

ATTACHMENT TO CLIENT QUESTIONNAIRE

Please attach the following to this paperwork when you provide it:

- Copy of driver's license and social security card
- Proof of **ALL** income received in the **past 6 months** (this includes paychecks, social security, unemployment, retirement, disability, and withdrawals from retirement plans or IRA accounts). We will need these up until your case is filed with the court, so please continue to provide us with your paycheck stubs (and proof of other income) as you receive them
- Credit counseling certificate (cannot file your case without this certificate of completion)
- County tax assessment for mobile home, house, or any other taxable property for which you receive a tax bill
- Proof of insurance (copy of your insurance card is OK) for your house, mobile home, and/or each vehicle
- Tax returns for the previous 2 years, **including W2 or 1099 forms and all schedules** (indicate here if returns were not required, and why:
_____)
- Most recent mortgage statement
- If you are filing a Chapter 7 case:** we need copies of your bank statements for the past 6 months for **ALL** accounts with your name on it

Part C.

1. Have you filed a bankruptcy in the last 10 years? No Yes

If yes, in what state was it filed? _____

Case Number: _____ Date filed: _____

2. Are you, your business, your spouse, or your spouse's business currently involved in any bankruptcy cases? No Yes

If yes, name of Debtor: _____

Relationship to you: _____

Case Number: _____ Date filed: _____ Judge: _____

In what state was it filed? _____

3. Do you own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety? No Yes (If yes, we will need to discuss this with you.)

4. Do you rent your home? No Yes

If you rent your home, has there been any litigation between you and your present landlord (if yes, please explain)? No Yes: _____

5. Have you lived at your current address for at least 2 years? No Yes

If you answered no, please list your previous address:

Address: _____

City: _____ State: _____ Zip: _____ County: _____

6. Do you pay child support/alimony or any other domestic support? No Yes

If yes, to who:

Name _____ Phone Number _____

Address _____

Amount each month _____

Government agency _____

Are you current or past due? _____ If past due, how much? _____

When will this obligation end? _____

7. Are you self employed or have any ownership in any businesses? No Yes

If yes, please answer below:

Name of Company and address: _____

Nature of business: _____

Dates business existed to/from: _____

Percentage of ownership: _____

Type of business: LLC Sole proprietorship Partnership 5% owner

Value of business, if any: _____ Debts on business: _____

Value of assets: _____

***if you have inventory or major assets of the business, please submit a list of this to the paralegal.**

Section 2 • Property

Part A. Real Estate (Schedule A)

List all real estate which you own or are a joint owner of, even if you still owe money on the property, **including timeshares** - for timeshares, please indicate where the timeshare is located and week(s) you own.

If you own land with a mobile home, please indicate the size of the land, and the year, make, dimensions and model of the mobile home.

If you own a mobile home and do not own the land on which it sits, please put the mobile home information in Part B. Personal Property.

Address, TMS#, market value, and description of property	Owned by Husband, Wife, Joint	Your % ownership, if you and spouse are not sole owners	List all mortgages, home equity loans, judgments and liens: What is the payoff of the loan, lien or mortgage? What is your monthly payment? Attach statement, if possible.
Mobile homes - address and TMS #	Width & Length	Value	Mortgage, judgments, liens, etc.

Automobiles, trucks, trailers, and accessories. List all vehicles in your name, even if co-signed for someone else.

Year	Make	Model	Mileage	VIN#
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Part B. Personal Property (Schedule B) - YARD SALE VALUE

For each type of property listed below, indicate whether you own any property in that category, and, if you do, fill in the remaining information. You can think of the value as resale value. Please also indicate who owns it - husband (H), wife (W), joint (J) for husband and wife. If you are married, we will assume all items are joint unless otherwise indicated. If you are not married, please indicate if anything you own listed here is also owned with anyone else, and put their name and relation to you

