) _____

PERSONAL PROPERTY

Please list everything that you and/or your spouse own and what each item's current market value is in used condition. "Market Value" means what you could go out and buy it for right now if you wanted to from a merchant selling items of like age and condition. You must include every item you own now even if you still owe money on it. You may group items together such as living room suite, bedroom suite, so you do not have to list each small items such as garbage can, hair dryers, etc., as these items can be listed as miscellaneous household goods or miscellaneous personal possessions.

Type of Property	None	Description and location of property	Husband, Wife or Joint	Current Market Value
Cash on hand				
Checking, savings or other financial accounts, certificates of deposit, or shares in banks, savings and loan, thrift, building and loan and homestead associations or credit unions, brokerage houses or cooperatives				
Security deposits with public utilities, telephone companies, landlords or others				
Household good and furnishings, including audio, video and computer equipment				

Books, pictures and other art objects, antiques, stamp, coin, record, tape, compact disc and other collections or collectibles				
Wearing apparel				
Furs and jewelry				
Firearms and sports, photographic, and other hobby equipment				
Interests in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each				
Annuities. Itemized and name each issuer.				
Interest in an education IRA				
Interest in IRA, ERISA, Keogh, or other pension or profit sharing plans, Give particulars				
Stock and interests in incorporated and unincorporated businesses. Itemize				
Interests in partnerships or joint ventures. Itemize				
Government or corporate bonds and other negotiable and nonnegotiable instruments				
Accounts receivable				
Alimony, maintenance, support and other property settlements to				

which the debtor is entitled.				
Other liquidated debts owed to debtor including tax refunds.				
Equitable or future interests, life estates and rights or powers exercisable for the benefit of the debtor other than those listed in Real property section.				
Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy or trust				
Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give value of each.				
Patents, copyrights and other intellectual property.				
Licenses, franchises and other general intangibles				
Automobiles, trucks, trailers and other vehicles and accessories				
Boats, motors and accessories				
Aircraft and accessories				
Office equipment, furnishings and supplies				
Machinery, fixtures, equipment, supplies used in business				
Inventory				

Animals				
Crops - growing or harvested. Give particulars				
Farming equipment and implements				
Farm supplies, chemicals and feed				
Other personal property of any kind not already listed.				

Does anyone else have anything that belongs to you and/or your spouse or that you and/or your spouse own some interest in? If yes, explain: _____

Are you and/or your spouse holding any property or money that belongs to someone else? If yes, explain: _____

SECURED CREDITORS

A secured debt is where you have obtained property through an agreement with a creditor, should you not keep the payments up to date, the creditor has the right to repossess the property. If your payments are up to date and you wish to do so, you may keep the property as long as you keep paying for it, this will be listed as a reaffirmation on the bankruptcy petition. If you wish to give the property back to the creditor, this will be listed as a surrender on the bankruptcy petition.

(If a motor vehicle, please list year, make, model and current value).

1. Creditor's Name: _____ Surrender ____ Reaffirm ____

Address: _____

Account #: _____ Balance owed: _____

Description of property: _____

Monthly Payment: _____ Are your payments current: _____

Date of loan: _____ Terms (years to repay loan): _____

2. Creditor's Name: _____ Surrender ____ Reaffirm ____

Address: _____

Account #: _____ Balance owed: _____

Description of property: _____

Monthly Payment: _____ Are your payments current: _____

Date of loan: _____ Terms (years to repay loan): _____

3. Creditor's Name: _____ Surrender ____ Reaffirm ____

Address: _____

Account #: _____ Balance owed: _____

Description of property: _____

Monthly Payment: _____ Are your payments current: _____

Date of loan: _____ Terms (years to repay loan): _____

4. Creditor's Name: _____ Surrender ____ Reaffirm ____

Address: _____

Account #: _____ Balance owed: _____

Description of property: _____

Monthly Payment: _____ Are your payments current: _____

Date of loan: _____ Terms (years to repay loan): _____

5. Creditor's Name: _____ Surrender ____ Reaffirm ____

Address: _____

Account #: _____ Balance owed: _____

Description of property: _____

Monthly Payment: _____ Are your payments current: _____

Date of loan: _____ Terms (years to repay loan): _____

6. Creditor's Name: _____ Surrender ____ Reaffirm ____

Address: _____

Account #: _____ Balance owed: _____

Description of property: _____

Monthly Payment: _____ Are your payments current: _____

Date of loan: _____ Terms (years to repay loan): _____

7. Creditor's Name: _____ Surrender ____ Reaffirm ____

Address: _____

Account #: _____ Balance owed: _____

Description of property: _____

Monthly Payment: _____ Are your payments current: _____

Date of loan: _____ Terms (years to repay loan): _____

UNSECURED PRIORITY CLAIMS

Unsecured priority claims include but are not limited to federal or state taxes, child support, student loans, etc. Please list any of these debts that you may have.

