

# BANKRUPTCY
# CLIENT INTAKE QUESTIONNAIRE:
# (CHAPTERS 7, 11, 12 & 13)

*CONFIDENTIAL. This questionnaire helps determine which chapter of the Bankruptcy Code fits your situation and gathers the information needed to prepare your petition and schedules. Bankruptcy papers are signed under penalty of perjury, so please list ALL assets, debts, income, and transactions, even ones you plan to keep or pay. If a question does not apply, write "N/A." If unknown, write "Unknown." Attach additional pages if needed. Do not write full Social Security or account numbers on this form; we will collect them securely.*

*We are a debt relief agency. We help people file for bankruptcy relief under the Bankruptcy Code.*

***NAME OF THE CLIENT(s) / DEBTOR(s):***

[__] Debtor 1: _____

[__] Debtor 2 (spouse, if filing jointly): _____

[__] Business Debtor (entity name, if applicable): _____

Syndicate Plan Member ID: _____ Plan Start Date: _____

Preferred method of contact:

[__] Phone [__] Text [__] Email

## PART 1 — GOALS & URGENT DEADLINES

1.1 Chapter you are considering:

[__] Chapter 7 — liquidation / fresh start

[__] Chapter 13 — repayment plan (individuals)

[__] Chapter 11 — reorganization (business or high-debt individual)

[__] Chapter 12 — family farmer or fisherman

[__] Not sure — please recommend

1.2 What do you want to accomplish?

[__] Eliminate credit card / medical debt

[__] Stop a vehicle repossession

[__] Stop a lawsuit or judgment collection

[__] Keep my home / vehicle

[__] Reorganize / keep a business running

[__] Stop utility shutoff

[__] Stop a foreclosure

[__] Stop wage garnishment / bank levy

[__] Catch up mortgage or car arrears

[__] Deal with tax debt

[__] Stop an eviction

[__] Other



***1.3 Urgent Deadlines (list any scheduled event):***

| Event (foreclosure sale, repossession, garnishment, hearing, eviction, levy) | Creditor / Court | Date |
|---|---|---|
| | | |
| | | |
| | | |
| | | |

1.4 In your own words, what caused your financial difficulty (job loss, medical, divorce, business decline, etc.)? _____

_____

_____

## PART 2 — WHO IS FILING

2.1 Filing as:

[__] Individual

[__] Married — one spouse only

[__] Married couple — joint filing

[__] Business entity

***2A Debtor 1:***

Last Name: _____ First: _____ Middle: _____

Other names used in last 8 years (incl. business / trade names): _____

Date of Birth: _____ SSN / ITIN (last 4 only): _____

Address: _____

City: _____ County: _____ State: _____ Zip: _____

Time at this address: _____ Prior address (if less than 2 years): _____

Phone: _____ Email: _____

Employer: _____ Job Title: _____

Time employed: _____ Pay frequency: _____

Gross pay per check: $ _____ Take-home per check: $ _____

***2B Debtor 2 / Non-filing Spouse:***

Last Name: _____ First: _____ Middle: _____

Other names used in last 8 years (incl. business / trade names): _____

Date of Birth: _____ SSN / ITIN (last 4 only): _____

Address: _____

City: _____ County: _____ State: _____ Zip: _____



Time at this address: _____ Prior address (if less than 2 years): _____

Phone: _____ Email: _____

Employer: _____ Job Title: _____

Time employed: _____ Pay frequency: _____

Gross pay per check: $ _____ Take-home per check: $ _____

2.2 Marital status:

[__] Single [__] Married [__] Separated

[__] Divorced [__] Widowed [__] Registered Domestic Partner

If divorced / separated in last 8 years — date and county: _____

2.3 Have you lived in any other state in the last 2 years? [__] Yes [__] No

If yes — state(s) and dates: _____

*Where you have lived in recent years affects which state's property exemptions you may use.*

***2C Business Information (if the business is filing or you own / operate a business):***

Business Name: _____ EIN (last 4 only): _____

Entity type:

[__] Sole proprietorship [__] LLC [__] Corporation

[__] Partnership [__] Other

State formed: _____ Date started: _____ Ownership %: _____

Nature of business: _____

Number of employees: _____ Gross annual revenue: $ _____

Is the business still operating? [__] Yes [__] No

Do you earn more than half of your income from farming or commercial fishing? [__] Yes [__] No

## PART 3 — PRIOR BANKRUPTCIES & CREDIT COUNSELING

3.1 Have you (or your spouse) ever filed bankruptcy before? [__] Yes [__] No

| Chapter | District / State | Case Number | Date Filed | Discharged or Dismissed? (date) |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |

*Prior filings can affect whether you can receive a discharge and whether the automatic stay applies.*

3.2 Has a relative, business partner, or affiliate filed bankruptcy in the past year? [__] Yes [__] No



3.3 Have you completed pre-filing credit counseling? [__] Yes [__] No

If yes — provider and date completed: _____

*Individuals must complete an approved credit counseling course within 180 days BEFORE filing.*

## PART 4 — HOUSEHOLD & INCOME

4.1 Number of people in your household (including you): _____

***4.2 Dependents:***

| Name | Relationship | Age | Lives With You? |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |

***4.3 Gross Monthly Income (average of the last 6 months):***

| Source | Debtor 1 $ | Debtor 2 / Spouse $ |
|---|---|---|
| Wages, salary, tips, bonuses, overtime | | |
| Business / self-employment (net) | | |
| Rental income (net) | | |
| Interest, dividends, royalties | | |
| Pension / retirement | | |
| Social Security | | |
| Unemployment | | |
| Child support / alimony received | | |
| Contributions from others in household | | |
| Other: | | |

4.4 Gross income for last calendar year: $ _____ Year before: $ _____

4.5 Do you expect your income to change significantly in the next year? [__] Yes [__] No

If yes, explain: _____

_____

4.6 Have you filed federal and state tax returns for the last 4 years? [__] Yes [__] No

If yes, explain: _____

_____

4.7 Expected tax refund this year (federal / state): $ _____



## PART 5 — MONTHLY EXPENSES

| Expense | Monthly Amount $ |
|---|---|
| Rent or mortgage (incl. taxes / insurance / HOA) | |
| Utilities (electric, gas, water, trash) | |
| Phone / internet / cable | |
| Food & household supplies | |
| Clothing & laundry | |
| Medical / dental / prescriptions (not insured) | |
| Transportation (gas, insurance, maintenance) | |
| Vehicle loan / lease payments | |
| Child care & education | |
| Child support / alimony paid | |
| Health & life insurance | |
| Taxes not withheld from pay | |
| Other: | |

## PART 6 — ASSETS

*List everything you own or have an interest in, anywhere, even if it is in someone else's name, held for you, or has no equity.*

***6.1 Real Estate:***

| Property Address | Titled To | Est. Value $ | Loan Balance(s) $ | Monthly Pmt $ | Past Due $ |
|---|---|---|---|---|---|
| | | | | | |
| | | | | | |
| | | | | | |

Intention for your home:

[__] Keep and keep paying

[__] Keep and catch up arrears

[__] Surrender

[__] Not sure

***6.2 Vehicles (cars, trucks, motorcycles, boats, RVs, trailers):***

| Year / Make / Model | Mileage | Est. Value $ | Loan Balance $ | Lender | Keep? |
|---|---|---|---|---|---|
| | | | | | |
| | | | | | |
| | | | | | |



***6.3 Bank, Investment & Digital Accounts (last 4 digits only):***

| Institution / Type | Last 4 | Whose Name? | Current Balance $ |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |

***6.4 Retirement Accounts & Pensions:***

| Plan Type & Employer / Custodian | Owner | Current Value $ | Loans Against It $ |
|---|---|---|---|
| | | | |
| | | | |
| | | | |

***6.5 Other Property (estimated value):***

Household goods & furniture: $ _____ Electronics: $ _____

Jewelry: $ _____ Firearms: $ _____ Collectibles / art: $ _____

Cash on hand: $ _____ Cryptocurrency: $ _____

Business equipment, tools, inventory, receivables: $ _____

Life insurance with cash value — company and value: $ _____

6.6 Does anyone owe you money (loans, unpaid wages, judgments, deposits)? [__] Yes [__] No

If yes, explain: _____

_____

6.7 Do you have any claim or lawsuit against anyone (injury, employment, etc.)? [__] Yes [__] No

If yes, explain: _____

_____

6.8 Do you expect an inheritance, life insurance proceeds, or a divorce settlement? [__] Yes [__] No

If yes, explain: _____

_____

6.9 Are you a beneficiary of a trust or hold property for someone else? [__] Yes [__] No

If yes, explain: _____

_____



## PART 7 — DEBTS

***7.1 Priority Debts:***

| Type (income taxes by year, property taxes, support, wages owed) | Agency / Owed To | Amount $ |
|---|---|---|
| | | |
| | | |
| | | |

***7.2 Other Secured Debts (not listed in 6.1 / 6.2 — furniture, electronics, title loans, liens):***

| Creditor | Collateral | Balance $ | Monthly Pmt $ | Past Due $ |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |

***7.3 Unsecured Debts (credit cards, medical, personal loans, collections, deficiencies):***

| Creditor / Collection Agency | Type | Balance $ | Co-signer? | Date Opened |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

7.4 Do you have student loans? [__] Yes [__] No

If yes — servicer and total balance: $ _____

7.5 Have you personally guaranteed any business debts? [__] Yes [__] No

If yes, explain: _____

_____

7.6 Do you owe child support or alimony, or were debts assigned to you in a divorce? [__] Yes [__] No

If yes, explain: _____

_____



***7.7 Lawsuits, Judgments, Garnishments & Levies (last year):***

| Creditor / Plaintiff | Court | Case Number | Status (pending, judgment, garnishment) |
|---|---|---|---|
| | | | |
| | | | |
| | | | |

## PART 8 — FINANCIAL TRANSACTIONS

*The bankruptcy trustee reviews recent transactions and can recover certain payments and transfers. Hiding assets or transfers is a federal crime. Please disclose everything; many transactions can be addressed with proper planning.*

8.1 Payments totaling $600+ to any one creditor in the last 90 days? [__] Yes [__] No

If yes, explain: _____

_____

8.2 Payments or loan repayments to relatives or business insiders in the last year? [__] Yes [__] No

If yes, explain: _____

_____

8.3 Sold, gave away, or transferred any property in the last 2 years? [__] Yes [__] No

If yes, explain: _____

_____

8.4 Transferred property to a trust (including your own) in the last 10 years? [__] Yes [__] No

If yes, explain: _____

_____

8.5 Luxury purchases or cash advances over $500 in the last 90 days? [__] Yes [__] No

If yes, explain: _____

_____

8.6 Closed any financial accounts or safe deposit boxes in the last year? [__] Yes [__] No

If yes, explain: _____

_____

8.7 Repossessions, foreclosures, or returned property in the last year? [__] Yes [__] No

If yes, explain: _____

_____

8.8 Losses from gambling, theft, fire, or disaster in the last year? [__] Yes [__] No

If yes, explain: _____

_____



8.9 Paid anyone for help with debts or bankruptcy in the last year? [__] Yes [__] No

If yes, explain: _____

_____

## PART 9 — CHAPTER-SPECIFIC QUESTIONS

***Chapter 13 (repayment plan):***

Amount you could realistically pay each month to a plan: $ _____

What property do you most want to protect or catch up on? _____

_____

***Chapter 11 (reorganization):***

Total debts (all creditors): $ _____ Number of creditors: _____

Monthly revenue: $ _____ Monthly operating expenses: $ _____

Describe the reorganization you have in mind (reduce debt, restructure leases, sell assets, raise capital): _____

_____

_____

Do you have current financial statements (P&L, balance sheet)? [__] Yes [__] No

***Chapter 12 (family farmer or fisherman):***

Type of farming / fishing operation: _____

Percent of total income from farming / fishing, last tax year (%): _____

Total farming / fishing debts: $ _____ Acres / vessels: _____

*Debt limits and eligibility rules apply to Chapters 11 (Subchapter V), 12, and 13. We will confirm which chapters you qualify for.*

## PART 10 — DOCUMENT CHECKLIST

*Please provide copies of the following, if available. Check each item you are including. Bring your Social Security card and photo ID to your appointment; do not email them.*

[__] Tax returns (last 4 years)

[__] Bank statements (last 6 months)

[__] Mortgage & vehicle loan statements

[__] Retirement account statements

[__] Foreclosure / repossession notices

[__] Divorce decree / support orders

[__] Business financials & tax returns

[__] Pay stubs (last 6 months)

[__] Credit report / creditor statements

[__] Deeds & vehicle titles

[__] Lawsuit / garnishment papers

[__] Credit counseling certificate

[__] Prior bankruptcy papers

[__] Leases & contracts

# Syndicate Subscription Legal Plans

***Certification:***

I/We declare that the information provided in this questionnaire is true, correct, and complete to the best of my/our knowledge, and that I/we have disclosed all assets, debts, income, and transactions. I/We understand this information is provided to Syndicate Subscription Legal Plans in confidence for the purpose of evaluating my/our bankruptcy matter.

**Signed and dated this ____ day of _____, 20___**

**Signature (Debtor 1): _____**

**Print Name: _____**

**Signature (Debtor 2): _____**

**Print Name: _____**

**Please Print and Email to STEVE@STEVEMUELLERLEGAL.COM, or save this document as a PDF and email to STEVE@STEVEMUELLERLEGAL.COM,**
***Your information will be reviewed within one hour.***