

PRELIMINARY DEBT MANAGEMENT QUESTIONNAIRE*

Date: _____

Name: _____ Other names you are also known as: _____

SSN: _____ DOB: _____ How long have you been a resident of Missouri? _____

Spouse: _____ Other names you are also known as: _____

SSN: _____ DOB: _____ How long have you been a resident of Missouri? _____

Address: _____ City/State: _____ Zip: _____

Alternate mailing address: _____ Email: _____

Work Phone:() _____ Home Phone:() _____ Cell:() _____

Have you filed bankruptcy before? Yes ___ No ___ Chapter _____ Date of filing _____

RENTING HOME

Are you leasing your residence? Yes ___ No ___ Do you intend to assume/keep the lease? Yes ___ No ___

PURCHASING HOME

Name(s) on deed: _____ Number of mortgages on property: _____

1st lender: _____ Monthly payment:\$ _____ Balance owed: \$ _____ Payments behind: _____

Does mortgage include taxes? _____ Does mortgage include insurance? _____

2nd lender: _____ Monthly payment:\$ _____ Balance owed: \$ _____ Payments behind: _____

Date purchased/refinanced: _____ Purchase Price: _____ Fair Market Value:\$ _____

FORECLOSURE date, if any: _____ Foreclosing attorney name: _____

PURCHASE OF OTHER REAL ESTATE

Name(s) on deed: _____ Number of mortgages on property: _____

1st lender: _____ Monthly payment:\$ _____ Balance owed: \$ _____ Payments behind: _____

Does mortgage include taxes? _____ Does mortgage include insurance? _____

2nd lender: _____ Monthly payment:\$ _____ Balance owed: \$ _____ Payments behind: _____

Date purchased/refinanced: _____ Purchase Price: _____ Fair Market Value:\$ _____

FORECLOSURE date, if any: _____ Foreclosing attorney name: _____

VEHICLES-CARS/BOATS/MOTORCYCLES/TRAILERS/RECREATIONAL VEHICLES

1): Year: _____ Make: _____ Model: _____ Type: _____ (e.g. truck, car, SUV, etc.)

Name(s) on title: _____ Current mileage: _____ FMV: _____

Lender: _____ Monthly payment: \$ _____ Balance owed: \$ _____ Payments behind: _____

Known defects at this time: _____ Date Purchased: _____

2): Year: _____ Make: _____ Model: _____ Type: _____ (e.g. truck, car, SUV, etc.)

Name(s) on title: _____ Current mileage: _____ FMV: _____

Lender: _____ Monthly payment: \$ _____ Balance owed: \$ _____ Payments behind: _____

Known defects at this time: _____ Date Purchased: _____

3): Year: _____ Make: _____ Model: _____ Type: _____ (e.g. truck, car, SUV, etc.)

Name(s) on title: _____ Current mileage: _____ FMV: _____

Lender: _____ Monthly payment: \$ _____ Balance owed: \$ _____ Payments behind: _____

Known defects at this time: _____ Date Purchased: _____

4): Year: _____ Make: _____ Model: _____ Type: _____ (e.g. truck, car, SUV, etc.)

Name(s) on title: _____ Current mileage: _____ FMV: _____

Lender: _____ Monthly payment: \$ _____ Balance owed: \$ _____ Payments behind: _____

Known defects at this time: _____ Date Purchased: _____

PERSONAL PROPERTY

1. How much cash do you usually have on hand? \$ _____
2. List any bank accounts in your name by: bank name, type of account and an average daily balance for each. _____

3. List any security deposits with a landlord or utility company by: amount and name of deposit holder. _____
4. Describe your household goods and provide current standard resale values for each item, identifying such items as furniture, appliances, etc. _____

*Additional information will be required before a final recommendation will be made by attorney/counselor

- 5. List any books, pictures, antiques or Collections of worth with resale values.

- 6. Provide a resale value for your clothing.

- 7. List any furs or jewelry with resale values.