1. Creditor's Name: _____ Type of Debt: _____

Address: _____

Account #: _____ Monthly Payment: _____

Date of loan: _____ Terms (years to repay loan): _____

2. Creditor's Name: _____ Type of Debt: _____

Address: _____

Account #: _____ Monthly Payment: _____

Date of loan: _____ Terms (years to repay loan): _____

3. Creditor's Name: _____ Type of Debt: _____

Address: _____

Account #: _____ Monthly Payment: _____

Date of loan: _____ Terms (years to repay loan): _____

4. Creditor's Name: _____ Type of Debt: _____

Address: _____

Account #: _____ Monthly Payment: _____

Date of loan: _____ Terms (years to repay loan): _____

5. Creditor's Name: _____ Type of Debt: _____

Address: _____

Account #: _____ Monthly Payment: _____

Date of loan: _____ Terms (years to repay loan): _____

Please use additional sheet of paper if necessary.

UNSECURED DEBT

Unsecured debt includes but is not limited to Credit Cards, medical bills, etc. Please list all unsecured debt.

1. Creditor's Name: _____
Address: _____
Account #: _____ Monthly Payment: _____
Balance Owed: _____ Date of last payment: _____
Date debt acquired: _____ Terms (years to repay): _____
Date last used and for what: _____

2. Creditor's Name: _____
Address: _____
Account #: _____ Monthly Payment: _____
Balance Owed: _____ Date of last payment: _____
Date debt acquired: _____ Terms (years to repay): _____
Date last used and for what: _____

3. Creditor's Name: _____
Address: _____
Account #: _____ Monthly Payment: _____
Balance Owed: _____ Date of last payment: _____
Date debt acquired: _____ Terms (years to repay): _____
Date last used and for what: _____

4. Creditor's Name: _____
Address: _____
Account #: _____ Monthly Payment: _____
Balance Owed: _____ Date of last payment: _____
Date debt acquired: _____ Terms (years to repay): _____
Date last used and for what: _____

5. Creditor's Name: _____
Address: _____
Account #: _____ Monthly Payment: _____
Balance Owed: _____ Date of last payment: _____
Date debt acquired: _____ Terms (years to repay): _____
Date last used and for what: _____

6. Creditor's Name: _____
Address: _____
Account #: _____ Monthly Payment: _____
Balance Owed: _____ Date of last payment: _____
Date debt acquired: _____ Terms (years to repay): _____
Date last used and for what: _____

7. Creditor's Name: _____
Address: _____

Account #: _____ Monthly Payment: _____
Balance Owed: _____ Date of last payment: _____
Date debt acquired: _____ Terms (years to repay): _____
Date last used and for what: _____

8. Creditor's Name: _____
Address: _____
Account #: _____ Monthly Payment: _____
Balance Owed: _____ Date of last payment: _____
Date debt acquired: _____ Terms (years to repay): _____
Date last used and for what: _____

9. Creditor's Name: _____
Address: _____
Account #: _____ Monthly Payment: _____
Balance Owed: _____ Date of last payment: _____
Date debt acquired: _____ Terms (years to repay): _____
Date last used and for what: _____

10. Creditor's Name: _____
Address: _____
Account #: _____ Monthly Payment: _____
Balance Owed: _____ Date of last payment: _____
Date debt acquired: _____ Terms (years to repay): _____
Date last used and for what: _____

11. Creditor's Name: _____
Address: _____
Account #: _____ Monthly Payment: _____
Balance Owed: _____ Date of last payment: _____
Date debt acquired: _____ Terms (years to repay): _____
Date last used and for what: _____

12. Creditor's Name: _____
Address: _____
Account #: _____ Monthly Payment: _____
Balance Owed: _____ Date of last payment: _____
Date debt acquired: _____ Terms (years to repay): _____
Date last used and for what: _____

Please use additional sheets of paper if necessary.

