

# JOHN S. SIMONIAN, ATTORNEY AT LAW

Name \_\_\_\_\_

Street Address \_\_\_\_\_ Apt # or Floor # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

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

<b>SIMPLE BANKRUPTCY YES/NO CHECKLIST</b>		<b>YES</b>	<b>NO</b>
1	Have you filed for bankruptcy protection in the past 8 years?		
2	Have you lived exclusively in Rhode Island in the last 4 years?		
3	Do you own a house?		
4	Have you owned any house in the last 4 years?		
5	Has your name or has anybody put your name on a deed to a house in the last 4 Years?		
6	Does ANYONE owe you ANY money or property for ANY reason?		
7	Have you been involved in an auto accident in the last 3 years?		
8	Do you have the right to sue anyone for any reason?		
9	Do you have Whole Life insurance that has a present cash surrender value?		
10	Have you been self-employed or operated a business in the past 8 years?		
11	Are you expecting an income tax refund?		
12	Did you give gifts worth more than \$200 to ANYONE in prior year?		
13	Did you make a charitable donation worth more than \$100 in prior year?		
14	Are you a beneficiary of a Trust?		
15	Are you entitled to an inheritance from an estate?		
16	Did you repay ANY personal debts owed to friends or family in past two years?		
17	Did you sell, transfer, or give away anything you own in the last 2 years?		
18	Did you close any checking or savings accounts or other financial accounts in the last 12 months		
19	Do you owe money to any friend or family member?		
20	Did you repay any single creditor a total of \$600 in the last 3 months?		
21	Have you had any property seized, foreclosed, repossessed or attached in prior year?		
22	Did you take an early distribution of retirement assets in the last 6 months?		
23	Have you taken cash advances or balance transfers in the past year?		
24	Have you purchased a big ticket item (worth over \$500) in prior year?		
25	Have you been a party to any lawsuits legal actions in prior year?		
26	Did you have any losses from fire, theft, gambling, or other disasters in the last 2 years?		
27	Is your name on anyone else's bank account or real estate?		
28	Did you meet with/pay money to another bankruptcy lawyer in the last year?		
29	Have you had a safe deposit box or storage unit in the last year?		
30	Have you received an electric bill for more than \$500 in any one single month in the last year?		
31	Have you been divorced in the last 5 years?		
32	Do you have a credit card with PayPal? If so, please bring the statement with you to our office. PayPal accounts do not appear on credit reports.		

# Confidential Personal Bankruptcy Questionnaire

## SECTION ONE: YOUR VEHICLES

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1. Provide the following information for all the vehicles you own (cars, trucks, mobile homes, boats, trailers, RVs, all-terrain vehicles, campers, motorcycles, vans, tractors, snowmobiles, aircrafts, jet skis, watercraft, motorbike, go-cart, any recreational or motorized vehicle):

	<b>Vehicle Type and Mileage</b>	<b>Year</b>	<b>Make</b>	<b>Model</b>	<b>Current Value</b>
1.					\$
2.					\$
3.					\$
4.					\$
5.					\$

2. If you are still paying on any of the vehicles above, provide the following financing information for each vehicle you own:

<b>Vehicle Number From Above</b>	<b>Name of Financing Company</b>	<b>Account Number</b>	<b>Monthly Payment</b>	<b>Balance Remaining</b>
				\$
				\$
				\$
				\$

# Confidential Personal Bankruptcy Questionnaire

## SECTION TWO: YOUR PERSONAL PROPERTY

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1. Please provide the following information for all your major and minor property items. Consider all the items you have that fall into the groups listed below and provide their total value based on what they would sell for at a yard sale, pawn shop, or on eBay. You do not need to list items individually. *Important note: You can usually keep these items in a bankruptcy filing, but they must be listed to protect them.*

Items	Total Value
<b>Electronics</b> (Computers, televisions, DVDs, stereos, entertainment systems, gaming systems, cameras, handheld and portable electronic devices, clock radios, mobile phones, recording devices, etc.)	\$
<b>Furniture and Appliances</b> (Sofas, beds, bureaus, tables, chairs, dining sets, computer desks, display cabinets, piano, refrigerators, stoves, microwave ovens, dishwashers, washing machines, dryers, freezers, coffee makers, food processors, blenders, BBQ grills, air conditioners, sewing machines, etc.)	\$
<b>Wearing Apparel</b> (clothing, shoes, accessories, etc.)	\$
<b>Fur Coats</b>	\$
<b>Jewelry</b> (Valuable items like diamond or gemstone rings, bracelets, earrings, costume jewelry, etc.)	\$
<b>Collectibles</b> (Books, prints, artwork, pictures, stamp collection, coins collection, sports card collection, guns, comic book collection, record collection, vintage items, other collections, etc.)	\$
<b>Firearms</b>	\$
<b>Sports or Hobby Equipment</b> (Golf clubs, cameras, exercise equipment, musical instruments, etc.)	\$

