

BANKRUPTCY QUESTIONNAIRE

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- **The easiest way to contact our office with questions is via E-Mail. Please use the E-Mail address above to ensure a quicker response.**
- **You will also need to make an appointment to see Fran or his paralegal Dawn. Due to our busy schedules we do not allow time for WALK-IN clients.**
- **Please use the back or attach additional information if you run out of space.**

Thank you for your patience and cooperation.

Francis Wm. Henkels

TO PREPARE YOUR BANKRUPTCY PETITION WE WILL NEED THE FOLLOWING ITEMS THAT APPLY TO YOU. IF YOU HAVE INCLUDED IT PLEASE PUT A "X" IN THE BOX TITLED INCLUDED:

	BANKRUPTCY CHECKLIST	INCLUDED
1	Pay stubs or other evidence of payment received by you from an employer during the six months prior to filing the bankruptcy petition.	
2	6 months of bank statements for any and all open bank accounts in your name(s)	
3	Federal income tax return or transcript, including all W-2, 1099, and K-1 forms, for the most two recent taxable periods prior to the filing.	
4	All credit card statements for all credit card accounts in your name.	
5	Bonds, CDs, and/or stock certificates.	
6	Make, model condition, and mileage for all vehicles.	
7	A copy of the Deed, Mortgage or Title Opinion to your real estate in which you have an interest.	
8	Life insurance policies either owned by you or insuring your life.	
9	All leases to which you are a party.	
10	Copy of any paperwork regarding timeshares.	
11	Divorce decree or property settlement, if you are divorced.	
12	Trust agreements, option agreements, notes receivable and other documents relating to property of this type.	
13	Any other documents not listed above that provide proof of the earnings and expenses shown on Schedule I and J.	
14	A copy of the statement of Social Security Income for the current year. A copy of pension income/unemployment	
15	Copy of your counseling packet from Consumer Credit Counseling. If you did not counsel through Consumer Credit then I need a copy of your certificate of initial counseling and a credit report obtained from www.annualcreditreport.com	
16	Completed Bankruptcy Questionnaire on paper or completed off our website located at www.henkelslawdbq.com	

LIST OF CREDITORS

INSTRUCTIONS TO FILL OUT FORM:

1. You must list ALL creditors, even if you intend to pay them.
2. Include IRS or IA/IL Dept. of Revenue if you owe for delinquent income tax.
3. Give complete description of collateral, example-home mortgage, car loan, if applicable.
4. Obtain a listing of creditors from local collection agencies, if applicable, and bring with you to appointment.
5. List all Co-Signers.
6. Provide complete information requested below. Use reverse side of form for additional creditors.

Secured

(Mortgage, Auto, Machinery etc)

<u>CREDITOR'S INFO.</u> *Full Name/Business Name *Mailing Address *Phone/Fax Number	<u>ACCOUNT INFO.</u> *Account Number *Date of Debt/Loan	<u>DESCRIPTION</u>	<u>AMOUNT OWED</u> *Based on most recent account statement

Unsecured

(credit cards, medical, personal loan, payday loan, etc)

<u>CREDITOR'S INFO.</u> *Full Name/Business Name *Mailing Address *Phone/Fax Number	<u>ACCOUNT INFO.</u> *Account Number *Date of Debt/Loan	<u>DESCRIPTION</u>	<u>AMOUNT OWED</u> *Based on most recent account statement

Unsecured

(credit cards, medical, personal loan, payday loan, etc)

<u>CREDITOR'S INFO.</u> *Full Name/Business Name *Mailing Address *Phone/Fax Number	<u>ACCOUNT INFO.</u> *Account Number *Date of Debt/Loan	<u>DESCRIPTION</u>	<u>AMOUNT OWED</u> *Based on most recent account statement

DEBTOR'S INFORMATION

Last

First

Middle

Social Security Number:

____ - ____ - ____

**Have you lived at your Primary address
for more than 3 years?**

YES

NO

Other names used in the last 6 years
(Include Business Names)

Additional Address (past 3 years):

Primary Address:

Street

City

State

Zip

Secondary Address:

Street

City

State

Zip

County of Residence: _____

Prior Bankruptcy within the Last 8 Years:

City/State Filed

Case No.