EXECUTORY CONTRACTS AND UNEXPIRED LEASES

Describe all executory contracts and unexpired leases of real or personal property. Include any timeshare interests.

Name: _____
Address: _____
Description: _____

Name: _____
Address: _____
Description: _____

Name: _____
Address: _____
Description: _____

Name: _____
Address: _____
Description: _____

CO-DEBTORS

Please list any and all co-debtors.

Name: _____
Address: _____
Name of Creditor: _____
Account Number: _____
Description of interest: _____

Name: _____
Address: _____
Name of Creditor: _____
Account Number: _____
Description of interest: _____

Name: _____
Address: _____
Name of Creditor: _____
Account Number: _____
Description of interest: _____

PERSONAL FINANCIAL INFORMATION

Please state the name and age of any minor children or dependents you and/or your spouse have:

Name	Age	Name	Age
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Do you and/or your spouse receive any child support or government assistance income for any of these children or dependents? If yes, state what kind of income and amount received:

Source of Income: _____ Amount per month: _____

DEBTOR FINANCIAL INFORMATION

Are you working now? Y___ N___ What is your job title? _____

By whom are you employed? _____

Employer's address: _____

If payroll checks are issued from address other than above, please list name and address of payroll department. You must list this address if you want to stop a wage garnishment.

(Company name) (Street or PO Box)

(City & State) (Zip Code)

How many years have you worked there? _____ How often are you paid? _____

Please list the following amounts. If you are not sure of your payroll deductions, please attach a recent pay stub. (We will eventually need you to provide us with payroll stubs for the last six months).

GROSS PAY PER PAY PERIOD.....	\$	_____
PAYROLL TAXES & SOCIAL SECURITY.....	\$	_____
INSURANCE.....	\$	_____
UNION DUES.....	\$	_____
RETIREMENT.....	\$	_____
OTHER DEDUCTIONS.....	\$	_____
TAKE HOME PAY.....	\$	_____

If you are not working now, please state what type of income, if any, you are receiving now and the monthly amount you are receiving. Example: Unemployment - \$500.00; Welfare - \$200.00.

Source of Income: _____ Amount per month: _____

Please list an estimate of your yearly income from employment for the past two years.

20__ \$ _____
(Gross Amount) (Employer)

20__ \$ _____
(Gross Amount) (Employer)

(NOTE: WE WILL NEED YOU TO PROVIDE A COPY OF YOUR LAST TWO YEARS TAX RETURNS.)

What amount of income have you received from other sources during each of the past two years?
Example: Unemployment, Welfare, Workers' Compensation, etc.

20__ \$ _____
(Gross Amount) (Source)

20__ \$ _____
(Gross Amount) (Source)

SPOUSE'S FINANCIAL INFORMATION

Is your spouse working now? Y___ N___ What is his/her job title? _____

By whom is spouse employed? _____

Employer's address: _____

If payroll checks are issued from address other than above, please list name and address of payroll department. You must list this address if you want to stop a wage garnishment.

(Company name) (Street or PO Box)

(City & State) (Zip Code)

How many years has spouse worked there? _____ How often spouse paid? _____

Please list the following amounts. If you are not sure of your payroll deductions, please attach a recent pay stub. (We will eventually need you to provide us with payroll stubs for the last six months).

- GROSS PAY PER PAY PERIOD.....\$ _____
- PAYROLL TAXES & SOCIAL SECURITY.....\$ _____
- INSURANCE.....\$ _____
- UNION DUES.....\$ _____
- RETIREMENT.....\$ _____
- OTHER DEDUCTIONS.....\$ _____
- TAKE HOME PAY.....\$ _____

If your spouse is not working now, please state what type of income, if any, he/she is receiving now and the monthly amount he/she is receiving. Example: Unemployment - \$500.00; Welfare - \$200.00.

Source of Income: _____ Amount per month: _____

Please list an estimate of your spouse's yearly income from employment for the past two years.

20__ \$ _____
(Gross Amount) (Employer)

20__ \$ _____
(Gross Amount) (Employer)

(NOTE: WE WILL NEED YOU TO PROVIDE A COPY OF YOUR LAST TWO YEARS TAX RETURNS)

What amount of income has your spouse received from other sources during each of the past two years? Example: Unemployment, Welfare, Workers' Compensation, etc.

