

**QUESTIONNAIRE**

**Gresham Family & Bankruptcy Law**  
1217 NE Burnside Road, Suite 204  
Gresham, OR 97030  
(503) 492-4229

Name (include middle) \_\_\_\_\_ Social Security # \_\_\_\_\_

Street Address, City, and Zip Code \_\_\_\_\_

Mailing Address (if different) \_\_\_\_\_

Home Telephone \_\_\_\_\_ Work Telephone \_\_\_\_\_

Cell \_\_\_\_\_ Email Address \_\_\_\_\_

Spouse's name \_\_\_\_\_ Social Security # \_\_\_\_\_

Street Address, City, and Zip Code \_\_\_\_\_

Mailing Address (if different) \_\_\_\_\_

Home Telephone \_\_\_\_\_ Work Telephone \_\_\_\_\_

Cell \_\_\_\_\_ Email Address \_\_\_\_\_

Other names you have used in last 6 years \_\_\_\_\_

Do you have any dependants? \_\_\_\_ How many? \_\_\_\_ Age/Sex? \_\_\_\_\_

How many people live in your household? \_\_\_\_\_ How much do they contribute to household expenses?  
\_\_\_\_\_

Have you ever filed any other bankruptcies? Yes \_\_\_\_ No \_\_\_\_ If so, where? \_\_\_\_\_ What was the date it was filed? \_\_\_\_\_ Case Number? \_\_\_\_\_.

When do you want to file your case? \_\_\_\_\_

Which chapter did we discuss filing for you? Chapter 7 \_\_\_\_\_ or Chapter 13 \_\_\_\_\_

**SECTION B** **Your Real Property (house or land)**

Do you or your spouse own a house or other real property: Yes \_\_\_\_ No \_\_\_\_ . If no, skip to next section.

Address \_\_\_\_\_

Is this your residence? Yes \_\_\_\_ No \_\_\_\_

Value (what can you sell it for) \_\_\_\_\_ Why do you think it is worth this amount? (Appraisal, opinion of real estate broker, your own estimate, etc.) \_\_\_\_\_

How much do you owe on it? First Mortgage: \_\_\_\_\_ . Second Mortgage: \_\_\_\_\_

Who holds the First Mortgage and what is their address? \_\_\_\_\_  
\_\_\_\_\_

Who holds the Second Mortgage and what is their address? \_\_\_\_\_  
\_\_\_\_\_

Are you behind on any payments? Yes \_\_\_\_ No \_\_\_\_ . If yes, how many months are you behind on the first mortgage? \_\_\_\_\_ On the second mortgage? \_\_\_\_\_

## SECTION C

## Your Personal Property

**PLEASE LIST ALL PROPERTY YOU OWN OF ANY KIND  
YOU MUST LIST A DOLLAR VALUE FOR ALL PROPERTY**

Additional space available on back of this page.

Type of Property	Yes/No	Description and Location	Value
<b>1. Cash on hand:</b>			\$
<b>2. Checking, savings or other financial accounts (include name of your bank) certificates of deposit or shares in banks, savings and loans, thrifts, building &amp; loan, and homestead associations, or credit unions, brokerage houses or cooperatives</b>			\$
<b>3. Security deposits with public utilities, telephone companies, landlords &amp; others.</b>			\$
<b>4. Household goods &amp; furniture including audio, video, &amp; computer equipment</b>			\$
<b>5. Books, pictures and other art objects, antiques, stamp, coin, record, tape, compact disc and other collections or collectibles.</b>			\$
<b>6. Clothing</b>			\$
<b>7. Furs &amp; Jewelry (list the type of jewelry and include costume jewelry)</b>			\$
<b>8. Firearms, sports, photography and other hobby equipment. (Be specific and list separately)</b>			\$
<b>9. Insurance policies. List company and cash value.</b>			\$
<b>10. Annuities.</b>			\$