Date File

Date Discharged

OTHER INCOME FROM:

Unemployment, Social Security, Public Aid,
Food Stamps, Worker's Comp., Child Support, Retirement etc.:

Year 20__ : \$ _____

Description

Year 20__ : \$ _____

Description

JOINT DEBTOR'S INFORMATION (SPOUSE)

(Spouse information to be filled out here ONLY if spouse is filing joint bankruptcy with you)

Last

First

Middle

Social Security Number:

____ - ____ - ____

Have you lived at your Primary address for more than 3 years?

YES NO

Other names used in the last 6 years
(Include Business Names)

Additional Address (past 3 years):

Primary Address:

Street

City

State

Zip

Secondary Address:

Street

City

State

Zip

County of Residence: _____

Prior Bankruptcy within the Last 8 Years:

City/State Filed

Case No.

Date File

Date Discharged

OTHER INCOME FROM:

Unemployment, Social Security, Public Aid,
Food Stamps, Worker's Comp., Child Support, Retirement etc.:

Year 20__ : \$ _____

Description

Year 20__ : \$ _____

Description

ASSETS

List the following information regarding your assets. If you are in business as a sole proprietorship or partnership, list the assets of the business also.

If a creditor has a lien on any item, indicate the name of the creditor. If you are renting/leasing an item, list it but indicate it is a rental and who the creditor is.

Real Estate

List **ALL** real estate you are purchasing or own, including rental properties:

Property Address	Value
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Property Address	Value
------------------	-------

Property Address	Value
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If you are buying real estate by agreement for deed, provide the following and bring a copy of your contract:

All Other Assets

USE BACK IF MORE SPACE IS NEEDED

Cash on hand: _____

Checking/Savings/Credit

Name **ALL** Banks or Credit Unions you have accounts with

Name/Address	Account Number	Account Type
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Name/Address	Account Number	Account Type
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Name/Address	Account Number	Account Type
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Name/Address	Account Number	Account Type
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Security Deposits with Landlords/Others:

Name/Address	Amount
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Name/Address	Amount
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Workers' Compensation claims Personal injury claims, Claims of every Nature:

Name of Company/Person Responsible	Date/Description of Injury
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Name of Company/Person Responsible	Date/Description of Injury
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List the Market Value for each item - Market value means what you could get for the item in a garage sale NOT what you paid for it and NOT what it would cost to replace it. It does not help you to write down an amount that is too high.

(Example: TV-\$100.00, Couch-\$50.00, etc.)

USE BACK OF THIS SHEET IF MORE SPACE IS NEEDED

TV: _____ VCR/DVD: _____

MICROWAVE: _____ STEREO: _____

STOVE: _____ REFRIGERATOR: _____

WASHER: _____ DRYER: _____

COUCH: _____ LOVESEAT: _____

CHAIR: _____ RECLINER: _____

END TABLES: _____ COFFEE TABLE: _____

LAMPS: _____

KITCHEN TABLE/CHAIRS: _____

DINING TABLE/CHAIRS/HUTCH: _____

BOOKCASE: _____ SEWING MACHINE: _____

WATERBED: _____

FULL/QUEEN/KING-BEDROOM SET: _____

TWIN BED/BUNK BED-BEDROOM SET: _____

PIANO/ORGAN: _____ VACUUM SWEEPER: _____

BOOKS: _____ PICTURES: _____

ART OBJECTS: _____ ANTIQUES: _____

MUSIC COLLECTIONS (Record/CD/Tape): _____

COIN COLLECTIONS: _____ STAMP COLLECTIONS: _____

CLOTHING: _____

WATCHES/COSTUME JEWELRY: _____

WEDDING RINGS: _____ COMPUTER/PRINTER: _____

FISHING EQUIPMENT: _____ MISC. SPORTING GOODS: _____

VIDEO CAMERA: _____ FIREARMS: _____

EXERCISE EQUIP: _____ CAMERA: _____

**CASH VALUE in Whole Life Insurance policy (NOT face value of policy)
Term Life Insurance Information (Death Benefit Value & Beneficiaries)**

Insurance Information	Value
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Insurance Information	Value
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Government Bonds, CDs, or other Bonds:

Name/Address	Account Number	Value
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Accounts Receivable:

Name/Address	Account Number	Value
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Divorce Property Settlements to which you are entitled:

Property Address	Value
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Tax Refunds owed to you by IRS or State of Iowa for Last year or upcoming year:

Federal/State	Year	Amount
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Federal/State	Year	Amount
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Life Estates in any real estate:

Property Address	Value
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Interest in Estate of Decedent or Trust:

Estate/Trust Name	Property Address	Value
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Patents, Copyrights, Franchises, or Licenses:

Description	Value
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Safe deposit box: **YES** **NO**

Description	Value
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Storing, using, or holding property for another: **YES** **NO**

Description	Value
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Automobiles, Trucks, Campers, Motor Homes, Motorcycles, ATVs, Semi Trucks, Snowmobiles, Boats, Motors, & Trailers:

Year/Make/Model	Mileage	Owner	Lien holder
Year/Make/Model	Mileage	Owner	Lien holder
Year/Make/Model	Mileage	Owner	Lien holder

Aircraft owned by you or jointly:

Year/Make/Model	Mileage	Owner	Lien holder
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Office Equipment,
Furnishings & Supplies: _____

Machinery, Equipment &
Supplies used in business: _____

Business Inventory: _____

Purebred Animals, Horses & Livestock,
Harvested/Growing Crops: _____

Farming Equipment, Supplies or Feed: _____

Hand Tools, Power Tools, &
Tools Used in Business: _____

Mobile Homes, Utility Sheds,
Swimming pools: _____

Lawn Mowers, Snow Blowers, Roto-tillers, Weed eaters,
Lawn/Garden Tools &
Equipment: _____

Personal Property of any kind not listed
above: _____

Closed/Cashed any Pension Funds or IRA:**YES****NO**

Name/Address	Account Number	Amount Received

Name/Address	Account Number	Amount Received

Closed/Cashed any Stocks or Bonds:**YES****NO**

Name/Address	Account Number	Amount Received

Name/Address	Account Number	Amount Received

LAWSUITS**List any lawsuits to which you are/were a party within the past 12 months:**

(bring a copy of the court documents)

Suit Title/Description	Date

Suit Title/Description	Date

List any wage garnishment or wage assignment within the past 12 months:

(bring a copy of the court documents)

Title/Description	Date

Title/Description	Date

LOSSES**List all losses you suffered from within past 12 months**

(additional paperwork might be needed)

Gambling:

Description	Date of Loss	Amount of Loss

Description	Date of Loss	Amount of Loss

Theft:

Description	Date of Loss	Amount of Loss

Description	Date of Loss	Amount of Loss

Fire:

Description	Date of Loss	Amount of Loss
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Description	Date of Loss	Amount of Loss
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Auto Accident:

Description	Date of Loss	Amount of Loss
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Description	Date of Loss	Amount of Loss
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Other:

Description	Date of Loss	Amount of Loss
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Description	Date of Loss	Amount of Loss
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Description	Date of Loss	Amount of Loss
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Description	Date of Loss	Amount of Loss
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List all payments made to relative/friends for any reason for the past 12 months:

Payee/Address	Date	Amount
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Payee/Address	Date	Amount
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Payee/Address	Date	Amount
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Payee/Address	Date	Amount
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List all gifts, charitable or church contributions greater than \$100 made within the past 12 months:

Payee/Address	Date	Amount Gifted
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Payee/Address	Date	Amount Gifted
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Payee/Address	Date	Amount
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Payee/Address	Date	Amount
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In re _____,
Debtor

Case No. _____
 (if known)

SCHEDULE I - CURRENT INCOME OF INDIVIDUAL DEBTOR(S)

The column labeled "Spouse" must be completed in all cases filed by joint debtors and by every married debtor, whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. Do not state the name of any minor child. The average monthly income calculated on this form may differ from the current monthly income calculated on Form 22A, 22B, or 22C.