- 8. List any firearms, sports, photographic or other hobby equipment with resale values.

- 9. List any interest in insurance policies by: insurance company, cash value and type (term or whole life).

DO YOU OWN OR HAVE ANY INTEREST IN ANY OF THE FOLLOWING:

- a. Annuities. \$ _____
- b. Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. \$ _____
- c. Stock and interests in incorporated and unincorporated businesses. \$ _____
- d. Interests in partnerships or joint ventures. \$ _____
- e. Government and corporate bonds and other negotiable and non-negotiable instruments. \$ _____
- f. Accounts receivable. \$ _____
- g. Alimony, maintenance, support, and property settlements to which the debtor is or may been titled. \$ _____
- h. Other liquidated debts owing debtor including tax refunds. \$ _____
- i. Equitable or future interests, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule of Real Property. \$ _____
- j. Contingent and noncontingent interests in estate of decedent, death benefit plan, life insurance policy, or trust. \$ _____
- k. Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. \$ _____
- l. Patents, copyrights, and other intellectual property. \$ _____
- m. Licenses, franchises, and other general intangibles. \$ _____
- n. Client lists or other compilations containing personally identifiable information \$ _____
- o. Aircraft and accessories. \$ _____
- p. Office equipment, furnishings, and supplies. \$ _____
- q. Machinery, fixtures, equipment, and supplies used in business. \$ _____
- r. Inventory. \$ _____
- s. Animals-including household pets. \$ _____
- t. Crops-growing or harvested. Give particulars. \$ _____
- u. Farming equipment and implements. \$ _____
- v. Farm supplies, chemicals, and feed. \$ _____
- 33. Any other personal property not already listed? If so, please itemize.

OTHER PROPERTY ISSUES

Have you had a work-related injury or other medical condition within the last 2 years? _____
 If yes, have you filed a claim? _____

Have you had any other injuries in the last 5 years? _____ If yes, have you filed a claim? _____

Have you transferred any property or money to another individual in the last 4 years? _____
 If so, explain: _____

Have you filed all tax returns that you are required to file? Yes _____ No _____
 If no, please indicate which year(s) need to be filed: _____
 Were you/are you entitled to a tax refund? Yes _____ No _____ If yes, how much? _____

OTHER DEBTS-(ESTIMATE IF UNKNOWN)

TOTAL CREDIT CARD DEBT:	\$
TOTAL PERSONAL LOAN/PAYDAY LOAN DEBT:	\$
TOTAL MEDICAL DEBT:	\$
TOTAL TAX DEBT:	\$
TOTAL STUDENT LOAN DEBT:	\$
CHILD SUPPORT ARREARAGE OWED BY YOU:	\$
OTHER DEBT (E.G. REPOS, PAST DUE UTILITIES, ETC.):	\$
DEBTS OWED TO FAMILY AND/OR FRIENDS:	\$
SECURED DEBT (E.G. FURNITURE, JEWELRY, ETC.):	\$

CREDIT CARD ISSUES

Have you taken any cash advances in the last 70 days totaling \$750 or more? _____
 If so, identify dates and amounts: _____

Have you made any luxury purchases in the last 90 days totaling \$500 or more? _____
 If so, identify date(s), item(s) purchased and amounts: _____

OTHER ISSUES

Do you owe money to the bank with which you also have a bank account? Yes _____ No _____

Have you signed any non-residential leases or rental agreements (e.g. Rent-A-Center, car, etc.)? _____

If so, identify the items leased and the payment terms: _____

Provide full name(s) of any co-debtor(s) and identify which debt they owe jointly with you:

HOUSEHOLD INFORMATION

Current marital status: _____ If divorced, year of the divorce decree: _____
 Ages and relationships of all people living with you: _____

Dependents you will claim on your tax returns: _____
 Please indicate any income received from people living with you: \$ _____

