

CANDYCE M. KING, P.A.
CLIENT QUESTIONNAIRE

Date _____ E-mail address _____

NAME _____ SSN _____

SPOUSE _____ Spouse's SSN _____

ADDRESS _____ PHONE _____

_____ CELL _____

Preferred method of contact _____

How did you hear about us? _____

How long have you lived in Florida? _____

Have you ever filed for bankruptcy before? _____

Are you being sued by anyone? _____

I. Real Estate – Home/Residence

How long have you owned your home? _____

Name of Mortgage Co. _____

How much do you owe ? _____ Value of home _____

Are you behind on your payments? YES / NO (if yes how far behind are you)

Monthly Mortgage Payment _____

Second Mortgage _____ Monthly Payment _____
(if any) (name of lender)

Are you behind on your second mortgage? YES / NO How much? _____

Are taxes and insurance escrowed with your mortgage payment? _____

Do you have home owner association fees? _____

ADDITIONAL REAL ESTATE

• Property Address : _____

Name of Mortgage Co. _____

How much do you owe? _____ Value of home _____

Monthly Mortgage Payment _____

Are you behind on your payments? YES / NO (if yes how far behind are you)

Second Mortgage Co. (if any) _____ Monthly Payment _____

Are you behind on your second mortgage? YES/NO How much? _____

Are taxes and insurance escrowed with your mortgage payment? _____

Do you have home owner association fees? _____

• Property Address: _____

Name of Mortgage Co. _____

How much do you owe? _____ Value of home _____

Monthly Mortgage Payment _____

Are you behind on your payments? YES / NO (if yes how far behind are you)

Second Mortgage Co. (if any) _____ Monthly Payment _____

Are you behind on your second mortgage? YES/NO How much? _____

Are taxes and insurance escrowed with your mortgage payment? _____

Do you have home owner association fees? _____

II. Taxes

Do you owe the IRS? _____ How much? _____

For what tax years? _____

Have you kept current in filing your returns with the IRS? _____

Do you have any tax liens? _____

III. Vehicles

How many vehicles do you have? _____

1. Year _____ Make & Model _____
Owe _____ Value _____ Name of Lender _____
When did you purchase the vehicle? _____

2. Year _____ Make & Model _____
Owe _____ Value _____ Name of Lender _____
When did you purchase the vehicle? _____

3. Year _____ Make & Model _____
Owe _____ Value _____ Name of Lender _____
When did you purchase the vehicle? _____

4. Year _____ Make & Model _____
Owe _____ Value _____ Name of Lender _____
When did you purchase the vehicle? _____

Do you have any other type of vehicle (boats/trailers/4 wheelers) in your name? YES NO

If yes, please list: _____

IV. Personal Property (furniture, jewelry, electronics, clothing, etc.)

What is the value of your personal property? _____
(Please value at liquidation/garage sale value)

Are you making any payments to any creditor for any of your property? _____
(Dell, Rooms to Go, etc.)

Value _____ Lien _____

Value _____ Lien _____

V. Unsecured Debt

Approximately how much do you owe in credit card debt? _____

When was the last time you used the credit cards? _____

Have you incurred any charges more than \$500 in the last three months? YES NO

Have you made any cash advances within the last four months? YES NO

Medical Debt _____

Signature Loan (s) _____

Do you have any past repossessions? _____

Do you have any judgments against you? _____

Do you owe any back child support or alimony? _____

Do you have any student loans? _____

***please note that student loans are non-dischargeable through bankruptcy.*

Bank Accounts: amount in checking _____ savings _____

Do you have any investment accounts (stocks/bonds/mutual funds)? _____

Have you sold, transferred title or given away anything of value more than \$600 in the last two years? Yes No

If yes, please explain: _____

Are you currently suing anyone? (personal injury, malpractice, etc.) YES NO

Have you repaid a friend or relative any money in the last year? YES NO

Are you currently inheriting anything under a will or trust? YES NO

Do you have any interest in a business or partnership? YES NO

If yes, please explain:

Are more than 50% of your debts, including home mortgage business related? YES NO

VI Other Attorneys

Do you have an attorney handling any legal matter for you now?

If yes, who and what are they representing you for?

Have you consulted another attorney about filing for bankruptcy? YES NO

If yes, who did you consult and when?

MONTHLY INCOME

1. Employment Information

YOU

SPOUSE

Employer:

Occupation:

How Long Employed?

