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BANKRUPTCY QUESTIONNAIRE

CONFIDENTIAL

(FOR INTERNAL USE OF JOHN W. BEVIS, P.C., ATTORNEYS AND PROFESSIONAL STAFF ONLY)

PLEASE COMPLETE AS FULLY AS POSSIBLE – WE WILL REVIEW THIS WITH YOU IN DETAIL

DEBTOR (Full Name) _____

(Note: If filing joint, Husband is "Debtor")

Social Security No. _____ Date of Birth _____

SPOUSE (Joint Debtor, Full Name) _____

(List even if not filing, we will explain)

Social Security No. _____ Date of Birth _____

All other names used in the past ten (10) years (include married, maiden and trade names)

Current Street Address _____

County/City of Residence _____

Mailing Address _____
(if different from above) _____

How long have you lived at current address? _____

Have you lived anywhere else in the past five (5) years? List prior addresses and dates of residence (month and year)

Telephone Numbers: HOME: _____ CELL: _____

WORK: _____ E-mail Address (if any) _____

Best way to contact: _____

Additional Comments: _____

Is your pay or bank account being garnished or has it been garnished in the last three (3) months? YES NO
 If so, by Whom? _____
 Name of Court: _____

Has anyone sued you in the last year or is suing you now? YES NO
(Please attach copies of ALL court papers regarding lawsuits)
 Name: _____ Date: _____
 Court: _____

<p>GROSS INCOME: (ATTACH W-2's and last 3 years tax returns)</p> <p>What was your gross income for 2006: _____</p> <p>What was your gross income for 2007: _____</p> <p>What was your gross income for 2008: _____</p> <p>What have you earned so far in 2009: _____</p>	<p><u>EARNED INCOME</u></p>	<p><u>OTHER INCOME</u> (Ex: child support, social security, etc.)</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
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SPOUSE GROSS INCOME:
(ATTACH W-2's and last 2 years tax returns)

What was your gross income for 2006: _____

What was your gross income for 2007: _____

What was your gross income for 2008: _____

What have you earned so far in 2009: _____

Have you made any payments to unsecured creditors totaling over \$600 in the past 90 days?

Name of Creditor	Amount	Date Sent
_____	\$ _____	_____
_____	\$ _____	_____

Have you made any other big payments totaling over \$600 to family members, business partners, or other "insiders" in the past 12 months? We will explain if you are not sure.

YES NO

Who: _____ Date: _____ Amount: \$ _____

Relationship: _____ Reason: _____

Did you receive a tax refund last year? YES NO

Amount received: \$ _____ (Federal) \$ _____ (State)

Do you expect a tax refund this year? YES NO

Amount expected: \$ _____ (Federal) \$ _____ (State)

ASSETS

REAL PROPERTY

Please provide a copy of the Deed, the Note, HUD-1 Settlement Statement from purchase, Deed of Trust, and loan application documents for each property.

Identify each and every parcel of real estate in which you have an interest.
IF YOU OWN AN INTEREST IN MORE THAN ONE PARCEL, MAKE MORE COPIES OF THIS SHEET AND PROVIDE THE INFORMATION REQUESTED FOR EACH PARCEL.

Location (Address) of Property: _____

Tax assessed value of property as it appears on your tax bill: \$ _____

** Provide copy of tax bill or assessment if available*

What is the property worth now? \$ _____

When did you purchase the property? _____ Purchase Price: \$ _____

Are there any co-owners? _____ If yes, provide name, address, and percentage of ownership of the property: _____

Is the property occupied by someone other than you? YES NO

If so, please provide Name and Relationship: _____

Are they aware of your financial situation? YES NO

Name and Address of Mortgage Company: _____

Account Number: _____ Balance on Mortgage: \$ _____

Amount of Monthly Mortgage Payment: \$ _____

Are payments behind? YES NO How much? \$ _____ How far behind? _____

** Provide copy of mortgage statement*

Any Second Trusts or other liens: YES NO

Name and Address of Mortgage Company: _____

Account Number: _____ Balance on Mortgage: \$ _____

Amount of Monthly Mortgage Payment: \$ _____

Are payments behind? YES NO How much? \$ _____ How far behind? _____

** Provide copy of mortgage statement*

PERSONAL PROPERTY

- Total of ALL cash on hand? \$ _____ Debtor
\$ _____ Spouse

The Bankruptcy Code requires you to provide statements for ALL accounts for the past six (6) months

