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By Appointment: South Paris and Portland

BANKRUPTCY QUESTIONNAIRE

Personal Information

Name: _____ Social Security No: _____

Date of Birth: _____ Spouse's Date of Birth: _____

Spouse's Name: _____ Social Security No: _____

Address/City/State/Zip: _____

County: _____ Telephone Number: _____

E-mail address: _____

Dependent(s)

Name(s) & Age(s): _____

Employment

Employer _____ Work Phone: _____

Address: _____

Occupation: _____ How Long?: _____

Spouse's Employer _____ Work Phone: _____

Address: _____

Occupation: _____ How Long?: _____

Prior Bankruptcy(s)

Location where filed: _____

Case No. _____

Date filed: _____

Assets

Real estate: Value _____ Amount owed _____

Monthly payment: _____ Are taxes and insurance included? Yes/no

On what day of the month is the mortgage payment due? _____

Year purchased: _____

Purchase price: _____

Town value for assessment purposes: _____ (from tax bill) include copy

Name of insurer on the property: _____ (include copy of policy)

Mortgage Information: Lender/Address: _____

Account No: _____ Amount due on mortgage: _____

Date mortgage was taken out: _____

Second Mortgage (if any) Information/Address: _____

Account No: _____ Amount due on mortgage: _____

Date mortgage was taken out: _____

Additional real estate (if applicable)

Value _____ Amount owed _____

Monthly payment: _____ Are taxes and insurance included? Yes/no

On what day of the month is the mortgage payment due? _____

Year purchased: _____

Purchase price: _____

Town value for assessment purposes: _____ (from tax bill) include copy

Name of insurer on the property: _____ (include copy of policy)

Mortgage Information: Lender/Address: _____

Account No: _____ Amount due on mortgage: _____

Date mortgage was taken out: _____

Second Mortgage (if any) Information/Address: _____

Account No: _____ Amount due on mortgage: _____

Date mortgage was taken out: _____

Personal Property:

Cash on hand: \$ _____

Checking Account #: _____ \$ _____

Name of Financial Institution: _____

Savings Account #: _____ \$ _____

Name of Financial Institution: _____

Security Deposits with Public
Utilities, Landlords, Etc.: \$ _____

Name of Holder of Deposit: _____

The following items should be valued at resale value:

Household Goods: \$ _____

Books, Art Objects, Collectibles: \$ _____

Wearing Apparel: \$ _____

Furs & Jewelry: \$ _____

Firearms & Other Hobby Equipment: \$ _____

Interest in Insurance Policies: \$ _____

Name and Refund Value of Each: _____

Annuities: \$ _____

Interest in IRA or Other Profit Sharing: \$ _____

Name and Amount of Each: _____

Stock./Interest in Any Business: \$ _____

Name and Amount of Each: _____

Sole proprietorship: \$ _____

Government and/or Corporate Bonds: \$ _____

Accounts Receivable: \$ _____

Automobiles, Trucks, Etc: \$ _____

Type of Auto:(make, model, year, mileage) _____

Current Value: \$ _____

Debt on Property: \$ _____

Creditor Name, Address, & Account Number: _____

Date of purchase: _____

Purchase price: _____

Was there a trade in? _____

Type of Auto: (make, model, year, mileage) _____

Current Value: \$ _____

Debt on Property: \$ _____

Creditor Name, Address, & Account Number: _____

Date of purchase: _____

Purchase price: _____

Was there a trade in? _____

Boats, Motors, Etc. \$ _____

Type of Boat: _____

Current Value: \$ _____

Debt of Property: \$ _____

Creditor Name, Address, & Account Number: _____

Office Equipment, Furnishings, Computer & Supplies: \$ _____

Machinery, Fixtures, Business Supplies: \$ _____

Inventory: \$ _____

Farm Animals: \$ _____

Crops-Growing or Harvested: \$ _____

Farming Equipment & Implements: \$ _____

Other Personal Property of Any Kind Not Already Listed:

Do you have the right or expect to sue anyone for any reason whatsoever, including a personal injury, workers comp, medical malpractice or other legal action? If so, please explain below.

Is anyone suing you: yes/no If yes, please provide the details below:

Have you paid anyone for debt management or loan consolidation in the past year? If yes, give the name address and amount paid to each.

Debts

ON A SEPARATE PAGE, PLEASE LIST THE NAME(S), COMPLETE ADDRESS(ES), ACCOUNT NUMBER(S) AND THE NATURE OF THE DEBT(S) OF ALL CREDITORS YOU ARE INDEBTED TO. If a debt has been sent to a Collection Agency, also list collector's names & addresses.

Write "SECURED" next to any debt that is secured by property, describe the property, and whether or not you wish to retain the same. FOR EACH SECURED CREDITOR, i.e MORTGAGES CAR LOANS, BOAT LOANS ETC., PLEASE ALSO PROVIDE US WITH COPIES OF THE LOAN DOCUMENTS EVIDENCING THE ORIGINAL DEBT AND ITS TERMS. We need this to verify interest rates, length of loan etc.

If any other party is in any way responsible for any debt lists, please list co-debtor's name and creditor/debt for which they are partially responsible.

Monthly Budget

PLEASE INCLUDE A COPY OF YOUR TAX RETURNS and W2'S FOR THE YEARS, 2008 and 2009 and year to date.

Please include copies of you paycheck stubs for all periods for the last six (6) months.

Provide copies of real estate tax bills. Provide copies of insurance policies on home and other property.

Please provide copies of any and all bank and investment account statements (money market, mutual funds , life insurance, annuities etc.,) for the last six (6) months.

INCOME:

Gross Pay: **(please include copies of paystubs for the last six (6) months**

\$ _____

Current Monthly Net Income:

\$ _____

Spouse's Gross Pay: **(please include copies of paystubs for the last six (6) months**

\$ _____

Spouse's Current Monthly Net Income:

\$ _____

Other income: Please list and specify source
i.e. rent, child support, etc

\$ _____

EXPENSES

Rent/Mortgage payment per month:

\$ _____

Are Real Estate Taxes Included?:

Is Property Insurance Included?:

Yes No

Electricity & Heating Fuel:

\$ _____

Water & Sewer:

\$ _____

Telephone/cell phone:

\$ _____

Home Maintenance (Repairs and/or Upkeep)

\$ _____

Food: \$ _____

Clothing: \$ _____

Laundry and/or Dry Cleaning: \$ _____

Medical and/or Dental Expenses: \$ _____

Transportation (gas, oil, car maintenance) \$ _____

Recreation, Newspapers, Magazines, Cable, Etc: \$ _____

Charitable Contributions: \$ _____

Insurance

(Not Already Deducted From Wages or
Included in Home Mortgage Payments)

Homeowner's or Renter's: \$ _____

Life: \$ _____

Health: \$ _____

Auto: \$ _____

Taxes

(Not Already Deducted From Wages or
Included in Home Mortgage Payments)

Property Taxes: \$ _____

Other Taxes: \$ _____

Auto Installment Payments: \$ _____

Auto Installment Payments: \$ _____

Other Installment Payments: \$ _____

Alimony/Maintenance Paid to Others: \$ _____

Child Support for Dependents Not Living With You: \$ _____

Any Other Expenses Not Already Listed: \$ _____
(i.e. school lunches and activities)

Description: _____

Lawsuit claims: _____

Any other property: _____

Miscellaneous Information

Any Executory Contracts or Unexpired Leases:

List Any Property that a creditor holds a security interest in that you want to keep: i.e cars, home, boat etc.

Have Any Lawsuits or Garnishments Been Filed? If So, List Details Including the Case Number(s): _____

Have There Been Any Repossessions or Foreclosures? If So, List Details:

Has Any Property Been Disposed of in the Last Ninety Days? If So, List Details:

Has Any Property Been Disposed of in the Last Two Years? If So, List Details:

Any Property Acquired in the Last Ninety Days in Which Creditor is Listed Here? If So, Please List:

List all addresses where you have lived during the last three (3) years:

Have you taken cash advances on any credit card in the last 90 days? If so, give the date and amount of each advance.

Please call our office if you have any questions on anything on this questionnaire or if you

are not sure of how to complete a section.

NOTICE: Send copies ONLY!!!

If you send originals, there will be a minimum fee of **\$15.00, plus .10 cents per copy**. This fee **must** be paid before the originals will be returned back to you.

Please provide the following for every debt. Please make copies if you need additional pages:

CREDITORS

Name: _____ Husband, Wife, Joint (circle one)

Address: _____

Account number: _____

Amount owed: _____ Date debt was incurred: _____

Does the creditor hold security for this debt? Yes No If yes, the amount of the monthly payment. _____

If yes describe the security i.e 2006 Mazda, house located at 1111 Main St., Anytown, ME etc. and the estimated value of the security.

_____ Value: _____

Name: _____ Husband, Wife, Joint (circle one)

Address: _____

Account number: _____

Amount owed: _____ Date debt was incurred: _____

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_____ Value: _____

We cannot overemphasize the need to complete this form as completely and accurately as possible. By so doing you can avoid unnecessary delays caused by our need to do additional follow up to get the information you missed. Please, send copies ONLY; do not send our office your original documents. If you send originals, there will be a minimum fee of **\$15.00, plus .10 cents per copy**. This fee **must** be paid

before the originals will be returned back to you. Thank you.