

## INDIVIDUAL QUESTIONNAIRE

PLEASE STATE YOUR NAME AND YOUR CURRENT ADDRESS

NAME: \_\_\_\_\_

PHYSICAL ADDRESS: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

SPOUSE NAME: \_\_\_\_\_

PHYSICAL ADDRESS: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

### Section 1. Marital Status

Were you married at the time that you filed your bankruptcy? Yes \_\_\_ No \_\_\_

If yes, how long have you been married? \_\_\_\_\_

If you are married, have you ever been separated in the last four years? Yes \_\_\_ No \_\_\_

If yes, provide dates that you were separated from your spouse \_\_\_\_\_

If you are separated, do you have a divorce proceeding pending? \_\_\_\_\_

List the name and age of all people who currently live with you? \_\_\_\_\_

Do any of these members of your household earn an income? \_\_\_\_\_

### Section 2. Mandatory Questions

Have you read and understood the Bankruptcy Information Sheet provided by the United States Trustee? Yes \_\_\_ No \_\_\_

Did you sign the Petition, Schedules, Statements, and related documents you filed with the court? Yes \_\_\_ No \_\_\_

Did you read the Petition, Schedules, Statements, and related documents before you signed them? Yes \_\_\_ No \_\_\_

Are you personally familiar with the information contained in the Petition, Schedules, Statements, and related Documents? Yes \_\_\_ No \_\_\_

To the best of your knowledge, is the information contained in the Petition, Schedules, Statements, and related true and correct? Yes \_\_\_ No \_\_\_

Are there errors or omissions to bring to my, or the Court's attention at this time? Yes \_\_\_ No \_\_\_

Are all of your assets identified on the Schedules? Yes \_\_\_ No \_\_\_

Have you listed all of your creditors on the Schedules? Yes \_\_\_ No \_\_\_

Have you had any other bankruptcy proceedings during the past 8 years? Yes \_\_\_ No \_\_\_

Have you filed all your required tax returns for the last four years? Yes \_\_\_ No \_\_\_

If no, what is the last tax year that you filed an income tax return? \_\_\_\_\_ When was it filed? \_\_\_\_\_

Is the copy you provided to the Trustee's office an exact copy of the original document that you filed

with the IRS? Yes \_\_\_ No \_\_\_

Where are you now working? \_\_\_\_\_

What is your employer's address: \_\_\_\_\_

Where is your spouse working? \_\_\_\_\_

What is your spouse's employer's address? \_\_\_\_\_

Do you pay child support? Yes \_\_\_ No \_\_\_ If yes, list the names and addresses **of all** persons (or the child support office) that you pay child support to, paid voluntarily or by court order.

\_\_\_\_\_  
\_\_\_\_\_

### Section 3. Litigation

Do you have any claims for injuries or damages pending? Yes \_\_\_ No \_\_\_

Do you have any lawsuits pending where you are suing anyone? Yes \_\_\_ No \_\_\_

If you have a pending lawsuit or claim, please state the name and address of the attorney **handling** the case for you: \_\_\_\_\_

\_\_\_\_\_

### Section 4. Real Estate

Do you own any real estate? Yes \_\_\_ No \_\_\_

If yes, list property address of real estate owned by you in full or on part: \_\_\_\_\_

\_\_\_\_\_

Please provide me the date(s) the above property was purchased: \_\_\_\_\_

\_\_\_\_\_

If yes, do you own more than one acre of land? Yes \_\_\_ No \_\_\_

List the approximate acreage on each piece of real estate listed above: \_\_\_\_\_

Have you ever leased the oil, gas or mineral interests on your real estate? Yes \_\_\_ No \_\_\_

If yes, when did you lease your property and what were the terms? \_\_\_\_\_

Did you receive any signing bonus when you leased your property? Yes \_\_\_ No \_\_\_