- Identify each and every account you have the ability to withdraw funds from.
- If NONE, check here**

Name of Bank _____

Address of Bank _____

Type of account Checking Savings Account No. _____

Who owns the account? _____

Balance in this account \$ _____ As of what date? _____

Name of Bank _____

Address of Bank _____

Type of account Checking Savings Account No. _____

Who owns the account? _____

Balance in this account \$ _____ As of what date? _____

Name of Bank _____

Address of Bank _____

Type of account Checking Savings Account No. _____

Who owns the account? _____

Balance in this account \$ _____ As of what date? _____

The Bankruptcy Code requires you to provide statements for ALL accounts for the past six (6) months

- Identify each and every stock, bond, mutual fund, or brokerage account.
- If NONE, check here**

Name of account _____

Address _____

Type of account _____ Account No. _____

Who owns the account? _____

Balance in this account \$ _____ As of what date? _____

Name of account _____
Address _____
Type of account _____ Account No. _____
Who owns the account? _____
Balance in this account \$ _____ As of what date? _____

- Identify each and every unrefunded deposit with public utilities, telephone companies, landlords and others. (use additional sheet if necessary)
- If NONE, check here**

Name of Holder _____
Address _____
Type of account (landlord, utility, etc.) _____
Who deposited funds? _____
Balance in account? \$ _____ As of what date? _____

Name of Holder _____
Address _____
Type of account (landlord, utility, etc.) _____
Who deposited funds? _____
Balance in account? \$ _____ As of what date? _____

- Life Insurance Policies with cash surrender value
- If NONE, check here**

Company Name _____
Address _____
Policy Number _____ Date of Purchase _____
Face amount of policy? \$ _____ Cash Sum Value \$ _____
Premium amount and date payable _____
Policy Loans outstanding _____

- Annuities. Itemize and name each issuer.
- If NONE, check here**

Owner of annuity: _____
Name of issuer: _____
Account number: _____
Value of annuity: \$ _____ as of what date? _____

- Interests in IRA, ERISA, Keogh or other pension or profit sharing plans
- If NONE, check here**

Name and/or type of retirement plan: _____

Account number: _____

Is the plan "ERISA" qualified? (Employee Retirement Income Security Act of 1974)

(Your employer, trustee, or plan administrator will be able to answer this question)

What is the accumulated value of the plan? \$ _____; as of what date? _____

Name and/or type of retirement plan: _____

Account number: _____

Is the plan "ERISA" qualified? (Employee Retirement Income Security Act of 1974)

(Your employer, trustee, or plan administrator will be able to answer this question)

What is the accumulated value of the plan? \$ _____; as of what date? _____

- Stock and interests in incorporated and unincorporated businesses
- If NONE, check here**

Name of business: _____ as of what date? _____

Name of business: _____ as of what date? _____

- Equitable or future interests, life estates, and rights or powers exercisable for the benefit of the debtor, other than those listed in Schedule of Real Property. *(If uncertain, leave blank and ask us to explain)*

- If NONE, check here**

_____ Debtor
 _____ Spouse
 _____ Joint

- Other contingent and unliquidated claims of every nature, including tax refunds (prorated tax refund), counterclaims of the debtor, and rights to setoff claims. Give estimated value of each. *(If uncertain, leave blank and ask us to explain)*

- If NONE, check here**

- Possible Inheritance (Briefly Describe) _____ Debtor

- If NONE, check here**

- Possible Inheritance (Briefly Describe) _____ Spouse

- If NONE, check here**

- Machinery, tools, fixtures, equipment and supplies used in work _____

- If NONE, check here**

PERSONAL POSSESSIONS

Please note that these are almost always exempt from liquidation.
However, they must be listed in detail.

Check the box next to the items that you own and indicate how many of each item, hold old each of the item(s) are, with a replacement value for each item checked.

Check "None" if you do NOT own this item

Show ownership: D = Debtor, S = Spouse, J = Joint

<u>NONE</u>	<u>ITEM</u>	<u>If more than one how many?</u>	<u>How Old?</u>	<u>Replacement Value</u>	<u>Who owns?</u>
	<u>LIVING ROOM</u>				
<input type="checkbox"/>	<input type="checkbox"/> Couch(es)	# _____	_____	\$ _____	D S J
<input type="checkbox"/>	<input type="checkbox"/> Chairs	# _____	_____	\$ _____	D S J
<input type="checkbox"/>	<input type="checkbox"/> End Tables	# _____	_____	\$ _____	D S J
<input type="checkbox"/>	<input type="checkbox"/> Coffee Tables	# _____	_____	\$ _____	D S J
<input type="checkbox"/>	<input type="checkbox"/> Television Stand	# _____	_____	\$ _____	D S J
<input type="checkbox"/>	<input type="checkbox"/> Other Furniture	# _____	_____	\$ _____	D S J
	_____			\$ _____	D S J
	_____			\$ _____	D S J