Debtor's Marital Status:	DEPENDENTS OF DEBTOR AND SPOUSE	
	RELATIONSHIP(S):	AGE(S):
Employment:	DEBTOR	SPOUSE
Occupation		
Name of Employer		
How long employed		
Address of Employer		

INCOME: (Estimate of average or projected monthly income at time case filed)	DEBTOR	SPOUSE
1. Monthly gross wages, salary, and commissions (Prorate if not paid monthly)	\$ _____	\$ _____
2. Estimate monthly overtime	\$ _____	\$ _____
3. SUBTOTAL	\$ _____ \$ _____	
4. LESS PAYROLL DEDUCTIONS		
a. Payroll taxes and social security	\$ _____	\$ _____
b. Insurance	\$ _____	\$ _____
c. Union dues	\$ _____	\$ _____
d. Other (Specify): _____	\$ _____	\$ _____
5. SUBTOTAL OF PAYROLL DEDUCTIONS	\$ _____ \$ _____	
6. TOTAL NET MONTHLY TAKE HOME PAY	\$ _____ \$ _____	
7. Regular income from operation of business or profession or farm (Attach detailed statement)	\$ _____	\$ _____
8. Income from real property	\$ _____	\$ _____
9. Interest and dividends	\$ _____	\$ _____
10. Alimony, maintenance or support payments payable to the debtor for the debtor's use or that of dependents listed above	\$ _____	\$ _____
11. Social security or government assistance (Specify): _____	\$ _____	\$ _____
12. Pension or retirement income	\$ _____	\$ _____
13. Other monthly income (Specify): _____	\$ _____	\$ _____
14. SUBTOTAL OF LINES 7 THROUGH 13	\$ _____ \$ _____	
15. AVERAGE MONTHLY INCOME (Add amounts on lines 6 and 14)	\$ _____ \$ _____	
16. COMBINED AVERAGE MONTHLY INCOME: (Combine column totals from line 15)	\$ _____	

(Report also on Summary of Schedules and, if applicable, on Statistical Summary of Certain Liabilities and Related Data)

17. Describe any increase or decrease in income reasonably anticipated to occur within the year following the filing of this document:

In re _____,
Debtor

Case No. _____
(if known)

SCHEDULE J - CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR(S)

Complete this schedule by estimating the average or projected monthly expenses of the debtor and the debtor's family at time case filed. Prorate any payments made bi-weekly, quarterly, semi-annually, or annually to show monthly rate. The average monthly expenses calculated on this form may differ from the deductions from income allowed on Form 22A or 22C.

Check this box if a joint petition is filed and debtor's spouse maintains a separate household. Complete a separate schedule of expenditures labeled "Spouse."

- 1. Rent or home mortgage payment (include lot rented for mobile home) \$ _____
 - a. Are real estate taxes included? Yes _____ No _____
 - b. Is property insurance included? Yes _____ No _____
- 2. Utilities:
 - a. Electricity and heating fuel \$ _____
 - b. Water and sewer \$ _____
 - c. Telephone \$ _____
 - d. Other _____ \$ _____
- 3. Home maintenance (repairs and upkeep) \$ _____
- 4. Food \$ _____
- 5. Clothing \$ _____
- 6. Laundry and dry cleaning \$ _____
- 7. Medical and dental expenses \$ _____
- 8. Transportation (not including car payments) \$ _____
- 9. Recreation, clubs and entertainment, newspapers, magazines, etc. \$ _____
- 10. Charitable contributions \$ _____
- 11. Insurance (not deducted from wages or included in home mortgage payments)
 - a. Homeowner's or renter's \$ _____
 - b. Life \$ _____
 - c. Health \$ _____
 - d. Auto \$ _____
 - e. Other _____ \$ _____
- 12. Taxes (not deducted from wages or included in home mortgage payments)
(Specify) _____ \$ _____
- 13. Installment payments: (In chapter 11, 12, and 13 cases, do not list payments to be included in the plan)
 - a. Auto \$ _____
 - b. Other _____ \$ _____
 - c. Other _____ \$ _____
- 14. Alimony, maintenance, and support paid to others \$ _____
- 15. Payments for support of additional dependents not living at your home \$ _____
- 16. Regular expenses from operation of business, profession, or farm (attach detailed statement) \$ _____
- 17. Other _____ \$ _____

18. AVERAGE MONTHLY EXPENSES (Total lines 1-17. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.) \$ _____

19. Describe any increase or decrease in expenditures reasonably anticipated to occur within the year following the filing of this document:

20. STATEMENT OF MONTHLY NET INCOME
- a. Average monthly income from Line 15 of Schedule I \$ _____
 - b. Average monthly expenses from Line 18 above \$ _____
 - c. Monthly net income (a. minus b.) \$ _____