



Law offices of
Beauchat & Beauchat, LLC



BANKRUPTCY QUESTIONNAIRE

Along with this questionnaire, please bring the following documents with you to your initial consultation at our offices. Please note that if you are filing jointly with your spouse, both parties must submit tax information and employer information:

- _____ A certificate of completion from a Credit Counseling agency that has been certified by the United States Bankruptcy Court.
- _____ Copies of your federal tax returns for the previous two (2) years.
- _____ Copies of your paystubs from your employer for the past six (6) months (If you are receiving government benefits of any type, please bring in a statement of your monthly benefit income).
- _____ A copy of all billing statements from your creditors (please make sure the current balance, account number, and creditor's address is included).
- _____ A copy of the most recent account statement for any retirement or investment accounts that you currently own.
- _____ This completed Bankruptcy Questionnaire including the signed Credit Report Authorization.
- _____ A history of payments received from your employer for the past sixty (60) days (this can either be pay stubs or a printed report from your employer)



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CREDIT REPORT AUTHORIZATION

I, the undersigned individual, hereby acknowledge that I have authorized the law firm of Beauchat & Beauchat, LLC to pull my credit report and/or credit score in connection with my legal representation. I have provided all necessary information required for the purpose of obtaining my credit report and/or credit score. I further give my permission for the information contained on my credit report to be reviewed by the law firm of Beauchat & Beauchat, LLC.

Date: _____

_____ Signature

INFORMATION TO OBTAIN CREDIT REPORT

Name (first, middle, last): _____

Address: _____
Street City State Zip

Apartment # (if applicable): _____

Social Security Number: _____

Mother's Maiden Name: _____

Name of Employer: _____

Birthdate: _____

Current Age: _____

VERIFICATION

I verify that the information contained within this packet is true and correct to the best of my knowledge and belief.

Debtor

Date: _____

Co-Debtor

Date: _____

PERSONAL INFORMATION

Name (First, Middle, Last): _____

Street Address: _____

Mailing Address: _____

Phone Number: (day) _____ (evening) _____

E-mail (if applicable): _____

May we contact you by e-mail? Yes _____ No _____

Social Security Number: _____

Please list all names used by you within the past six (6) years: _____

SPOUSE/CO-DEBTOR

Name (First, Middle, Last): _____

Street Address: _____

Mailing Address: _____

Phone Number: (day) _____ (evening) _____

E-mail (if applicable): _____

May we contact you by e-mail? Yes _____ No _____

Social Security Number: _____

Please list all names used by you within the past six (6) years: _____

Dependents

Please list all dependents living in your household. This list should include all minor children and any other individuals for whom you provide support. If the individual listed is *not* the minor child of either the debtor or co-debtor, please explain your relationship to that individual.

1. Name: _____
Age: _____ Date of Birth: _____
Relationship to Debtor/Co-Debtor: _____

2. Name: _____
Age: _____ Date of Birth: _____
Relationship to Debtor/Co-Debtor: _____

3. Name: _____
Age: _____ Date of Birth: _____
Relationship to Debtor/Co-Debtor: _____

4. Name: _____
Age: _____ Date of Birth: _____
Relationship to Debtor/Co-Debtor: _____

PRIOR AND PENDING BANKRUPTCIES

List all prior or pending bankruptcies to which you are or have been a party (please add additional sheets of paper if necessary):

1. Location of filing: _____

Case Number: _____

Date Filed: _____

Date Discharged (if applicable): _____

2. Location of filing: _____

Case Number: _____

Date Filed: _____

Date Discharged (if applicable): _____

3. Location of filing: _____

Case Number: _____

Date Filed: _____

Date Discharged (if applicable): _____

ASSETS

Real Estate

List all real estate all real estate that you own or have an interest in (please add additional sheets of paper if necessary):

1. Property Address: _____

Ownership: _____

Date Purchased: _____

Market Value: _____

Mortgages and Liens: _____

2. Property Address: _____

Ownership: _____

Date Purchased: _____

Market Value: _____

Mortgages and Liens: _____

3. Property Address: _____

Ownership: _____

Date Purchased: _____

Market Value: _____

Mortgages and Liens: _____

Vehicles

List all motor vehicles including automobiles, campers, and boats including vehicles that are not presently registered or operational (please add additional sheets of paper if necessary):

1. Make: _____
Model: _____
Year: _____
Mileage: _____
Extra Features: _____

Condition (excellent, good, fair, or poor): _____

2. Make: _____
Model: _____
Year: _____
Mileage: _____
Extra Features: _____

Condition (excellent, good, fair, or poor): _____

3. Make: _____
Model: _____

INCOME

List the following wage/income information and attach a copy of your two (2) most recent paystubs. Please note that if another individual contributes to your household expenses (for example: a spouse or significant other), you must also show that individual's income for purposes of giving the Bankruptcy Court a true indication of your household income even if that individual is not a co-debtor on your bankruptcy.

1. Debtor

a. Employer (please include address): _____

b. How are you paid? Hourly _____ Salary _____ Commission _____

c. What is your income? _____

d. How long have you held this job? _____

e. How often are you paid? Weekly _____ Bi-weekly _____ Monthly _____

f. Do you pay extra for health insurance coverage? If so, how much per paycheck?

2. Co-debtor or Household Member

a. Employer (please include address): _____

b. What is your relationship to the debtor? _____

c. How are you paid? Hourly _____ Salary _____ Commission _____

d. What is your income? _____

e. How long have you held this job? _____

f. How often are you paid? Weekly _____ Bi-weekly _____ Monthly _____

g. Do you pay extra for health insurance coverage? If so, how much per paycheck?