<u>NONE</u>	<u>KITCHEN/ DINING ROOM</u>				
<input type="checkbox"/>	<input type="checkbox"/> Kitchen Table/Chairs	# _____	_____	\$ _____	D S J
<input type="checkbox"/>	<input type="checkbox"/> Oven/Range	# _____	_____	\$ _____	D S J
<input type="checkbox"/>	<input type="checkbox"/> Microwave/Convection Oven	# _____	_____	\$ _____	D S J
<input type="checkbox"/>	<input type="checkbox"/> Refrigerator	# _____	_____	\$ _____	D S J
<input type="checkbox"/>	<input type="checkbox"/> Freezer	# _____	_____	\$ _____	D S J
<input type="checkbox"/>	<input type="checkbox"/> Coffee Maker	# _____	_____	\$ _____	D S J
<input type="checkbox"/>	<input type="checkbox"/> Espresso/Cappuccino	# _____	_____	\$ _____	D S J
<input type="checkbox"/>	<input type="checkbox"/> Toaster/Toaster Oven	# _____	_____	\$ _____	D S J
<input type="checkbox"/>	<input type="checkbox"/> Food Processor/Blender	# _____	_____	\$ _____	D S J
<input type="checkbox"/>	<input type="checkbox"/> Pots, Pans, Utensils	# _____	_____	\$ _____	D S J
<input type="checkbox"/>	<input type="checkbox"/> Plates, Glassware	# _____	_____	\$ _____	D S J
<input type="checkbox"/>	<input type="checkbox"/> Other: _____	# _____	_____	\$ _____	D S J
	_____			\$ _____	D S J
	_____			\$ _____	D S J

<input type="checkbox"/>	<input type="checkbox"/> Dining Room Table/Chairs	# _____	_____	\$ _____	D S J
<input type="checkbox"/>	<input type="checkbox"/> Hutch	# _____	_____	\$ _____	D S J
<input type="checkbox"/>	<input type="checkbox"/> China Cabinet/closet	# _____	_____	\$ _____	D S J
<input type="checkbox"/>	<input type="checkbox"/> China /Silver	# _____	_____	\$ _____	D S J
<input type="checkbox"/>	<input type="checkbox"/> Washer	# _____	_____	\$ _____	D S J
<input type="checkbox"/>	<input type="checkbox"/> Dryer	# _____	_____	\$ _____	D S J
<input type="checkbox"/>	<input type="checkbox"/> Window dressings/curtains	# _____	_____	\$ _____	D S J
<input type="checkbox"/>	<input type="checkbox"/> Lamps	# _____	_____	\$ _____	D S J
<input type="checkbox"/>	<input type="checkbox"/> Other: _____		_____	\$ _____	D S J
	_____		_____	\$ _____	D S J
	_____		_____	\$ _____	D S J

<u>NONE</u>	<u>ITEM</u>	<u>If more than one how many?</u>	<u>How Old?</u>	<u>Replacement Value</u>	<u>Who owns?</u>
<u>BEDROOMS</u>					
<input type="checkbox"/>	<input type="checkbox"/> Bed(s)	# _____	_____	\$ _____	D S J
<input type="checkbox"/>	<input type="checkbox"/> Dresser(s)	# _____	_____	\$ _____	D S J
<input type="checkbox"/>	<input type="checkbox"/> Tables/Nightstands	# _____	_____	\$ _____	D S J
<input type="checkbox"/>	<input type="checkbox"/> Lamps	# _____	_____	\$ _____	D S J
<input type="checkbox"/>	<input type="checkbox"/> Alarm Clock	# _____	_____	\$ _____	D S J
<input type="checkbox"/>	<input type="checkbox"/> Telephone	# _____	_____	\$ _____	D S J
<input type="checkbox"/>	<input type="checkbox"/> Cell Phone	# _____	_____	\$ _____	D S J
<input type="checkbox"/>	<input type="checkbox"/> Other _____	# _____	_____	\$ _____	D S J
				\$ _____	D S J