<b>11. Retirement Plans (Specify if it is a IRA, 401K, etc.)</b>			\$
<b>12. Stocks and interest in incorporated or unincorporated businesses.</b>			\$
<b>13. Interests in partnerships and joint ventures.</b>			\$
<b>14. Government and corporate bonds and other negotiable and non-negotiable instruments.</b>			\$
<b>15. Accounts receivables (unpaid wages, money owed to you, etc).</b>			\$
<b>16. Alimony, support or property settlements which you are or may be entitled to.</b>			\$
<b>17. Any other debts owed to you including TAX REFUNDS.</b>			\$
<b>18. Equitable or future interests, life estates in property and other rights or powers that may be exercised by you.</b>			\$
<b>19. Interest in an estate of someone who has died (inheritance), death benefit plan, life insurance or trust.</b>			\$
<b>20. Any debt that may be owed to you even if you are not sure how much it may be (Example: someone injured you in a car wreck and you have not filed suit yet).</b>			\$
<b>21. Patents, copyrights or other intellectual property.</b>			\$
<b>22. Licenses, franchises, other intangible property.</b>			\$

<b>23. Automobiles, trucks, trailers and other vehicles (Please indicate the model type such as LX, DX, LE, etc.)</b>	<b>Make</b> _____		
	<b>Model</b> _____ <b>Year</b> _____		
	<b>Miles</b> _____		
	<b>Make</b> _____		
	<b>Model</b> _____ <b>Year</b> _____		
	<b>Miles</b> _____		\$
	<b>Make</b> _____		
	<b>Model</b> _____ <b>Year</b> _____		
	<b>Miles</b> _____		\$
<b>24. Boats, motors and accessories.</b>			\$
<b>25. Aircraft and accessories.</b>			\$
<b>26. Machinery, fixtures, equipment and supplies used in business and tools used in your trade or occupation.</b>			\$
<b>27. Inventory.</b>			\$
<b>28. Animals.</b>			\$
<b>29. Crops whether growing or harvested.</b>			\$
<b>30. Farming equipment and implements.</b>			\$
<b>31. Farm supplies, chemicals and feed.</b>			\$
<b>32. Any other personal property of any kind that you have not listed above.</b>			\$

**SECTION D**

**Your Creditors**

**LIST OF SECURED CREDITORS**

(Car loans, some purchases on department store cards, furniture purchases, etc.)

Additional space available on back of this page.

Creditor Name & Address  List Original creditor first then Collection Agency in next box with a complete mailing address for both.	Account #	Describe the Collateral	Amount owed Value of the Collateral	Co-Debtor Name & Address
Creditor _____ Account Number _____ Name _____ Address _____ City _____ State _____ Zip _____			\$ _____ Amount Owed  \$ _____ Value	
Creditor _____ Account Number _____ Name _____ Address _____ City _____ State _____ Zip _____			\$ _____ Amount Owed  \$ _____ Value	
Creditor _____ Account Number _____ Name _____ Address _____ City _____ State _____ Zip _____			\$ _____ Amount Owed  \$ _____ Value	
Creditor _____ Account Number _____ Name _____ Address _____ City _____ State _____ Zip _____			\$ _____ Amount Owed  \$ _____ Value	

**LIST OF UNSECURED CREDITORS**  
**(Credit Cards, Medical Bills, Utilities, etc. Most debts will be listed here)**  
**Additional space available on back of this page.**

List Original creditor first then any Collection Agency in the next box with a complete mailing address for both.

Creditor Name, Address & Account number	Type of Debt	Amount Owed	Co-Debtor name & address, if any
Creditor _____ Account Number _____ Name _____ Address _____ City _____ State ____ Zip _____			
Creditor _____ Account Number _____ Name _____ Address _____ City _____ State ____ Zip _____			
Creditor _____ Account Number _____ Name _____ Address _____ City _____ State ____ Zip _____			
Creditor _____ Account Number _____ Name _____ Address _____ City _____ State ____ Zip _____			
Creditor _____ Account Number _____ Name _____ Address _____ City _____ State ____ Zip _____			

<b>Creditor Name, Address &amp; Account number</b>	<b>Type of Debt</b>	<b>Amount Owed</b>	<b>Co-Debtor name and address, if any</b>
<b>Creditor</b> _____ <b>Account Number</b> _____ <b>Name</b> _____ <b>Address</b> _____ <b>City</b> _____ <b>State</b> ____ <b>Zip</b> _____			
<b>Creditor</b> _____ <b>Account Number</b> _____ <b>Name</b> _____ <b>Address</b> _____ <b>City</b> _____ <b>State</b> ____ <b>Zip</b> _____			
<b>Creditor</b> _____ <b>Account Number</b> _____ <b>Name</b> _____ <b>Address</b> _____ <b>City</b> _____ <b>State</b> ____ <b>Zip</b> _____			
<b>Creditor</b> _____ <b>Account Number</b> _____ <b>Name</b> _____ <b>Address</b> _____ <b>City</b> _____ <b>State</b> ____ <b>Zip</b> _____			
<b>Creditor</b> _____ <b>Account Number</b> _____ <b>Name</b> _____ <b>Address</b> _____ <b>City</b> _____ <b>State</b> ____ <b>Zip</b> _____			

