

Bankruptcy Intake Questionnaire

Your Name: _____ Spouse Name: _____

Are you employed? Yes___ No___ Are you employed? Yes___ No___

Income this year before taxes: \$_____ Income this year before taxes: \$_____

Income last year before taxes: \$_____ Income last year before taxes: \$_____

Income sources other than employment: _____

How many children under 18yo living in your household? _____

How many children over 18yo or other adults living in your household? _____

Taxes and Tax Returns

Are you current on filing your tax returns? Yes___ No___ If not, which tax years are delinquent? _____

Do you owe any taxes? Yes___ No___ If you answer yes, list the taxes owed:

Tax year: _____ Amount owed: \$_____ Tax type (circle): Federal / State/ Other

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Did you receive a tax refund for the most recent tax year? Yes___ No___ How much? \$_____

Do you expect a tax refund for the upcoming tax year? Yes___ No___ How much? \$_____

Property

Do you own a house or land? Yes___ No___ If yes, please provide the following information:

Property 1: Address: _____ Value: \$_____ Mortgage balance: \$_____

Monthly payment: \$_____ Behind on payments? No___ Yes___ (# of months _____)

Property 2: Address: _____ Value: \$_____ Mortgage balance: \$_____

Monthly payment: \$_____ Behind on payments? No___ Yes___ (# of months _____)

Do you own a car, motorcycle, or other vehicle? Yes___ No___ If yes, provide the following information:

Vehicle 1: Description: _____ Value: \$_____ Loan balance: \$_____

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Monthly payment: \$_____ Behind on payments? No___ Yes___ (# of months _____)

Vehicle 2: Description: _____ Value: \$_____ Loan balance: \$_____

Monthly payment: \$_____ Behind on payments? No___ Yes___ (# of months _____)

Vehicle 3: Description: _____ Value: \$_____ Loan balance: \$_____

Monthly payment: \$_____ Behind on payments? No___ Yes___ (# of months _____)

Does anyone owe you money? Yes___ No___ Explain: _____

List any other property or asset you own (excluding household furniture) that is valued at more than \$200: _____

Debts

How much do you owe in credit card debt? \$_____

How much do you owe in medical bills? \$_____

How much do you owe for student loans? \$_____

Please identify any other debts that you owe (don't list debts listed elsewhere on this form):

Creditor Name: _____ Amount: \$_____ Monthly Payment: \$_____

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Are you a defendant in any lawsuit? Yes___ No___ Name of Plaintiff: _____

Are your wages or bank accounts being garnished or about to be garnished? Yes___ No___

Signature: _____

Date: _____

Spouse Signature: _____

Date: _____

ATTORNEY NOTES:

