



TODAY'S DATE	HOW DID YOU HEAR ABOUT US?	IS THIS FOR FIRST BK CONSULTATION? <input type="checkbox"/> Yes <input type="checkbox"/> No	HAVE YOU FILED BANKRUPTCY BEFORE? <input type="checkbox"/> No <input type="checkbox"/> Yes - Year: _____	FOR OFFICE USE ONLY
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<b>A. PERSONAL INFORMATION</b>				<b>SPOUSE'S INFORMATION (Must disclose even if filing individually)</b>											
FIRST NAME		MIDDLE		LAST NAME		FIRST NAME		MIDDLE		LAST NAME					
STREET ADDRESS (RESIDENCE)				CITY		ZIP CODE		STREET ADDRESS (RESIDENCE)				CITY		ZIP	
HAVE YOU LIVED IN CONNECTICUT CONTINUOUSLY FOR THE PAST 2 YEARS? <input type="checkbox"/> Yes <input type="checkbox"/> No				EMAIL ADDRESS				HAVE YOU LIVED IN CONNECTICUT CONTINUOUSLY FOR THE PAST 2 YEARS? <input type="checkbox"/> Yes <input type="checkbox"/> No				EMAIL ADDRESS			
DAY PHONE		WORK PHONE		CELLULAR		DAY PHONE		WORK PHONE		CELLULAR					
SOCIAL SECURITY NUMBER		DOB		MARITAL STATUS (CIRCLE)		# DEPENDANTS		SOCIAL SECURITY NUMBER		DOB		# DEPENDANTS IN ADDITION TO YOURS			
Sin Mar Div Sep Wid															

<b>B. DO YOU OR YOUR SPOUSE OWN ANY REAL ESTATE? <input type="checkbox"/>YES <input type="checkbox"/>NO (IF NO, SKIPT TO "C")</b>						<b>HOW MANY? _____</b>					
DESCRIPTION (Home, Condo, etc.)		PRESENT VALUE \$	VALUED BASED UPON (appraisal, etc.)		YR PURCHASED	PURCHASE PRICE \$		WOULD YOU LIKE TO KEEP OR SURRENDER YOUR REAL ESTATE? <input type="checkbox"/> Keep <input type="checkbox"/> Surrender			
<i>Estimate if unknown.</i>		<i>Balance Owed</i>	<i>Monthly Payments</i>	<i>Interest Rate</i>	<i># Months Late</i>	<i>Reinstatement Amt (Arrears)</i>		HAVE YOU RECEIVED A NOTICE OF DEFAULT? <input type="checkbox"/> Yes <input type="checkbox"/> No			
1 <sup>ST</sup> MORTGAGE		\$	\$			\$		IS THERE A LAW DATE PENDING? <input type="checkbox"/> Yes <input type="checkbox"/> No			
2 <sup>ND</sup> MORTGAGE		\$	\$			\$		DATE:			
OTHER LIEN		\$	\$			\$					

<b>C. CAR/MOTORCYCLE INFORMATION – Give your best estimates. List all cars, whether PAID OR NOT, IN YOUR NAME OR NOT.</b>										
YEAR	AUTO MAKE	AUTO MODEL	MILEAGE	A O/YR BOUGHT	FAIR MARKET VALUE	LOAN	NAME OF LIEN HOLDER	BALANCE OWED	MO PMT	# MO'S LATE
					\$	<input type="checkbox"/> PURCH <input type="checkbox"/> LEASE		\$		
					\$	<input type="checkbox"/> PURCH <input type="checkbox"/> LEASE		\$		
					\$	<input type="checkbox"/> PURCH <input type="checkbox"/> LEASE		\$		
					\$	<input type="checkbox"/> PURCH <input type="checkbox"/> LEASE		\$		

<b>D. OTHER DEBT INFORMATION – Give your best estimates.</b>									
	PLEASE GIVE YOUR BEST ESTIMATES FOR EACH OF THE CATEGORIES LISTED BELOW				APPROX # OF ITEMS	APPROXIMATE TOTAL COMBINED BALANCES	APPROXIMATE TOTAL CHARGES WITHIN LAST 6 MONTHS	APPROX. TOTAL PAYMENTS WITHIN LAST 6 MONTHS	# MONTHS LATE
1	<b>BUSINESS DEBTS</b>					\$	\$	\$	
2	<b>CREDIT CARDS</b> (i.e. Visa, MC, AMEX, Discover, Macy's, BestBury)					\$	\$	\$	
3	<b>FURNITURE/APPLIANCES/ELECTRONICS</b>					\$	\$	\$	
4	<b>PERSONAL LOANS</b> (i.e. Banks, Family, Friends)					\$	\$	\$	
5	<b>CREDIT UNION LOANS</b>					\$	\$	\$	
6	<b>DELINQUENT UTILITYBILLS</b>					\$	\$	\$	
7	<b>DELINQUENT RENT</b>					\$	\$	\$	
8	<b>WELFARE OVERPAYMENT</b>					\$	\$	\$	
9	<b>GAMBLING DEBTS</b>					\$	\$	\$	
10	<b>MEDICAL / DENTAL BILLS</b>					\$	\$	\$	
11	<b>AUTO REPOSSESSIONS</b>					\$	\$	\$	
12	<b>STUDENT LOANS</b>					\$	\$	\$	
13	<b>TRAFFIC TICKETS / OTHER FINES</b>					\$	\$	\$	
14	<b>TAXES</b> ALL TAX RETURNS FILED <input type="checkbox"/> YES <input type="checkbox"/> NO					\$	\$	\$	
15	<b>CHILD/SPOUSAL SUPPORT</b> CURRENT? <input type="checkbox"/> YES <input type="checkbox"/> NO					\$	\$	\$	
16	<b>401k / IRA LOANS</b>					\$	\$	\$	
17	<b>CRIMINAL FINES / ORDERS</b>					\$	\$	\$	
18	<b>OTHER</b> (SPECIFY)					\$	\$	\$	
19	<b>OTHER</b> (SPECIFY)					\$	\$	\$	
	<b>TOTAL DEBTS</b>					\$	\$	\$	

**E. RETIREMENT, 401K, IRA, EDUCATIONAL, IRA, STOCK, BANK ACCOUNTS, & OTHER VALUABLES – Give your best estimates.**

RETIREMENT PLANS (ie 401K, IRA, PERS, Profit Sharing)	VESTED VALUE \$	LOANS TAKEN AGAINST IT \$	LOAN PAYMENTS \$	MONTHLY CONTRIBUTION YOU MAKE \$
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BANK CHECKING/SAVINGS ACCOUNTS – How many? _____ Combined Balances: \$	STOCKS \$	CASH VALUE OF LIFE INSURANCE \$		OTHER VALUABLE ASSETS \$

**F. EMPLOYMENT & INCOME INFORMATION – Please estimate your and your spouse's GROSS INCOME (Income before taxes & deductions)**

CURRENT OCCUPATION	LAST YR GROSS INCOME \$	HOURS WORK EACH WEEK	HOURLY RATE \$ / HOUR	PAST 6 MONTH INCOME \$	CURRENT MONTHLY GROSS \$
SPOUSE'S CURRENT OCCUPATION	LAST YR GROSS INCOME \$	HOURS WORK EACH WEEK	HOURLY RATE \$ / HOUR	PAST 6 MONTH INCOME \$	CURRENT MONTHLY GROSS \$
REAL ESTATE RENTALS \$	RETIREMENT/PENSIONS \$	SOCIAL SECURITY DISSAB. \$	CHILD SUPP./ALIMONY \$	OTHER SOURCE \$	OTHER SOURCE \$

**G. AVERAGE MONTHLY LIVING EXPENSES**

MONTHLY EXPENSE	ESTIMATE	(Leave blank)
Rent/Total Mortgage Payments	\$	
Gas & Electricity	\$	
Water & Sewer	\$	
Home Phone/Cell Phone/Internet	\$	
Cable/Satellite	\$	
Security / Alarm	\$	
Food	\$	
Clothing	\$	
Laundry/Dry Cleaning	\$	
Medical/ Dental Expenses <small>Out-of-pocket</small>	\$	
Transportation/Gas	\$	
Recreation, Entertainment	\$	
Charitable Contributions	\$	
Insurance –Homeowner's/Renters	\$	
Insurance –Medical/Dental <small>Out-of-pocket</small>	\$	
Insurance –Auto	\$	
Insurance – Life <small>Not Deducted From Paycheck</small>	\$	
Taxes <small>Not Deducted From Paycheck or Mortgage</small>	\$	
Car Payments	\$	
Spousal/Child Support <small>COURT ORDERED</small>	\$	
Childcare/Daycare	\$	
Student Loan Repayment	\$	
Other (SPECIFY)	\$	
Other (SPECIFY)	\$	
Other (SPECIFY)	\$	
<b>TOTAL ( Attorney will add for you)</b>	<b>\$</b>	

**BIG "6" DECLARATION**

- TRANSFERS:** Have you or your spouse transferred, sold or given away any personal property or real property (personal, business or otherwise) to anyone during the last 4 years?  NO  YES
- PREFERENTIAL PAYMENTS TO INSIDERS:** Did you or your spouse make any payments to family members, friends or business partners during the last 2 years?  NO  YES
- PREFERENTIAL PAYMENTS TO GENERAL CREDITORS:** Did you make any large payments, over \$600, to any single unsecured creditor, during the last 90 days?  NO  YES
- FRAUDULENT USE OF CREDIT:** In the last 90 days, have you used credit cards, lines of credit, personal loans for non-necessary things?  NO  YES
- ASSETS:** Other than any real estate and automobiles listed on page 1, do you have any assets worth over \$1,000.00?  NO  YES
- MEANS TEST:** Using the table below, is your income in the past 6 months prior to this current month greater than the average monthly income?  NO  YES

CT HOUSEHOLD	AVERAGE		
	HH SIZE	MONTHLY	ANNUALLY
	1 Person	\$ 58,321	\$4,860
2 Person	\$ 72,328	\$6,027	
3 Person	\$ 86,335	\$7,195	
4 Person	\$102,761	\$8,480	
5 Person	\$108,661	\$9,055 <small>Rev. 03/10</small>	

**NOTES:**

I declare that I have read this questionnaire and truthfully answered all questions. I understand that I will be signing my petition under penalty of perjury and that the penalty for making a false statement or concealing property is: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. §§ 152 and 3571.