<u>NONE</u>	<u>OTHER ITEMS</u>				
<input type="checkbox"/>	<input type="checkbox"/> Books	# _____		\$ _____	D S J
<input type="checkbox"/>	<input type="checkbox"/> Pictures	# _____		\$ _____	D S J
<input type="checkbox"/>	<input type="checkbox"/> Artwork	# _____		\$ _____	D S J
<input type="checkbox"/>	<input type="checkbox"/> Antiques	# _____		\$ _____	D S J
<input type="checkbox"/>	<input type="checkbox"/> Collectibles	# _____		\$ _____	D S J
<input type="checkbox"/>	<input type="checkbox"/> Collections (stamp, coin, etc.) # _____			\$ _____	D S J
<input type="checkbox"/>	<input type="checkbox"/> Clocks, Wall Hangings	# _____		\$ _____	D S J
<input type="checkbox"/>	<input type="checkbox"/> CD's, tapes	# _____		\$ _____	D S J
<input type="checkbox"/>	<input type="checkbox"/> Furs – describe in detail			\$ _____	D S J
	_____			\$ _____	D S J
<input type="checkbox"/>	<input type="checkbox"/> Jewelry – describe in detail			\$ _____	D S J
	_____			\$ _____	D S J
	_____			\$ _____	D S J
	_____			\$ _____	D S J
<input type="checkbox"/>	<input type="checkbox"/> Wedding Rings	_____		\$ _____	D S J
<input type="checkbox"/>	<input type="checkbox"/> Firearms – describe			\$ _____	D S J
	_____			\$ _____	D S J
<input type="checkbox"/>	<input type="checkbox"/> Hobby equipment (e.g. golf clubs, fishing equip., hunting equip., photo equip.)			\$ _____	D S J
	_____			\$ _____	D S J
	_____			\$ _____	D S J
	_____			\$ _____	D S J
<input type="checkbox"/>	<input type="checkbox"/> Office furnishings	_____		\$ _____	D S J
	_____			\$ _____	D S J
	_____			\$ _____	D S J

NONE

Animals
Are they pets? _____

If not pets, describe and provide replacement value and basis of valuation:
_____ \$ _____ D S J

Clothes (Describe any unique items)
_____ \$ _____ Debtor
_____ \$ _____ Spouse

NONE **ELECTRONICS** **Detailed Description**
(Make, Model, Year, When Purchased, How Much)

Television(s) _____ \$ _____ D S J
_____ \$ _____ D S J
_____ \$ _____ D S J

VCR(s) _____ \$ _____ D S J
_____ \$ _____ D S J

DVD Player(s) _____ \$ _____ D S J
_____ \$ _____ D S J

Stereo(s) _____ \$ _____ D S J
_____ \$ _____ D S J

Computer(s) _____ \$ _____ D S J
_____ \$ _____ D S J

Printer(s) _____ \$ _____ D S J
_____ \$ _____ D S J

Peripheral(s) _____ \$ _____ D S J
_____ \$ _____ D S J

OTHER PERSONAL PROPERTY
Note here any item not covered in Previous Sections

_____ \$ _____ D S J
_____ \$ _____ D S J
_____ \$ _____ D S J
_____ \$ _____ D S J
_____ \$ _____ D S J
_____ \$ _____ D S J

AUTOMOBILES, TRUCKS, TRAILERS, BOATS, ETC.

(List ALL vehicles that you own. List the description of the vehicle and the lienholder for each vehicle, if any). **Provide a copy of title or registration card & most recent statement from loan on vehicle, if any**

If you do not own any vehicles, check here

1) Description: (*Details: Year, Make, Model*) _____
Date Purchased (month and year) _____ Purchase Price: \$ _____
VIN: _____
Mileage: _____
General Condition of the vehicle: _____
Who owns it (whose name(s) is it registered in): _____
Is there a lien on the vehicle? _____
Current Balance: \$ _____ Monthly Payment: \$ _____
Are payments behind? YES NO How much? \$ _____
Was the lien/ money used to purchase the vehicle? _____
If there is a lien, provide name and address of the creditor: (Include statement to verify)

Account Number: _____ Book Value: \$ _____

2) Description: (*Details: Year, Make, Model*) _____
Date Purchased (month and year) _____ Purchase Price: \$ _____
VIN: _____
Mileage: _____
General Condition of the vehicle: _____
Who owns it (whose name(s) is it registered in): _____
Is there a lien on the vehicle? _____
Current Balance: \$ _____ Monthly Payment: \$ _____
Are payments behind? YES NO How much? \$ _____
Was the lien/ money used to purchase the vehicle? _____
If there is a lien, provide name and address of the creditor: (Include statement to verify)