PLEASE INDICATE WHAT YOU COULD RESELL IT FOR,
IN PRESENT CONDITION

Type of Property	Check if None	Description & Location	Husband, Wife, or Joint	Value of Item(s)
Cash on hand, for now, please estimate. We will need an updated amount closer to filing				
Checking/Savings Account, certificates of deposit, other bank accounts - please indicate the balances in each account (need an update on the day you file)		Name of Bank:		
Security deposits held by utility companies, landlord				
Household goods, furniture, including beds, mattresses, couches, etc.				
Miscellaneous electronics (TV's, cell phones, radio, etc)				
Collectibles of value				
Clothing				
Furs and jewelry				
Firearms				
Sports, photographic, hobby equipment				
Interest in life insurance policies:		Name of life insurance company: _____ Beneficiary: _____ Whole or Term policy? _____ If whole, whats the cash value? _____		
Animals, including domestic pets				

Machinery, tools, fixtures, etc.				
Interests in pension or profit sharing plans, including 401(K) retirement plans and state retirement plans		Name of company: _____ Balance: _____		
Interest in IRA(s)		Name of company: _____ Balance: _____		
Stock OR Bonds		Name of company: _____ # of shares: _____ type of stock: _____ Value: _____ (incorporated/sole proprietorship)		
Interests in partnerships/joint ventures				
Accounts receivable - (money owed you) through business or for any reason				
Past due alimony/child support which is owed to you				
Other debts owed to you, including tax refunds				
Equitable or future interests or life estates				
Other claims you might have, counterclaims				
Aircraft and accessories				
Annuities - please list name of company				
Crops (growing or harvested); farming equipment and implements; farm supplies, chemicals, feed				
Other personal property, of any kind, not listed above				

Section 3 • Current Income

Part A and Part B need to both be completed, if married, whether filing alone or jointly.

***Please provide the last six months of income prior to filing**

Marital Status:

- Married
- Single
- Divorced
- Separated
- Widowed

List all dependents of you and your spouse, their ages, and their relationship to you:		
Name	Age	Relationship

Part A. Debtor's Income

1. What is your occupation? _____
2. Name and address of your employer:

3. How long employed there? _____
4. How often do you get paid? weekly
 every two weeks twice a month
 once a month other: _____
5. Paycheck breakdown:
Amount of gross pay.....\$ _____

Other monthly income:

- a) if self employed, provide six months of P&L statements or provide a gross, expense, and net sheet for six months
- b) income from rental property \$ _____
- c) social security income \$ _____
- d) retirement or pension income \$ _____
- e) alimony or child support \$ _____
- g) unemployment per week \$ _____
- g) interest or dividends \$ _____
- h) commissions or bonuses \$ _____
- i) contributions to household \$ _____

Describe all other sources of income not listed including part time work: _____

Is there any reason why the information you've provided doesn't fully disclose your current income or the income you expect in the months ahead?

Part B. Joint Debtor's Income

1. What is your occupation? _____
2. Name and address of your employer:

3. How long employed there? _____
4. How often do you get paid? weekly
 every two weeks twice a month
 once a month other: _____
5. Paycheck breakdown:
Amount of gross pay.....\$ _____

Other monthly income:

- a) if self employed, provide six months of P&L statements or provide a gross, expense, and net sheet for six months
- b) income from rental property \$ _____
- c) social security income \$ _____
- d) retirement or pension income \$ _____
- e) alimony or child support \$ _____
- g) unemployment per week \$ _____
- g) interest or dividends \$ _____
- h) commissions or bonuses \$ _____
- i) contributions to household \$ _____

Describe all other sources of income not listed including part time work: _____

Is there any reason why the information you've provided doesn't fully disclose your current income or the income you expect in the months ahead?

Section 4 Current Expenses

Do you and your spouse maintain separate households? No Yes

If so, fill one page out for your household and another for your spouse's.

Indicate how much you pay for each item each month:

