

Fuller & McKay, P.C.
CHAPTER 13 / CHAPTER 7 QUESTIONNAIRE

(Please Print)

FULL NAME _____ SS# _____ TEL# _____

SPOUSE
FULL NAME _____ SS# _____

OTHER NAMES USED IN THE PAST 2 YEARS _____

MAILING ADDRESS _____

STREET ADDRESS IF DIFFERENT _____

CITY _____ COUNTY _____ ZIP _____

YOUR OCCUPATION _____ SPOUSE OCCUPATION _____

YOUR EMPLOYER'S NAME, ADDRESS & PHONE # _____

SPOUSE'S EMPLOYER'S NAME, ADDRESS & PHONE # _____

HOW LONG EMPLOYED: YOU _____ SPOUSE _____

OTHER ADDRESSES IN PAST 2 YEARS _____

LIST NAMES AND AGES OF DEPENDENTS _____

HAVE YOU EVER FILED BANKRUPTCY BEFORE? _____

If so, year, place where filed, dismissed or completed, what chapter, and your case number. _____

DO YOU HAVE ANY PENDING LAWSUITS? _____ if so, what Court, what is the Case number, who is the creditor.

REPOSESSIONS:

Creditor Name	Item and Value	Date Repo.

LIST ANY PROPERTY YOU HAVE SOLD OR SIGNED AWAY WITHIN THE LAST 4 YEARS NAME OF WHO RECEIVED PROPERTY / THEIR RELATIONSHIP TO YOU, AND HOW MUCH THEY PAID YOU. _____

LIST ANY PROPERTY YOU ARE HOLDING THAT DOES NOT BELONG TO YOU. _____

YOU MUST PROVIDE PAYROLL CHECKS FOR BOTH HUSBAND AND WIFE,
UNLESS SEPARATED OR DIVORCED.

ARE YOU LIVING WITH SOMEONE ELSE WHO HAS INCOME ?

ARE YOU PAID WEEKLY, EVERY TWO WEEKS, TWICE A MONTH,
OR ONCE A MONTH. (circle)

LIST ALL SOURCES OF INCOME OTHER THAN EMPLOYMENT, INCLUDING:
SELF-EMPLOYMENT, PART-TIME INCOME, RENT, RETIREMENT, SOCIAL
SECURITY, DISABILITY, WORKER'S COMPENSATION, VETERAN'S BENEFITS,
FOOD STAMPS, WELFARE, CHILD SUPPORT, AFDC, ALIMONY, OR ANY OTHER:

Source	Amount	Source	Amount
_____	_____	_____	_____
_____	_____	_____	_____

MONTHLY LIVING EXPENSES:

_____ Rent/Mortgage	_____ Transportation		
Does mortgage include tax _____?	Insurance not deducted from pay.		
Home insurance _____?	_____ Homeowners		
_____ Lot rent for M.H.	_____ Life		
_____ Heat and electric	_____ Health		
_____ Water	_____ Auto		
_____ Telephone	_____ Other		
_____ Cable	_____ Child care		
_____ Other utilities	_____ Other: _____		
_____ Food	_____ Alimony or child support		
_____ Clothing	_____ Taxes not deducted from pay		
_____ Laundry	(self-employment, property)		
_____ Medical & Prescription	_____ Total business expenses		
	(itemize on separate sheet)		
Amount	Description	Amount	Description
_____	_____	_____	_____
_____	_____	_____	_____

ANSWER ONLY IF FILING CHAPTER 7:

Installments on debts you are going to keep paying:

Creditor	Payment	Creditor	Payment
_____	_____	_____	_____
_____	_____	_____	_____

LISTING YOUR ASSETS BELOW PROTECTS THEM UNDER THE EXEMPTION LAWS. PLEASE LIST OWNERSHIP OF ASSETS BY H (HUSBAND), W (WIFE), OR J (JOINT).

Land and houses: those you own, pay on, have cosigned on, or have interest in:

Description	Cosigner	Worth	Debt	Mortgage Co.
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MOBILE HOME: List the year, make and model _____

Vehicles: Trucks, cars, motorcycles, boat, ertc. that you own, pay on, have cosigned on, or have interest in:

Year/Make/Model	Cosigner	Worth	Debt	Creditor	Ownership
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Year/Make/Model	Cosigner	Worth	Debt	Creditor	Ownership
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Money Accounts: List any and all bank accounts, credit union accounts, 401K plans, retirement funds, Security deposits, etc. by place of deposit and ownership of account by H, W, or J:

	Acct Balance	Location		Acct Balance	Location
Cash	() \$ _____	_____	Safety Deposit Box	() \$ _____	_____
Checking	() \$ _____	_____	Checking	() \$ _____	_____
Credit Union	() \$ _____	_____	401K	() \$ _____	_____
Savings	() \$ _____	_____	Retirement	() \$ _____	_____
IRA	() \$ _____	_____			
Income Tax Refunds Due: IRS () \$ _____, GA State () \$ _____					
Other	() \$ _____	_____			
Other	() \$ _____	_____			

HOUSEHOLD GOODS: Please show the yard sale value of your household items, clothing, and miscellaneous assets, and ownership by H, W, or J:

Bedroom furniture \$ _____; Livingroom/den \$ _____; Dining room \$ _____; Kitchen \$ _____; TV's / VCR's \$ _____; Stereos \$ _____; Washer \$ _____; Dryer \$ _____; Yard equip. \$ _____; computer equip. \$ _____; Books, Pictures, Art Objects, Stamp, Coin, Music, and Other Collectibles (describe) _____ \$ _____; Photo equip. \$ _____; sports equip. \$ _____; hobby equip. \$ _____; clothes (H) \$ _____; clothes (W) \$ _____; jewelry (H) \$ _____; Jewelry (W) \$ _____;

FINANCIAL MATTERS: Please show ownership by H, W, or J:

Insurance policies with surrender value \$ _____; Interest in Businesses \$ _____; Stocks \$ _____; Patents and Copyrights \$ _____; Licenses \$ _____; Accounts Receivable \$ _____; Supplies \$ _____; Office or Other Equipment \$ _____; Fixtures \$ _____;

List and Explain Expected Settlements Coming To You From AUTO ACCIDENTS, WORKERS COMPENSATION, PROPERTY DAMAGE, OR OTHER SOURCES

_____ \$ _____

List and Explain Any and All Claims Against Others: _____