Creditor Name, Address & Account number	Type of Debt	Amount Owed	Co-Debtor name and address, if any
Creditor _____ Account Number _____ Name _____ Address _____ City _____ State ____ Zip _____			
Creditor _____ Account Number _____ Name _____ Address _____ City _____ State ____ Zip _____			

### TAX DEBTS

Federal Taxes	Amount owed	When Return Filed/Comments
Year _____	: _____	: _____
Year _____	: _____	: _____
Year _____	: _____	: _____
Year _____	: _____	: _____
State Taxes	Amount owed	When Return Filed/Comments
Year _____	: _____	: _____
Year _____	: _____	: _____
Year _____	: _____	: _____
Year _____	: _____	: _____



**SECTION E**

**Income and Expenses**

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**Husband**

**Wife**

<b>Occupation Title</b>	_____	_____
<b>How Long Employed</b>	_____	_____
<b>Employer's Name</b>	_____	_____
<b>&amp; Address</b>	_____	_____
<b>Hourly Rate</b>	_____	_____
<b>Average Hours Worked</b>		
<b>Per week</b>	_____	_____
<b>Gross Monthly Income</b>		
<b>From Employment</b>	_____	_____
<b>Overtime</b>	_____	_____
<b>Deductions</b>		
<b>a. Tax &amp; S.S.</b>	_____	_____
<b>b. Union Dues</b>	_____	_____
<b>c. Insurance</b>	_____	_____
<b>d. Other</b>	_____	_____
<b>Describe "other"</b>	_____	_____
<b><u>OTHER INCOME</u></b>		
<b>Business Income</b>	_____	_____
<b>Real Property Income</b>	_____	_____
<b>Interest &amp; Dividends</b>	_____	_____
<b>Alimony/child support</b>	_____	_____
<b>Social Security</b>	_____	_____
<b>Unemployment</b>	_____	_____
<b>Pension/Retirement</b>	_____	_____
<b>Other</b>	_____	_____

**Specify source of other income**

**Do you anticipate an increase in income of 10% or more in the next year \_\_\_\_\_ . If yes, explain**

## MONTHLY EXPENSES

<b>Rent or Mortgage</b>	\$ _____	<b>Second Mortgage</b> \$ _____
<b>Taxes Included?</b>	Yes _____ No _____	
<b>Insurance Included?</b>	Yes _____ No _____	
<b>Electricity and heating fuel</b>	\$ _____	
<b>Water/Sewer</b>	\$ _____	
<b>Telephone</b>	\$ _____	
<b>Cable TV</b>	\$ _____	
<b>Cell Phone</b>	\$ _____	
<b>Internet</b>	\$ _____	
<b>Home Maintenance</b>	\$ _____	
<b>Food</b>	\$ _____	
<b>Clothing</b>	\$ _____	
<b>Laundry/Dry Cleaning</b>	\$ _____	
<b>Medical &amp; Dental</b>	\$ _____	
<b>Transportation</b> (gas, oil changes, tires, maintenance)	\$ _____	
<b>Recreation, entertainment</b> (newspapers, movies, etc.)	\$ _____	
<b>Charitable Contributions &amp; tithing</b>	\$ _____	
<b>Homeowner Insurance</b>	\$ _____	
<b>Life Insurance</b>	\$ _____	
<b>Health Insurance (not deducted</b> from pay check)	\$ _____	
<b>Auto Insurance</b>	\$ _____	
<b>Other Insurance?</b>	\$ _____	
<b>Property Tax</b>	\$ _____	
<b>Car Payment</b>	\$ _____	
<b>2<sup>nd</sup> car payment</b>	\$ _____	
<b>Other installment payments</b>	\$ _____	<b>Please describe</b>
<b>Alimony/spousal support</b>	\$ _____	
<b>Child support</b>	\$ _____	
<b>Business expenses</b> (please attach detailed list of business expenses)	\$ _____	
<b>Hair cuts/hair care</b>	\$ _____	
<b>Toiletries</b>	\$ _____	
<b>Bank charges/fees</b>	\$ _____	
<b>School lunches</b>	\$ _____	
<b>Other</b> _____	\$ _____	