EMPLOYMENT-PRIMARY

Employer name and address: _____
 Job Title: _____ How often are you paid? _____
 Length of time on the job: _____ Annual salary/hourly wage: \$ _____
 Gross paycheck before deductions: \$ _____ Net paycheck after deductions: \$ _____

EMPLOYMENT-2ND JOB

Employer name and address: _____
 Job Title: _____ How often are you paid? _____
 Length of time on the job: _____ Annual salary/hourly wage: \$ _____
 Gross paycheck before deductions: \$ _____ Net paycheck after deductions: \$ _____

EMPLOYMENT-SPOUSE

Employer name and address: _____
 Job Title: _____ How often are you paid? _____
 Length of time on the job: _____ Annual salary/hourly wage: \$ _____
 Gross paycheck before deductions: \$ _____ Net paycheck after deductions: \$ _____

EMPLOYMENT-SPOUSE 2ND JOB

Employer name and address: _____
 Job Title: _____ How often are you paid? _____
 Length of time on the job: _____ Annual salary/hourly wage: \$ _____
 Gross paycheck before deductions: \$ _____ Net paycheck after deductions: \$ _____

OTHER INCOME

- A) Monthly income earned from business operations outside of paycheck \$ _____
- B) Monthly income earned from real estate property \$ _____
- C) Monthly income from alimony or family support payments \$ _____
- D) Monthly income from Social Security \$ _____
- E) Monthly income from Food Stamps \$ _____
- F) Monthly income from Welfare or other public assistance \$ _____
- G) Monthly income from retirement or pension \$ _____
- H) Monthly contributions from family \$ _____
- I) Monthly income from any other sources not listed \$ _____

TOTAL NET MONTHLY INCOME \$ _____

Are you or your spouse expecting an increase in income or expenses in the next year? If so, explain:

*Additional information will be required before a final recommendation will be made by attorney/counselor

MONTHLY EXPENSES-DO NOT INCLUDE PAST DUE AMOUNTS

RENT/MORTGAGE/PAD RENTAL	\$
ELECTRICITY= GAS= WATER= SEWER=	\$
TELEPHONE= CELL PHONE= INTERNET=	\$
TRASH= CABLE= SECURITY SYSTEM= BEEPER=	\$
HOME REPAIRS (Only if you are purchasing/own your home)	\$
FOOD FOR YOU AND FAMILY	\$
CLOTHING FOR YOU AND FAMILY	\$
LAUNDRY AND DRY CLEANING FOR YOU AND FAMILY	\$
MEDICAL/DENTAL EXPENSES FOR YOU AND FAMILY	\$
GAS AND REPAIRS FOR CAR(S) (Averaged on a monthly basis)	\$
RECREATION, ENTERTAINMENT, NEWSPAPER, MAGAZINES, ETC.	\$
CHARITABLE CONTRIBUTIONS	\$
HOMEOWNER'S/RENTERS INSURANCE	\$
LIFE INSURANCE	\$
HEALTH INSURANCE(Only if this is not deducted from your paycheck)	\$
AUTO INSURANCE	\$
OTHER INSURANCE NOT WITHHELD FROM PAYCHECK	\$
OTHER TAXES (real estate, personal property, self-employment, etc.)	\$
AUTO INSTALLMENT PAYMENT	\$
OTHER INSTALLMENT PAYMENT	\$
ALIMONY OR CHILD SUPPORT DUE MONTHLY	\$
PAYMENT FOR SUPPORT OF DEPENDENTS NOT LIVING AT HOME	\$
EXPENSES FROM BUSINESS OR PROFESSION	\$
PETCARE	\$
CHILDCARE OR EDUCATION EXPENSES FOR CHILDREN UNDER 18	\$
OTHER EXPENSES: a) Court ordered payments not already listed \$ _____ b) Education for a physically/mentally challenged child \$ _____ c) Care for elderly, chronically ill, or disabled family \$ _____ d) Protection from family violence \$ _____	\$
TOTAL MONTHLY EXPENSES	\$

*Additional information will be required before a final recommendation will be made by attorney/counselor