

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