**SECTION F**

**Miscellaneous Information**

None \_\_\_\_\_ **1. Employment or business income for the year:**

2011 \_\_\_\_\_ 2012 \_\_\_\_\_ 2013 \_\_\_\_\_

2011 \_\_\_\_\_ 2012 \_\_\_\_\_ 2013 \_\_\_\_\_

None \_\_\_\_\_ **2. List income from all other sources other than employment or business for the past 2 years. (unemployment, Child support, 401K distribution, Social Security, etc.)**

2013 Source of Income \_\_\_\_\_ Amount \$ \_\_\_\_\_

2013 Source of Income \_\_\_\_\_ Amount \$ \_\_\_\_\_

2012 Source of Income \_\_\_\_\_ Amount \$ \_\_\_\_\_

2012 Source of Income \_\_\_\_\_ Amount \$ \_\_\_\_\_

2011 Source of Income \_\_\_\_\_ Amount \$ \_\_\_\_\_

2011 Source of Income \_\_\_\_\_ Amount \$ \_\_\_\_\_

None \_\_\_\_\_ **3.a. List any creditors you have paid a total of \$600 or more to in the last 3 months. (For example, a house payment or car payment of \$200 per month or more or a balance transfer from one credit card to another)**

Creditor \_\_\_\_\_ Dates and amount paid \_\_\_\_\_

Creditor \_\_\_\_\_ Dates and amount paid \_\_\_\_\_

Creditor \_\_\_\_\_ Dates and amount paid \_\_\_\_\_

None \_\_\_\_\_ **3.b. List any payment you made to family members, business partners, friends, etc. within the last year.**

Name/address \_\_\_\_\_  
Dates Paid \_\_\_\_\_ Amount \_\_\_\_\_

Name/address \_\_\_\_\_  
Dates Paid \_\_\_\_\_ Amount \_\_\_\_\_

Name/address \_\_\_\_\_  
Dates Paid \_\_\_\_\_ Amount \_\_\_\_\_

Name/address \_\_\_\_\_  
Dates Paid \_\_\_\_\_ Amount \_\_\_\_\_

None \_\_\_\_\_ **4.a. List any lawsuits you have been involved with within the last year.**

Court location \_\_\_\_\_ Case Number \_\_\_\_\_

Names of Parties \_\_\_\_\_

Court location \_\_\_\_\_ Case Number \_\_\_\_\_

Names of Parties \_\_\_\_\_

None \_\_\_\_\_ **4.b. Describe any property that has been garnished or seized within the last year.**

Creditor Name \_\_\_\_\_ Date seized or garnished \_\_\_\_\_  
Amount \$ \_\_\_\_\_

Creditor Name \_\_\_\_\_ Date seized or garnished \_\_\_\_\_  
Amount \$ \_\_\_\_\_

None \_\_\_\_\_ 5. List all property that has been repossessed, foreclosed or sold in the last year.

Creditor Name \_\_\_\_\_ Date of repo/foreclosure \_\_\_\_\_  
Value of property \_\_\_\_\_

Creditor Name \_\_\_\_\_ Date of repo/foreclosure \_\_\_\_\_  
Value of property \_\_\_\_\_

Creditor Name \_\_\_\_\_ Date of repo/foreclosure \_\_\_\_\_  
Value of property \_\_\_\_\_

None \_\_\_\_\_ 6.a. Describe any property that has been assigned for the benefit of any creditor within that last 120 Days such as wage assignment.

Creditor Name \_\_\_\_\_ Describe Property assigned \_\_\_\_\_  
Creditor Name \_\_\_\_\_ Describe Property assigned \_\_\_\_\_

None \_\_\_\_\_ 6.b. List any property that has been in the hands of a receiver, custodian or court-appointed individual within the last year.

None \_\_\_\_\_ 7. List all gifts or charitable contributions, including tithing to a church, made within the last year except for gifts of \$100 or less made to family members.

Name \_\_\_\_\_ Type of Gift \_\_\_\_\_ Value \$ \_\_\_\_\_  
Date(s) \_\_\_\_\_

Name \_\_\_\_\_ Type of Gift \_\_\_\_\_ Value \$ \_\_\_\_\_  
Date(s) \_\_\_\_\_

None \_\_\_\_\_ 8. List all losses from fire, theft, other casualty or gambling with the last year. Please list the value of the item(s) and when and where the loss occurred.