- 1. Your rent or your home mortgage.....\$ _____
 Does that amount include real estate taxes? No Yes
 If no, how much are your real estate taxes per year? \$ _____
 Does it include property insurance? No Yes
 If no, how much is your monthly homeowners insurance? \$ _____
 Lot rent (if applicable).....\$ _____
 Homeowner association dues (if applicable)\$ _____
- 2. Home maintenance, including repairs and general upkeep.....\$ _____
- 3. Electricity, gas, and heating.....\$ _____
- 4. Water and sewage.....\$ _____
- 5. Telephone, cellphone, cable, internet, satellite, etc.....\$ _____
- 6. Food.....\$ _____
- 7. Childcare, children sports, and education expenses for children under 18 years old.....\$ _____
- 8. Clothing, laundry, and dry cleaning.....\$ _____
- 9. Medical and dental expenses.....\$ _____
- 10. Transportation (gasoline/maintenance, not including car payments).....\$ _____
- 11. Entertainment, recreation, newspapers, magazines.....\$ _____
- 12. Charitable contributions (if to a church, indicate the name of the church).....\$ _____
- 13. Insurance **not** deducted from paycheck:
 a) Auto insurance.....\$ _____
 b) Life insurance.....\$ _____
 c) Health insurance.....\$ _____
 d) Other insurance (describe) _____ \$ _____
- 14. Property taxes (mobile home, vehicle, boat, etc.).....\$ _____
- 15. Installment payments for car, furniture, etc. (specify to whom payments are made)
 _____ \$ _____
 _____ \$ _____
 _____ \$ _____
- 16. Alimony, maintenance and support paid to others.....\$ _____
- 17. Payments for support of dependents not living at home
 (Care for elderly, chronically ill, or disabled family members).....\$ _____
- 18. Court ordered payments not already listed: _____ \$ _____
 _____ \$ _____
- 19. Education necessary to maintain employment.....\$ _____
- 20. Education for a physically or mentally challenged child.....\$ _____
 - Disability insurance (if not listed on line 14).....\$ _____
- 21. Health savings accounts.....\$ _____
- 22. Non-mandatory contributions to retirement accounts (including loan repayment).....\$ _____
- 30. Other expenses not listed above (please specify):
 _____ \$ _____
 _____ \$ _____

How many people live in your household, including yourself? _____

Please list their names, ages, and their relation to you:

Section 5 Statement of Financial Affairs

Please provide information regarding you and your spouse - you must provide information about your spouse even if he/she is not filing, unless you are living in separate households. If you are single or divorced, please excuse our use of "husband/wife" and fill in the information only once. Please keep in mind that we will be preparing the Court papers from this information, so if **anything changes from this date forward**, you must notify us.

IF YOU ANSWER YES TO ANY QUESTIONS, PLEASE GIVE AN EXPLANATION!

1. Did you receive any income from any job (employment) or from operation of a business during the last **two years**?..... Yes No

If yes, please fill out the chart below (if filing alone, please fill in the information only once). If more than one job, please list each job amount earned as a separate figure:

Period	Amount earned during that period		Name of company(ies) earned from
January 1, 2020 through today's date	Husband		
	Wife		
2019	Husband		
	Wife		
2018	Husband		
	Wife		

2. Did you receive any income from any other source (including social security, retirement, child support, rental income, unemployment, etc.) during the last **two years**?..... Yes No

If you answer yes to this question, please use either the table above to specify, or write in the information here.

3. A. Did you make any payments (not including regular monthly payments) of more than \$600 to any creditor within the last 90 days?..... Yes No

Name & Address of Creditor	Date(s) of Payment(s)	Amount Paid	Amount Still Owed

B. Did you make any payments or other transfers, more than \$5,000, to any creditor in the last 90 days?..... Yes No

Name & Address of Creditor	Date(s) of Payment(s)	Amount Paid	Amount Still Owed

C. Did you make any payments to any relatives, business partners, or other “insiders” within the last year? (“Insiders” include your relatives or other people with a special relationship with you)..... Yes No

Name and address of creditor and relationship to you	Date(s) of Payment(s)	Amount Paid	Amount Still Owed

D. Did you make any payments for any tax debt on any credit card at any time? (Tax debt includes debts to both federal and state government entities)..... Yes No

Name of tax creditor	Date(s) of Payment(s)	Amount Paid	Amount Still Owed

4. A. Have you been sued or been a part of any lawsuit (including suing someone else), in any court, for any reason, within the last **year**?..... Yes No

B. Have you had any money/property/asset/item which was garnished, seized, or attached within the last **year**?..... Yes No

If you answered yes to *either* questions (#4 A or B) above, you must provide us with a copy of the lawsuit paperwork, so that we can ensure that you are fully protected, and please provide the information below:

Creditor (or other) who brought lawsuit	Type of lawsuit	Court or place suit brought	Result
	Foreclosure Repossession Personal Injury Workers Compensation Social Security Other:		Settled Still Pending Waiting for Hearing Judgment Other:

5. Have you had any money/property/asset/item which was repossessed or foreclosed within the last year?..... Yes No

If you answered yes to the above, you must provide us with a copy of any paperwork you have received, and please provide the information below:

Description of asset (year, make & model, if car)	When was asset/item taken?	Name and address of creditor

6. A. Have you sold, given away, mortgaged, or otherwise disposed of any asset/item to anyone within the last **six years**?..... Yes No

If yes, please fill in the chart below.