20__ \$ _____
(Gross Amount) (Source)

20__ \$ _____
(Gross Amount) (Source)

JOINT FINANCIAL INFORMATION

Have you or your spouse been self-employed or in business for yourself or with a partner in the last 6 years? If yes, please list:

Name and address of the company or person: _____

Date the business was started: _____ Date business closed: _____

What was the nature of the business? _____

Who was involved in the business? You _____ Spouse _____

Please state the name and address of the person or company that kept the records of your business: _____

Who has possession of these records? _____

What tax refunds have you or your spouse received in the past year?

Federal \$ _____ State \$ _____

Do you owe taxes now? Y ___ N ___

If yes, how much do you owe the IRS \$ _____ Years owed: _____

If yes, how much do you owe the State \$ _____ Years owed: _____

Are you expecting to receive a tax refund the next time you file your tax returns? Y ___ N ___

If yes, how much?

Federal \$ _____ State \$ _____

Please list all checking and savings accounts you and/or your spouse have had in the past two years (whether open or closed).

NAME OF BANK	TYPE OF ACCOUNT (Checking or Savings)(Open or Closed)	NAME ON ACCOUNT
_____	_____	_____
_____	_____	_____
_____	_____	_____

Have you had any safe deposit boxes in the last two years? Y ___ N ___

If yes, please state the name of the bank and their address: _____

Do you still have the box? Y ___ N ___

What is in it? _____

Do you and/or your spouse have any lawsuits or claims pending against anyone? Y ___ N ___

If yes, please explain: _____

Who is your lawyer on this claim? _____

Lawyer's phone number: _____

Have any lawsuits been filed against you and/or your spouse in the last 12 months? Y ___ N ___

If yes, please bring in any papers you have received on it as well as answer the following:

Who sued you? _____

In what Court and County were you sued? _____

Why were you sued? (money owed, car, etc.): _____
Was judgment rendered? _____

Is there any other real estate or personal property that you and/or your spouse own or have an interest in that you have not told us about? Y___ N___
If yes, please explain: _____

Has any of your and/or your spouse's property been attached or taken by the sheriff in the last four months? Y___ N___
If yes, please explain: _____

Has anything been repossessed from you and/or your spouse in the last year? Y___ N___
If yes, what was it? _____
Date it was taken: _____
Name and address of lender/bank who took it: _____

Have you and/or your spouse's wages been garnished in the past three months? Y___ N___
If the garnishment was with a former employer, please list the name and address of the former employer: _____

(Note: If your wages were garnished with the last three months, please bring to the office appointment any documents you have regarding the garnishment, including the notice for the court, plus any pay stubs showing the sums deducted.)

Besides normal Christmas, birthday gifts, etc., have you and/or your spouse made any gifts to anyone in the past year? Y___ N___
If yes, explain to whom and what: _____

YOU MUST ANSWER THIS QUESTION IN WRITING:

Have you and/or your spouse sold or transferred anything valuable to anyone in the last year?
Y___ N___
If yes, please explain: _____

YOU MUST ANSWER THIS QUESTION IN WRITING:

Have you and/or your spouse sold or transferred anything valuable to any relative or family member in the last **two** years? If yes, please explain. If real estate, bring a copy of the deed:

Have you and/or your spouse lost anything due to fire, theft, or gambling in the last year?

Y___ N___

If yes, please explain: _____

If yes, was the loss covered by insurance? Y___ N___

If yes, please list the name and address of the insurance company and the amount paid to you and/or your spouse for the loss: _____

Have you and/or your spouse given anything or any money to an attorney in the past year?