2. If any of your major or minor property items are being financed through a company (a Rent-A-Center rental agreement, a rent-to-own contract or a rental-purchase contract), provide the following information:

Item	Name and Address of Financing Company
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## Confidential Personal Bankruptcy Questionnaire

3. Do you have any pets, livestock (such as horses, chickens, goats, etc.), and exotic or breed animals?  
 YES NO

\*If YES, provide the following information:

Type of Animal	Estimated Value	Type of Animal	Estimated Value
	\$		\$
	\$		\$

4. Do you own machinery, tools, or fixtures (such as workbenches, shelving, etc.) you use at home, in your own business or at work? YES NO

\*If YES, provide the following:

Item	Estimated Value	Item	Estimated Value
	\$		\$
	\$		\$

5. Do you own any inventory (either home or from a former or current business)? YES NO

\*If YES, provide the following information:

Item	Estimated Value	Item	Estimated Value
	\$		\$
	\$		\$

6. Do you own anything else of value (such as a patent, liquor license, franchise license, other licenses of value, trademarks, copyrights, etc.)? YES NO

\*If YES, provide:

Item Description	Sale Amount
	\$
	\$
	\$

7. Do you have riders or endorsements on your homeowners' insurance policy that cover special items (such as fur coats, jewelry, oriental rugs, electronics, etc.)? YES NO

\*If YES, list:

Item	Amount of Coverage
	\$
	\$
	\$

## Confidential Personal Bankruptcy Questionnaire

8. Does anyone have any of your property (including property in the possession of a pawnbroker, storage company, repairman, family member, or a check you may have given to a payday lender or check cashing service)? YES NO

\*If YES, provide the following information:

Type of Property	Value	Name/Address of Person Holding Property	Reason for Holding Property
	\$		
	\$		
	\$		

### SECTION THREE: YOUR MONEY & ACCOUNTS

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1. How much cash do you have on hand (this is cash on you or in your home, not in the bank)?

\$

2. Provide the following information on money you have in banks, savings and loan associations, credit unions, online banks, or other financial institutions:

Name of Financial Institution	Type of Account (Checking, Savings, CD, Money Market, Christmas Club, or Other)	Balance Amount
		\$
		\$
		\$
		\$
		\$

3. Do you have life insurance? YES NO

If "Yes" list the name of the company and the beneficiary :

Insurance Name of company	Beneficiary
Insurance Name of company	Beneficiary
Insurance Name of company	Beneficiary
Insurance Name of company	Beneficiary

## Confidential Personal Bankruptcy Questionnaire

4. Do you have a pension, 401(k), IRA or other retirement plan?      YES      NO

If "Yes" list the plan type, company name and the account's value.

<b>Plan type: 401(k), IRA, Pension</b>	<b>Company</b>	<b>\$ Dollar Value</b>
<b>Plan type: 401(k), IRA, Pension</b>	<b>Company</b>	<b>\$ Dollar Value</b>
<b>Plan type: 401(k), IRA, Pension</b>	<b>Company</b>	<b>\$ Dollar Value</b>

5. Has anyone passed away and left you anything (including insurance benefits)?

\*If " YES", indicate what you received and its value:

## SECTION FOUR: YOUR EXPENSES

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In this section, you will be asked to give realistic estimates of your expenses. The information you provide in this section is very important since it will determine whether you are eligible for bankruptcy and, if so, which type of bankruptcy should be filed.

1. What are your average expenses? (Enter the amount under the column that reflects your payment frequency). **Important Note:** Provide the household expense amount for each item, regardless of who pays for them. Be sure to include expenses for all members of your household, not just yourself.