PLEASE NOTE: If you plan to sell/give away anything after today, you must notify us before you do so.

What did you sell or transfer (description)	Who did you sell it to? (Name, address, relation)	How much did you receive for the sale?	When was it sold?

B. Has a court appointed a custodian, receiver, or any other official over your assets within the last **year**?..... Yes No

7. A. Have you made any gifts of more than \$200 total to any one person in the last **year**?..... Yes No

B. Have you made any charitable contributions to any one church or other charitable institution of more than \$100 in the last **year**?..... Yes No

If you answered yes to *either* question (#7 A or B) above, please explain below:

Recipient	How much did you give? (Total amount in last year)	When/how often did you give? (Example: monthly/weekly/only once)

8. Have you had any losses from fire, theft, gambling or other casualty within the last **year**?..... Yes No

9. A. Have you made any payments related to debt counseling or bankruptcy, *other than to this firm*, within the last **year**?..... Yes No

B. Did you pay the attorney fees for this case with your own money?..... Yes No
 If "no", please tell who has or will be helping you: _____

11. A. Did you close, sell, or otherwise change any accounts (savings, checking, IRAs, stocks, CDs, 401(k)s, annuities, etc.) within the last **year**?..... Yes No

If you answered yes to the above, please explain below:

Name of bank/financial institution/stock and address	Type of account	Last four of Account number	Final balance (before closing/sale)	Date of account closing or sale (when)
	savings checking IRA stock	CD 401(k) annuity other		
	savings checking IRA stock	CD 401(k) annuity other		

B. Did you transfer any property to a self-settled trust or a similar device, of which you are the beneficiary, within the last **ten years**?..... Yes No
 If yes, please explain: _____

12. Do you have any safe deposit boxes or any other depository in which you have had anything of value within the last **year**?..... Yes No

13. Has any creditor, including a bank, taken money from any account or has a tax refund been intercepted within the last **six months**?..... Yes No

14. Are you holding, storing, or using any asset/item/property which is owned by another person? (This would include using someone else's car)..... Yes No
 If you answered yes to the above question, please explain: _____

15. A. Have you lived at the same address for the last **three years**?..... Yes No

B. Have you used any other address for a creditor within the last **three years**?G Yes G No

If you answered no to #14 A above, or yes to #15 A or B, please fill out this chart:

Address	Name used (if separate from spouse)	Dates you were there/used the address

16. A. Have you resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the last **eight years**?..... Yes No
 B. If yes, were you married before or during that time?..... Yes No

17. A. Have you ever been contacted in any way (in writing, as an employee or owner, business or personal) by a governmental agency and told that you or your business may be liable or potentially liable under or in violation of an Environmental Law; or contacted/provided notice to a governmental agency of a release of Hazardous Material; or been any part of a proceeding, including settlements or orders, brought under any Environmental Law?..... Yes No

18. A. Have you been an officer, director, managing executive, or owner of more than 5% of the voting securities of any business within the last **six years**?..... Yes No

B. Have you been a partner, other than a limited partner, of a partnership within the last **six years**?..... Yes No

C. Have you been a sole proprietor (owner of a business), or otherwise self-employed within the last **six years**?..... Yes No

If you answered yes to *any* of the above questions, #18 A through C, you may be asked to complete another questionnaire. **Please ask for a copy if one has not already been given to you.**

Section 4 • Unexpired Leases and Contracts

List below any leases or other contracts that are still current that you are a party to. Include residential, car and business leases, and service or business.

Nature (type) and Description of Contract	Name and Address of Other Party or Creditor	Date Contract Expires

Section 5 • Debts

Please list **ALL** of your debts, including those you intend to keep paying.