Y___ N___

If yes, please explain to whom and how much: _____

CURRENT MONTHLY EXPENSES

Your monthly take home pay	\$ _____
Spouses' monthly take home pay	\$ _____
Rent or mortgage payment:	\$ _____
Are real estate taxes included? Yes: ___ No: ___	
Is property insurance included? Yes: ___ No: ___	
Utilities: Electric	\$ _____
Gas/Heating Oil	\$ _____
Water and sewer	\$ _____
Lane Telephone \$ _____	Cell Phone \$ _____
TV Cable/Satellite \$ _____	Internet \$ _____
Garbage	\$ _____
Home maintenance (repairs and upkeep)	\$ _____
Other (specify) _____	\$ _____
Food	\$ _____
Clothing	\$ _____
Laundry and dry cleaning	\$ _____
Medial and dental expenses	\$ _____
Transportation (gas, oil, repair)	\$ _____
Recreation, clubs and entertainment	\$ _____
Charitable contributions (church, etc.)	\$ _____
\$ _____	
Insurance (not deducted from wages or included in mortgage)	
Homeowner's or renter's (put NA if in escrow)	\$ _____
Life	\$ _____
Health	\$ _____
Auto	\$ _____
Other (dental/optical)	\$ _____
\$ _____	
Taxes (not deducted from wages or included in mortgage)	
Real Estate (put NA if in escrow) (divide yearly by 12)	\$ _____
Personal (vehicles - divide yearly by 12)	\$ _____
Other (specify): _____	\$ _____
Installment payments:	
Auto	\$ _____
Other _____	\$ _____
Other _____	\$ _____
Furniture/Appliances	\$ _____
Student Loans	\$ _____
Other (specify) _____	\$ _____
Alimony, child support paid to others	\$ _____
Payments for support of people not living with you	\$ _____
Name of person: _____	

STATEMENT OF FINANCIAL AFFAIRS

Income from employment or operation of business:

2013 _____
2014 _____

Income other than from employment or operation of business:

2013 _____ From where _____
2014 _____ From where _____

Payments to creditors:

List all payments made to creditors in the last 90 days:

Name of creditor: _____ amount _____
Name of creditor: _____ amount _____
Name of creditor: _____ amount _____
Name of creditor: _____ amount _____
Name of creditor: _____ amount _____

Are you involved in any lawsuits, garnishments, executions, etc., If so:

Caption of Suit: _____
Nature of proceeding: _____
Court or agency: _____
Status or Disposition: _____

Any repossessions, foreclosures or returns within the last year?

Name of creditor: _____
Date of repossession, foreclosure or return: _____
Description of property: _____

Is anyone holding property for you?

Name and address of person holding property: _____
Description of Property: _____

Have you given away any property in the last year?

Description of Property: _____
To whom: _____

Have you lost any property due to fire, theft, gambling, burglary within the last year?

Description of Property and value: _____

Details: _____

Have you made any payments for debt counseling or bankruptcy?

Name of Payee _____

Address: _____

Date of payment: _____ Amount of payment \$ _____

Have you transferred any property within the last two years? If Yes:

To whom transferred: _____

Address: _____

Date: _____ Description of Property: _____

Have you closed any financial accounts? If yes:

Name of Institution: _____

Address: _____

Type of account: _____ Account Number: _____

Amount and date of sale/closing: _____

Do you have a safe deposit box? If yes:

Name of Institution: _____

Address: _____

Names and Addresses of anyone with access: _____

Description of contents: _____

Are you holding property for anyone? If yes:

Name: _____

Address: _____

Description of property: _____

Location of property: _____

Prior address, if moved in the last 3 years: _____

Are you in trouble with the Environmental Protection Agency for any reason? _____

In the last six years, have you been in business for yourself? If yes:

Name of business: _____

Location: _____

Nature of business: _____

Beginning date: _____ Ending date: _____

Tax ID #: _____

I/We hereby verify that the above provided information is accurate and complete. I/We recognize that the Wolfe Law Firm will not be independently verifying the information contained in this questionnaire.

That failure of myself and/or my spouse to list or provide the requested information above could result in my/our Bankruptcy being dismissed or converted to a Chapter 13 or otherwise may prevent the me/us from obtaining a discharge of any and/or all debt.

I/We hereby indemnify the attorney for any responsibility concerning this information. I/We also recognize that I/we have a duty to review the bankruptcy petition prior to filing and that by signing the petition for bankruptcy, I/we are verifying to the Federal Court that all information is truthful. Under the bankruptcy laws there are possible criminal and civil penalties for providing false information or omitting information. I/We understand that my attorney is not responsible and agree to hold him harmless for the information I provided.

By signing this questionnaire, I/we agree to all the terms as outlined above.

Debtor Printed Name: _____

Signature: _____

Date: _____

Spouse Printed Name: _____

Signature: _____

Date: _____