	Frequency	Amount
<b>Rent/Mortgage</b>		\$
<b>Real Estate Taxes</b> (List only if not included in mortgage payment)		\$
<b>Condo/Homeowners Association Fees</b>		\$
<b>Trash Pickup</b>		\$
<b>Electricity</b>		\$
<b>Heat</b> (winter/summer average)		\$
<b>Sewer</b>		\$
<b>Water</b>		\$
<b>Telephone</b> (Landline and cell)		\$
<b>Other Utilities</b> (Cable TV, Internet, phone bundle, etc.)		\$
<b>Home Maintenance</b> (Repairs and upkeep)		\$
<b>Food</b> (Cash spent on food, coffee breaks, fast food, eating out, lunch money, etc.)		\$
<b>Clothing</b>		\$
<b>Hygiene Items</b> (Toothpaste, soap, shampoo, etc.)		\$
<b>Diapers and Wipes</b>		\$
<b>Haircuts</b>		\$
<b>Other Personal Items</b>		\$
<b>Laundry and Cleaning</b>		\$

## Confidential Personal Bankruptcy Questionnaire

	Frequency	Amount
<b>Household Cleaning Products</b>		\$
<b>Other Household Items</b>		\$
<b>Public Transportation</b>		\$
<b>Gas</b>		\$
<b>Automobile Upkeep</b> (Oil changes, repairs, registration, etc.)		\$
<b>School Expenses</b> (Lunches, activities, books, uniforms)		\$
<b>Daycare Expenses</b>		\$
<b>Recreation</b>		\$
<b>Charitable Contributions</b>		\$
<b>Union Dues</b> (List only if not deducted from wages)		\$
<b>Professional Licenses</b>		\$
<b>Homeowners Insurance</b> (List only if not included in mortgage)		\$
<b>Renter's Insurance</b>		\$
<b>Life Insurance</b> (List only if not deducted from wages)		\$
<b>Health Insurance</b> (List only if not deducted from wages)		\$
<b>Dental Insurance</b> (List only not deducted from wages)		\$
<b>Auto Insurance</b>		\$
<b>Other Insurance</b>		\$
<b>Medications</b> (Over-the-counter, prescription, vitamins, co-pays, etc.)		\$
<b>Medical Expenses</b> (Co-pays, deductibles, etc.)		\$
<b>Dental Expenses</b> (Co-pays, deductibles, etc.)		\$
<b>Fire District Taxes</b>		\$
<b>Auto Excise Taxes</b>		\$
<b>Other Taxes</b> (List if not included in mortgage payments or deducted from wages)		\$
<b>Second Mortgage Payments</b>		\$
<b>Equity Line Payments</b>		\$
<b>Car Loan Payments</b>		
Car Loan #1		\$
Car Loan #2		\$

**Confidential Personal Bankruptcy Questionnaire**

	<b>Frequency</b>	<b>Amount</b>
Car Loan #3		\$
<b>Student Loan Payments</b>		
Student Loan #1		\$
Student Loan #2		\$
Student Loan #3		\$
<b>Loan Rental Payments</b> (Furniture, appliances, etc.)		\$
<b>Other Installment Payments</b>		\$
<b>Alimony Payments</b> (List only if not deducted from paycheck)		\$
<b>Child Support Payments</b> (List only if not deducted from paycheck)		\$
<b>Other Payments for Support</b> (such as from family members living here or elsewhere)		\$
<b>Security System Expenses</b>		\$
<b>Bank Fees</b>		\$
<b>Other Expenses</b> (Please describe)		\$
		\$
		\$
		\$

2. Do you pay for any expenses not listed above related to the care and support of an elderly, chronically ill or disabled member of your household or your immediate family, even if they don't live in the house with you?    YES    NO

3. Do you have any expenses not listed above that you pay to keep your family safe from domestic violence?    YES    NO

4. Do you pay any expenses for your dependent children (under the age of 18) to attend a private, parochial, charter, or public elementary, middle or high school?    YES    NO

5. Do you expect any increase or decrease in personal, home, medical, or other expenses in the near future?    YES    NO



# Confidential Personal Bankruptcy Questionnaire

## SECTION FIVE: YOUR OCCUPATION & INCOME

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1. Where do you work? (List primary job and any second or third jobs)

**Name and Address of Your Current Employer(s):**

A.

B.

C.

**Name and Address of Your Spouse's/Partner's Current Employer(s):**

A.

B.

C.

2. What type of work do you do? (Describe work at both primary job and any second jobs)

**You:**

**Your Spouse/Partner:**

3. How long have you been at your current job(s)?

**You:**

**Your Spouse/Partner:**

*\*REMINDER: Please bring the pay stubs for you and your spouse/partner for the past 7 months to your meeting with Attorney Simonian.*

4. If you receive income from a source besides employment, such as social security, pension, rental income, or other source, please list in below:

**Source of Income**

**Amount Received Per Month**