2. How often are you paid?

- Monthly
- Twice a Month
- Every 2 weeks
- Weekly
- Other (Explain)

- Monthly
- Twice a Month
- Every 2 weeks
- Weekly
- Other (Explain)

3. How much are you paid (gross) each pay period?

\$ _____

\$ _____

4. Gross monthly wage (state only if you check *Other*)

\$ _____

\$ _____

5. Average overtime per pay period:

\$ _____

\$ _____

Deductions per pay period:

6. Payroll Taxes

Federal Taxes \$ _____

\$ _____

Social Security (FICA) \$ _____

\$ _____

Medicare \$ _____

\$ _____

State Taxes \$ _____

\$ _____

Local Taxes \$ _____

\$ _____

7. Insurance

\$ _____

\$ _____

8. Union dues

\$ _____

\$ _____

9. Other deductions:

_____ \$ _____

\$ _____

_____ \$ _____

\$ _____

Other Monthly Income:

10. If self-employed, average monthly business income:

\$ _____

\$ _____

11. Income from real/rental property:

\$ _____

\$ _____

YOU

SPOUSE

13. Alimony Received: \$ _____ \$ _____

14. Child support received?
(State full name, age & relationship of child) Yes No Yes No
\$ _____ \$ _____
\$ _____ \$ _____

15. Social security or other government assistance: \$ _____ \$ _____

16. Unemployment: \$ _____ \$ _____

17. Pension or retirement income: \$ _____ \$ _____

18. Other Income: \$ _____ \$ _____
Contribution from household members \$ _____ \$ _____

If you anticipate an increase or decrease in your income during the next year, state why and the expected amount of increase or decrease:

MONTHLY EXPENSES

19. List all dependents living with you whose expenses are included below:

Full name, age & relationship: _____

Full name, age & relationship: _____

Full name, age & relationship: _____

Full name, age & relationship: _____

	HOUSEHOLD ONE	HOUSEHOLD TWO
20. Rent/Mortgage Payment	\$ _____	\$ _____
Real estate taxes included?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Property ins. Included?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
21. Electricity and heating fuel:	\$ _____	\$ _____
22. Water & Sewer:	\$ _____	\$ _____
23. Telephone:	\$ _____	\$ _____
24. Garbage:	\$ _____	\$ _____
25. Security:	\$ _____	\$ _____
26. Cable:	\$ _____	\$ _____
27. Other utilities:	\$ _____	\$ _____
	\$ _____	\$ _____
	\$ _____	\$ _____
28. Home maintenance (repairs & upkeep)	\$ _____	\$ _____
29. Food	\$ _____	\$ _____
30. Clothing	\$ _____	\$ _____
31. Laundry/dry cleaning	\$ _____	\$ _____
32. Medical/dental	\$ _____	\$ _____
33. Recreation/entertainment, (movies, magazines, books, etc.)	\$ _____	\$ _____
34. Charitable contributions:	\$ _____	\$ _____
	\$ _____	\$ _____

35. Transportation

36. Life Insurance: \$ _____ \$ _____
(paid out of pocket)

37. Homeowner's or \$ _____ \$ _____
renter's insurance:

38. Auto Insurance: \$ _____ \$ _____

39. Health Insurance: \$ _____ \$ _____
(paid out of pocket)

40. Other Insurance? \$ _____ \$ _____

41. Real estate (property) \$ _____ \$ _____
taxes paid directly:

42. Other taxes: \$ _____ \$ _____

43. Auto payment(s): \$ _____ \$ _____
\$ _____ \$ _____

44. Installment payments
_____ \$ _____ \$ _____

45. Alimony paid? Yes No Yes No
(name & address of ex-spouse) _____ \$ _____ \$ _____

46. Child support paid? Yes No Yes No
(full name, age & relationship to child) _____ \$ _____ \$ _____

47. Payments for dependents Yes No Yes No
not living at home? _____ \$ _____ \$ _____
(name, age & relationship) _____

48. Daycare: \$ _____ \$ _____

49. Other Misc. Expenses: \$ _____ \$ _____
\$ _____ \$ _____

If you anticipate an increase or decrease in your expenses during the next year, state why and the expected amount of increase or decrease:

Questions 50-69 should only be answered if you own a business:

Name & Description of business (es):

50. What was your actual gross business income for the past year (before costs and expenses are deducted): \$ _____

51. What is your estimated average future monthly gross business income:
\$ _____

<i>Monthly Expenses:</i>	BUSINESS ONE	BUSINESS TWO
52. Net Employee Payroll:	\$	\$
53. Payroll Taxes:	\$	\$
54. Workers' Compensation	\$	\$
55. Unemployment Taxes:	\$	\$
56. Other Taxes:	\$	\$
57. Inventory Purchases:	\$	\$
58. Rent:	\$	\$
59. Utilities:	\$	\$
60. Office Expenses/Supplies:	\$	\$
61. Repair/Maintenance	\$	\$
62. Vehicle Expenses	\$	\$
63. Travel/Entertainment	\$	\$
64. Legal/Acct/ Prof Fees	\$	\$
65. Insurance	\$	\$
66. Equip Rental/Leases	\$	\$
67. Employee Benefits	\$	\$
68. Secured Payments	\$	\$
69. Other Expenses:	\$	\$