***Also include debts owed to the Internal Revenue Service and SC Department of Revenue, if applicable, indicating the year(s) for which these taxes are owed.**

Name and Address of Creditor (Correspondence Address), Account Numbers and Balances Owed	Name <u>and</u> Address of Any Co-signer on the Account	Type of Debt	Collateral and When Did You Open Account?
1.		Mortgage Car Loan Bank Loan Personal Loan Student Loan Credit Card Medical Bill Unpaid Rent Unpaid Taxes Unpaid Alimony Unpaid Child Support Other:	
Last four of account no:			
Balance:			
2.		Mortgage Car Loan Bank Loan Personal Loan Student Loan Credit Card Medical Bill Unpaid Rent Unpaid Taxes Unpaid Alimony Unpaid Child Support Other:	
Last four of account no:			
Balance:			
3.		Mortgage Car Loan Bank Loan Personal Loan Student Loan Credit Card Medical Bill Unpaid Rent Unpaid Taxes Unpaid Alimony Unpaid Child Support Other:	
Last four of account no:			
Balance:			
4.		Mortgage Car Loan Bank Loan Personal Loan Student Loan Credit Card Medical Bill Unpaid Rent Unpaid Taxes Unpaid Alimony Unpaid Child Support Other:	
Last four of account no:			
Balance:			

Name and Address of Creditor (Correspondence Address), Account Numbers and Balances Owed	Name and Address of Any Co-signer on the Account	Type of Debt	Collateral and When Did You Open Account?
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5.		Mortgage Car Loan Bank Loan Personal Loan Student Loan Credit Card Medical Bill Unpaid Rent Unpaid Taxes Unpaid Alimony Unpaid Child Support Other:	
Last four of account no:			
Balance:			
6.		Mortgage Car Loan Bank Loan Personal Loan Student Loan Credit Card Medical Bill Unpaid Rent Unpaid Taxes Unpaid Alimony Unpaid Child Support Other:	
Last four of account no:			
Balance:			
7.		Mortgage Car Loan Bank Loan Personal Loan Student Loan Credit Card Medical Bill Unpaid Rent Unpaid Taxes Unpaid Alimony Unpaid Child Support Other:	
Last four of account no:			
Balance:			
8.		Mortgage Car Loan Bank Loan Personal Loan Student Loan Credit Card Medical Bill Unpaid Rent Unpaid Taxes Unpaid Alimony Unpaid Child Support Other:	
Last four of account no:			
Balance:			
9.		Mortgage Car Loan Bank Loan Personal Loan Student Loan Credit Card Medical Bill Unpaid Rent Unpaid Taxes Unpaid Alimony Unpaid Child Support Other:	
Last four of account no:			
Balance:			

Name and Address of Creditor (Correspondence Address), Account Numbers and Balances Owed	Name and Address of Any Co-signer on the Account	Type of Debt	Collateral and When Did You Open Account?
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10.		Mortgage Car Loan Bank Loan Personal Loan Student Loan Credit Card Medical Bill Unpaid Rent Unpaid Taxes Unpaid Alimony Unpaid Child Support Other:	
Last four of account no:			
Balance:			
11.		Mortgage Car Loan Bank Loan Personal Loan Student Loan Credit Card Medical Bill Unpaid Rent Unpaid Taxes Unpaid Alimony Unpaid Child Support Other:	
Last four of account no:			
Balance:			
12.		Mortgage Car Loan Bank Loan Personal Loan Student Loan Credit Card Medical Bill Unpaid Rent Unpaid Taxes Unpaid Alimony Unpaid Child Support Other:	
Last four of account no:			
Balance:			
13.		Mortgage Car Loan Bank Loan Personal Loan Student Loan Credit Card Medical Bill Unpaid Rent Unpaid Taxes Unpaid Alimony Unpaid Child Support Other:	
Last four of account no:			
Balance:			
14.		Mortgage Car Loan Bank Loan Personal Loan Student Loan Credit Card Medical Bill Unpaid Rent Unpaid Taxes Unpaid Alimony Unpaid Child Support Other:	
Last four of account no:			
Balance:			