If yes, state the amount you received and when you received it? \_\_\_\_\_

Do you receive any ongoing royalties for oil/gas/mineral production from a lease? Yes \_\_\_ No \_\_\_

If yes, state the average amount you receive each month/quarter/year. \_\_\_\_\_

If you have not leased your property, have you been approached by anyone to lease the **oil/gas/minerals**? Yes \_\_\_ No \_\_\_

Do you have an agreement to lease your oil/gas/minerals on your property in the future? Yes \_\_\_ No \_\_\_

Do you currently own any real estate as a result of an inheritance or succession proceeding? Yes \_\_\_ No \_\_\_

If so, please give details and property address: \_\_\_\_\_

**Section 5. Property Transfers**

Have you sold or transferred any property of any nature (including real estate) within **the last four years**? Yes \_\_\_ No \_\_\_

When and to whom was it sold and what were the terms of the sale? \_\_\_\_\_  
\_\_\_\_\_

Have you made payments to anyone, other than normal monthly payments, within the 90 days **before** your case was filed? Yes \_\_\_ No \_\_\_

If yes, to whom?  
\_\_\_\_\_  
\_\_\_\_\_

Have you paid off any Debts in the last Year? Yes \_\_\_ No \_\_\_

If yes, list the name of the creditor or person that you paid, the amount of the debt, and **the** date of the payment.  
\_\_\_\_\_  
\_\_\_\_\_

Have you paid any funds to family members in the last year? Have any family members **paid** money on your behalf? Have any family members put up collateral on your behalf? Yes \_\_\_ No \_\_\_

If yes to any, please provide names, addresses, and phone numbers: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Section 6. Treatment of Property in Plan.**

If you are buying your home, please list the mortgage(s) on the property and whether **the** payments are current or past due:

1st MORTGAGE OR LANDLORD

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

MONTHLY PAYMENT \_\_\_\_\_

NUMBER OF PAYMENTS PAST DUE \_\_\_\_\_

2nd MORTGAGE

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

MONTHLY PAYMENT \_\_\_\_\_

NUMBER OF PAYMENTS PAST DUE \_\_\_\_\_

Please list your vehicles:

Auto #1  
YEAR/MAKE/MODEL \_\_\_\_\_  
MORTGAGE HOLDER NAME \_\_\_\_\_  
CONDITION \_\_\_\_\_ MILAGE \_\_\_\_\_  
MONTHLY PAYMENT \_\_\_\_\_  
NUMBER OF PAYMENTS PAST DUE \_\_\_\_\_  
INSURANCE COMPANY \_\_\_\_\_  
TYPE OF COVERAGE:    LIABILITY ONLY    COMP    COLLISON    (CIRCLE WHICH APPLIES)

Auto #2  
YEAR/MAKE/MODEL \_\_\_\_\_  
MORTGAGE HOLDER NAME \_\_\_\_\_  
CONDITION \_\_\_\_\_ MILAGE \_\_\_\_\_  
MONTHLY PAYMENT \_\_\_\_\_  
NUMBER OF PAYMENTS PAST DUE \_\_\_\_\_  
INSURANCE COMPANY \_\_\_\_\_  
TYPE OF COVERAGE:    LIABILITY ONLY    COMP    COLLISON    (CIRCLE WHICH APPLIES)

Auto #3  
YEAR/MAKE/MODEL \_\_\_\_\_  
MORTGAGE HOLDER NAME \_\_\_\_\_  
CONDITION \_\_\_\_\_ MILAGE \_\_\_\_\_  
MONTHLY PAYMENT \_\_\_\_\_  
NUMBER OF PAYMENTS PAST DUE \_\_\_\_\_  
INSURANCE COMPANY \_\_\_\_\_  
TYPE OF COVERAGE:    LIABILITY ONLY    COMP    COLLISON    (CIRCLE WHICH APPLIES)

I swear of affirm that the above answers are true and correct.

\_\_\_\_\_

\_\_\_\_\_  
DATE