Account Number: _____ Book Value: \$ _____

**USE ADDITIONAL SHEETS FOR OTHER AUTOMOBILES, IF NECESSARY
Trucks, Boats, etc.**

INCOME

****Please attach your pay stubs from the last six (6) months****
If self employed, please provide a summary of income – we will discuss

- | | | |
|--|--|--|
| <u>Do you get paid:</u> | <u>Do you receive income from:</u> | <input type="checkbox"/> Alimony and/or child support? |
| <input type="checkbox"/> Every month? | <input type="checkbox"/> Your business? | <input type="checkbox"/> Social Security/ Government O Assistance? |
| <input type="checkbox"/> Every 2 weeks? | <input type="checkbox"/> Real property? | <input type="checkbox"/> Pension or Retirement? |
| <input type="checkbox"/> Twice a month (i.e. the 1 st and 15 th)? | <input type="checkbox"/> Interest & Dividends? | |
| <input type="checkbox"/> Every week? | | |

For each pay period:
 Approximate Gross Pay: \$ _____ Approximate Net (Take Home) Pay \$ _____
 Or check here if pay varies with each pay period

MONTHLY EXPENSES

Please check all of your monthly expenses and the amounts you spend each month
(Use your best estimate. We understand that some amounts vary from month to month.)
Please provide copies of utility bills, etc. to assist us

- | | | | | |
|---|----------|---|-----------------------|----------|
| <input type="checkbox"/> Rent or <input type="checkbox"/> Mortgage | \$ _____ | | | |
| <input type="checkbox"/> Real Estate Taxes | \$ _____ | | | |
| <u>Utilities</u> | | | | |
| <input type="checkbox"/> Electric & Heat | \$ _____ | <input type="checkbox"/> Cell Phone | \$ _____ | |
| <input type="checkbox"/> Gas | \$ _____ | <input type="checkbox"/> Cable/Satellite | \$ _____ | |
| <input type="checkbox"/> Water/Sewer | \$ _____ | <input type="checkbox"/> Internet | \$ _____ | |
| <input type="checkbox"/> Telephone | \$ _____ | | | |
| <input type="checkbox"/> Home Maintenance | \$ _____ | <input type="checkbox"/> Medical/Dental Exp. | \$ _____ | |
| <input type="checkbox"/> Food | \$ _____ | <input type="checkbox"/> Transportation (does not include car payments) | \$ _____ | |
| <input type="checkbox"/> Clothing | \$ _____ | <input type="checkbox"/> Recreation | \$ _____ | |
| <input type="checkbox"/> Laundry/ Cleaning | \$ _____ | | | |
| <input type="checkbox"/> Charitable Contrib. | \$ _____ | | | |
| <input type="checkbox"/> Insurance | | | | |
| (Amount that is <u>not</u> already deducted from income) | | | | |
| Homeowner's | | \$ _____ | Auto | \$ _____ |
| Life | | \$ _____ | Other, please specify | _____ |
| Health | | \$ _____ | | \$ _____ |
| <input type="checkbox"/> Taxes (<u>not</u> deducted from regular pay) | \$ _____ | | | |
| <input type="checkbox"/> Installment Payments | | | | |
| Auto | | \$ _____ | | |
| Other, please specify | | _____ | | |
| <input type="checkbox"/> Alimony, support | \$ _____ | | | |
| <input type="checkbox"/> Payments for Dependents (<u>not</u> living at home) | \$ _____ | | | |
| <input type="checkbox"/> Other Expenses, please specify | _____ | | | |

ALL OTHER INFORMATION OR QUESTIONS:

I/We certify that the information provided herein is true and correct to the best of my/our knowledge.

DATE: _____

Debtor Signature

DATE: _____

Joint Debtor Signature

Checklist of Documents needed to provide to our office

- Credit Counseling Certificate
- Six months pay stubs/income information
- Six months bank and/or other financial account statements
- Last three years tax returns filed (Federal and State)
- Three months of bills/collection notices
- Copies of any court papers/lawsuits
- Car Titles/Registration
- Paperwork for real property (house, timeshare, etc.)

**WE ARE A DEBT RELIEF AGENCY
WE HELP PEOPLE FILE FOR BANKRUPTCY RELIEF UNDER THE BANKRUPTCY CODE.**