3. Co-debtor or Household Member

a. Employer (please include address): _____

b. What is your relationship to the debtor? _____

c. How are you paid? Hourly _____ Salary _____ Commission _____

d. What is your income? _____

e. How long have you held this job? _____

f. How often are you paid? Weekly _____ Bi-weekly _____ Monthly _____

g. Do you pay extra for health insurance coverage? If so, how much per paycheck?

EXPENSES

List your *monthly* living expenses where noted:

- 1. Rent/Mortgage payment \$ _____
Are real estate taxes included? ____ yes ____ no
Is property insurance included? ____ yes ____ no

- 2. Electricity and Heating Fuel \$ _____

- 3. Water and Sewer service \$ _____

- 4. Telephone Service (including cellular phones) \$ _____

- 5. Cable television and internet service \$ _____

- 6. Home maintenance (repairs and upkeep) \$ _____

- 7. Food \$ _____

- 8. Clothing \$ _____

- 9. Laundry and Dry Cleaning \$ _____

- 10. Medical and Dental Expenses (not covered by insurance) \$ _____

- 11. Transportation (not including car payments) \$ _____

- 12. Recreation \$ _____

- 13. Charitable Contribution (including religious contributions) \$ _____

- 14. Automobile Insurance \$ _____

- 15. Health Insurance (if not deducted from paycheck) \$ _____

- 16. Homeowner's Insurance (if not included in mortgage) \$ _____

- 17. Life Insurance \$ _____

- 18. Other (specify) _____ \$ _____

- 19. Taxes (not deducted from wages or mortgage. Please specify):
 - a. _____ \$ _____
 - b. _____ \$ _____
 - c. _____ \$ _____

20. Installment payments (automobile, student loans, or other. Please specify):

a.	_____	\$ _____
b.	_____	\$ _____
c.	_____	\$ _____
d.	_____	\$ _____

21. Alimony, maintenance, or support paid to others \$ _____

22. Other monthly expenses (Please specify):

a.	_____	\$ _____
b.	_____	\$ _____
c.	_____	\$ _____
d.	_____	\$ _____
e.	_____	\$ _____

DEBTS

List all debts you owe along with the creditor's name, the account number, and the current amount of the debt. Please provide a copy of your most recent billing statement for each debt. If you are unsure if a debt qualifies as secured or unsecured, we will contact the creditor to make a determination (please add additional sheets of paper if necessary):

1. Name of Creditor: _____

Address: _____

Account Number: _____

Individuals named on the account: _____

Amount owed: \$ _____

Date of Claim (when was account originally opened?): _____

Do you wish to keep this debt? _____yes _____no

2. Name of Creditor: _____

Address: _____

Account Number: _____

Individuals names on the account: _____

Amount owed: \$ _____

Date of Claim (when was account originally opened?): _____

Do you wish to keep this debt? _____yes _____no

3. Name of Creditor: _____
Address: _____

Account Number: _____

Individuals names on the account: _____

Amount owed: \$ _____

Date of Claim (when was account originally opened?): _____

Do you wish to keep this debt? _____yes _____no

4. Name of Creditor: _____
Address: _____

Account Number: _____

Individuals names on the account: _____

Amount owed: \$ _____

Date of Claim (when was account originally opened?): _____

Do you wish to keep this debt? _____yes _____no

5. Name of Creditor: _____
Address: _____

Account Number: _____

Individuals names on the account: _____

Amount owed: \$ _____

Date of Claim (when was account originally opened?): _____

Do you wish to keep this debt? _____yes _____no

6. Name of Creditor: _____
Address: _____

Account Number: _____

Individuals names on the account: _____

Amount owed: \$ _____

Date of Claim (when was account originally opened?): _____

Do you wish to keep this debt? _____yes _____no

7. Name of Creditor: _____
Address: _____

Account Number: _____

Individuals names on the account: _____

Amount owed: \$ _____

Date of Claim (when was account originally opened?): _____

Do you wish to keep this debt? _____yes _____no

8. Name of Creditor: _____
Address: _____

Account Number: _____

Individuals names on the account: _____

Amount owed: \$ _____

Date of Claim (when was account originally opened?): _____

Do you wish to keep this debt? _____yes _____no

9. Name of Creditor: _____
Address: _____

Account Number: _____

Individuals names on the account: _____

Amount owed: \$ _____

Date of Claim (when was account originally opened?): _____

Do you wish to keep this debt? _____yes _____no

10. Name of Creditor: _____
Address: _____

Account Number: _____

Individuals names on the account: _____

Amount owed: \$ _____

Date of Claim (when was account originally opened?): _____

Do you wish to keep this debt? _____yes _____no

11. Name of Creditor: _____
Address: _____

Account Number: _____

Individuals names on the account: _____

Amount owed: \$ _____

Date of Claim (when was account originally opened?): _____

Do you wish to keep this debt? _____yes _____ no

12. Name of Creditor: _____
Address: _____

Account Number: _____

Individuals names on the account: _____

Amount owed: \$ _____

Date of Claim (when was account originally opened?): _____

Do you wish to keep this debt? _____yes _____ no

13. Name of Creditor: _____
Address: _____

Account Number: _____

Individuals names on the account: _____

Amount owed: \$ _____

Date of Claim (when was account originally opened?): _____

Do you wish to keep this debt? _____yes _____no

14. Name of Creditor: _____
Address: _____

Account Number: _____

Individuals names on the account: _____

Amount owed: \$ _____

Date of Claim (when was account originally opened?): _____

Do you wish to keep this debt? _____yes _____no

15. Name of Creditor: _____

Address: _____

Account Number: _____

Individuals names on the account: _____

Amount owed: \$ _____

Date of Claim (when was account originally opened?): _____

Do you wish to keep this debt? _____yes _____no