None \_\_\_\_\_ 9. List any payments or transfers of property made to anyone for consultation concerning debt consolidation or Bankruptcy (i.e. Consumer Credit, attorneys, paralegals)

Name Gresham Family & Bankruptcy Law  
Dates \_\_\_\_\_ Amounts \_\_\_\_\_

Name \_\_\_\_\_  
Dates \_\_\_\_\_ Amounts \_\_\_\_\_

None \_\_\_\_\_ 10. List any property of any kind you have transferred for any reason other than in the normal course of your affairs within the last year. (For example, selling or trading a car.)

Type of Property \_\_\_\_\_ Date Transferred/Sold \_\_\_\_\_  
Value Received \_\_\_\_\_ Name of buyer/transferee \_\_\_\_\_

Type of Property \_\_\_\_\_ Date Transferred/Sold \_\_\_\_\_  
Value Received \_\_\_\_\_ Name of buyer/transferee \_\_\_\_\_

None \_\_\_\_\_ 11. List all financial accounts (checking, savings, brokerage accounts, etc.) closed within the last year. Please list the address of your branch.

Name of Bank/Institution \_\_\_\_\_  
Address \_\_\_\_\_  
Date Account Closed \_\_\_\_\_  
Final balance when closed \$ \_\_\_\_\_

Name of Bank/Institution \_\_\_\_\_  
Address \_\_\_\_\_  
Date Account Closed \_\_\_\_\_  
Final balance when closed \$ \_\_\_\_\_

Name of Bank/Institution \_\_\_\_\_  
Address \_\_\_\_\_  
Date Account Closed \_\_\_\_\_  
Final balance when closed \$ \_\_\_\_\_

None \_\_\_\_\_ 12. List any safe deposit boxes you have.

Name of Bank \_\_\_\_\_  
Address \_\_\_\_\_  
Describe Contents \_\_\_\_\_  
Names of other people with access \_\_\_\_\_

None \_\_\_\_\_ 13. List any setoffs made by any creditor against a debt or deposit of yours within the last 90 days. (Forexample, a tax refund being applied to a tax debt)

Name of Creditor \_\_\_\_\_ Date of Setoff \_\_\_\_\_  
Amount taken \$ \_\_\_\_\_  
Name of Creditor \_\_\_\_\_ Date of Setoff \_\_\_\_\_  
Amount taken \$ \_\_\_\_\_

None \_\_\_\_\_ 14. List any property you are borrowing, keeping or holding for another person. Include the name and address of the owner and the description and value of the property. (For example, are you borrowing a car?)

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

None \_\_\_\_\_ 15. List all other address you have lived at for the last 3 years. Include the dates at each address and the name you used there.

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

None \_\_\_\_\_ 16. List any businesses you have owned or operated in the past 2 years. Include dates of operation.

Name of Business \_\_\_\_\_

Address \_\_\_\_\_

Dates of Operation \_\_\_\_\_

Type of Business \_\_\_\_\_

Name of Business \_\_\_\_\_

Address \_\_\_\_\_

Dates of Operation \_\_\_\_\_

Type of Business \_\_\_\_\_

None \_\_\_\_\_ 17. List the names and ages of all your dependents and their relation to you.

Name \_\_\_\_\_ Age \_\_\_\_\_

Relation to You \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_

Relation to You \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_

Relation to You \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_

Relation to You \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_

Relation to You \_\_\_\_\_

None \_\_\_\_\_ 18. Are there any liens of any kind on your home or other property including your belongings? If so, please list the liens below.

None \_\_\_\_\_ 19. Do you have any leases, rent to own agreements or other contracts? If yes, list name and address of other party and type of lease or contract.

None \_\_\_\_\_ 20. Have you ever received an inheritance or do you think you may receive an inheritance within the next year?

None \_\_\_\_\_ 21. Do you have a 401K loan or a loan against any other retirement plan? If so, please provide the name and address of the company where the payments are sent.

None \_\_\_\_\_ 22. Have you ever owned a house or land other than the property you listed on page one? If so, what happened to the property?

\*\*\*\*\*

When you have this questionnaire completed, please mail, fax, or drop it off at our office. Thank you!