Debtor Signature/Date \_\_\_\_\_ Joint Debtor Signature/ Date \_\_\_\_\_

**OFFICE USE ONLY**

- |                                                               |                                                  |
|---------------------------------------------------------------|--------------------------------------------------|
| <input type="checkbox"/> 722 Redemption?                      | <input type="checkbox"/> Recent Purchases?       |
| <input type="checkbox"/> Mortgage Refi?                       | <input type="checkbox"/> Bad faith spending?     |
| <input type="checkbox"/> Lien sale on Car/Cycle/etc.?         | <input type="checkbox"/> Asset Problems?         |
| <input type="checkbox"/> Motion to avoid liens? Non-Attached? | <input type="checkbox"/> Budget Problems?        |
| <input type="checkbox"/> PMSI Lien Reduction?                 | <input type="checkbox"/> Preference?             |
| <input type="checkbox"/> Any 910 cars or 1 year debts?        | <input type="checkbox"/> Nondischargeable Debts? |
| <input type="checkbox"/> Surrender:                           | <input type="checkbox"/> Equity issues?          |
| <input type="checkbox"/> Reaffirm:                            | <input type="checkbox"/> Leases to reject:       |
| <input type="checkbox"/> Redeem or reaffirm for FMV:          |                                                  |

FEES: \$ \_\_\_\_\_ not including filing fees. Source : \_\_\_\_\_



CLIENT: \_\_\_\_\_

**PLEASE GATHER THE FOLLOWING DOCUMENTS IN ANTICIPATION OF YOUR ATTORNEY CONSULTATION**

- INCOME:** Copy of every paystub you received during the past 7 months. (Request from your employer)
- Copy of every paystub your spouse (even if spouse is not filing) received during the past 7 months.
- If you own a business or are self-employed, profit and loss statements for each of the past 7 months. (See Sample)
- If you have real estate rental income, the name and address of your tenants, whether you have any security deposits, and the gross rental income and expenses paid for each of the past 7 months.
- Proof of income from ALL OTHER SOURCES (retirement, child support, social security, etc.)
- TAXES:** Please cross out social security numbers and minor children's names.
- Last 2 years Federal Tax Return with all schedules,  State Tax Return and  W-2s and/or 1099 forms
- Current Mortgage Statement (Circle the current amount due)
- Automobile loan / lease statement

<b>OTHER INCOME</b>		<u>RECEIVED BY</u>	<u>MONTHLY (GROSS)</u>	<u>SO FAR THIS YEAR (GROSS)</u>	<u>LAST YEAR (GROSS)</u>	<u>YEAR BEFORE LAST (GROSS)</u>
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Business <input type="checkbox"/> Self-Employment	You	\$	\$	\$	\$
		Your Spouse	\$	\$	\$	\$
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Real Estate Rentals <input type="checkbox"/> Other Rental Income	You	\$	\$	\$	\$
		Your Spouse	\$	\$	\$	\$
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Pension, <input type="checkbox"/> Retirement <input type="checkbox"/> Early retirement withdrawals <input type="checkbox"/> Retirement loans	You	\$	\$	\$	\$
		Your Spouse	\$	\$	\$	\$
<input type="checkbox"/> Yes <input type="checkbox"/> No	Regular contributions to cars or household expenses by others	You	\$	\$	\$	\$
		Your Spouse	\$	\$	\$	\$
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Unemployment Compensation <input type="checkbox"/> Government Benefits <input type="checkbox"/> Military Allotments	You	\$	\$	\$	\$
		Your Spouse	\$	\$	\$	\$
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Alimony <input type="checkbox"/> Child Support <input type="checkbox"/> Foster Child Care	You	\$	\$	\$	\$
		Your Spouse	\$	\$	\$	\$
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Social Security Income <input type="checkbox"/> Veteran's Income <input type="checkbox"/> Disability <input type="checkbox"/> Survivor's Benefits	You	\$	\$	\$	\$
		Your Spouse	\$	\$	\$	\$
<input type="checkbox"/> Yes <input type="checkbox"/> No	Income from ANY other source? <input type="checkbox"/> Interest/dividends <input type="checkbox"/> gambling <input type="checkbox"/> Other: _____	You	\$	\$	\$	\$
		Your Spouse	\$	\$	\$	\$
Do you anticipate any increase or decrease in income of 10% or more to occur within the next year?						<input type="checkbox"/> Yes <input type="checkbox"/> No
Explain: _____						