

**WEBSTER & SCHELLI**  
**A PROFESSIONAL CORPORATION**

**BANKRUPTCY INFORMATION WORKSHEETS**  
**ABBREVIATED WEB SITE QUESTIONNAIRE**

*If you choose to schedule a bankruptcy consultation, please complete the following questionnaire. Due to the sensitive nature of the information you are providing, please download the completed questionnaire and bring it with you to your meeting.*

Full Name: \_\_\_\_\_

Other names used: \_\_\_\_\_

Date of Birth \_\_\_\_\_ Marital Status \_\_\_\_\_

SS#/Tax ID#: \_\_\_\_\_ County where you live: \_\_\_\_\_

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

Years at address: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

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

Employer: \_\_\_\_\_ How long? \_\_\_\_\_ Address: \_\_\_\_\_

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

Spouse Full Name: \_\_\_\_\_

Other names used (e.g. maiden name) \_\_\_\_\_

Date of Birth \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

SS#/Tax ID#: \_\_\_\_\_

Address (**if different**) \_\_\_\_\_

Years at address: \_\_\_\_\_ County where you live: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

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

Employer: \_\_\_\_\_ How long? \_\_\_\_\_ Address: \_\_\_\_\_

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

Dependents:

Names

Age Relationship

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

PRIOR BANKRUPTCIES: If either spouse has previously filed a bankruptcy petition, please list the case number, date and the location where you filed. Please bring all papers relating to the action to our office.

---

**YOUR ASSETS**

1. **Real Property:**

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

Date Purchased \_\_\_\_\_ Amount Paid \_\_\_\_\_

Estimated Fair Value \_\_\_\_\_ Date last appraised \_\_\_\_\_

Amount of 1<sup>st</sup> Mortgage \_\_\_\_\_ Amount of 2<sup>nd</sup> Mortgage \_\_\_\_\_

Other Liens \_\_\_\_\_

2. **Checking, savings or other financial accounts**, certificates of deposit or shares in banks, savings, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives.

<u>Bank Name &amp; Address</u>	<u>Acct #</u>	<u>Type of Account</u>	<u>Value</u>
--------------------------------	---------------	------------------------	--------------

- 1.
- 2.
- 3.

3. If you have any security deposits with public utilities, telephone companies, landlords, and others, please list name of creditor and the amount of the deposit.

---

4. **Retirement Assets** (list IRAs, Pension Plans, etc.)

---

5. **Stock and interests in incorporated and unincorporated businesses.** Please itemize.

---

6. **Any other debts owed to you** (including tax refunds - Please give details)

---

7. **Automobiles, trucks, boats,** ATVs, Personal Water Crafts, trailers, other vehicles and accessories.  
List Make, Model, Year, Mile (Hours), Damage, Need for repairs, Loan Amount

---

---

---

8. **Other personal property** of any kind not already listed. Please itemize.

---

---

---

### **YOUR DEBTS**

1) Can any spouse, former spouse, or child claim alimony, maintenance or support against you? If yes, please give details and the amount of any arrearage. \_\_\_\_\_

---

2) If you owe taxes to any governmental unit, please list the type of tax, the amount owed and the years of liability. \_

---

**YOUR BUDGET**

**INCOME**

Wages \$ \_\_\_\_\_ \*

Monthly Net Business Income \$ \_\_\_\_\_

If you are an owner of a business, please bring a current profit and loss statement and your last two years, business income tax returns

Monthly net income from Real Property \$ \_\_\_\_\_

Monthly Interest and Dividends \$ \_\_\_\_\_

Monthly Pension or Retirement Income \$ \_\_\_\_\_

Monthly Social Security \$ \_\_\_\_\_

Monthly Alimony or Child Support received \$ \_\_\_\_\_

Monthly Unemployment/Social Assistance \$ \_\_\_\_\_

Please Explain: \_\_\_\_\_

Other Monthly Income: \$ \_\_\_\_\_

Please Explain: \_\_\_\_\_

Itemize Income changes of more than 10% expected in the next 12 months:

---

---

---

**\* Please bring all of your payroll stubs for the last six months**

**Monthly Expenses**

Rent/Mortgage/Lot-Rental (tax & insurance included) \$ \_\_\_\_\_  
(please circle the type that applies)

2nd Mortgage \$ \_\_\_\_\_

Electricity and Heating Fuel \$ \_\_\_\_\_

Water and Sewer \$ \_\_\_\_\_

Telephone \$ \_\_\_\_\_

Other Utilities: \_\_\_\_\_ \$ \_\_\_\_\_

2: \_\_\_\_\_ \$ \_\_\_\_\_

Home Maintenance \$ \_\_\_\_\_

Food \$ \_\_\_\_\_

Clothing \$ \_\_\_\_\_

Laundry and Dry Cleaning \$ \_\_\_\_\_

Medical and Dental Expenses \$ \_\_\_\_\_

Transportation (not including car payment) \$ \_\_\_\_\_

Recreation, Clubs & Entertain., Newspapers, Magazines \$ \_\_\_\_\_

Charitable Contributions \$ \_\_\_\_\_

Homeowner's or Renter's Insurance \$ \_\_\_\_\_

Life Insurance \$ \_\_\_\_\_

Health Insurance \$ \_\_\_\_\_

Auto Insurance \$ \_\_\_\_\_

Other Insurance: \_\_\_\_\_ \$ \_\_\_\_\_

Describe Taxes not included with mortgage or payroll: \$ \_\_\_\_\_  
\_\_\_\_\_

Auto Installment Payments \$ \_\_\_\_\_  
for which car \_\_\_\_\_

Auto Installment Payments for which car _____	\$ _____
Other Installments: _____	\$ _____
Alimony & Maintenance	\$ _____
Regular Expenses from Business, Profession or Farm	\$ _____
Other Expenses: _____	\$ _____
2: _____	\$ _____
3: _____	\$ _____

**Other Information**

Please state your Gross Income for the current year: \_\_\_\_\_

Please state your Gross Income for last year \_\_\_\_\_

Please state your Gross income for two years ago \_\_\_\_\_

Have you been sued? (if you have been sued, please bring copies of all documents related to the litigation)

If you have moved within the last two years, list all your addresses.

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

Name(s) used: \_\_\_\_\_

Dates: \_\_\_\_\_

**Your Debts**

**Please simply bring the most recent statement for all of you credit card bills, medical bills, mortgages, auto loans, leases, etc. If you are no longer receiving statements, please bring a list of all you known debts. Please be sure to include notices from collection agencies.**