

HALVERSON LAW OFFICE

ATTORNEYS AT LAW

MARK C. HALVERSON
ALSO ADMITTED IN WISCONSIN

BOARD CERTIFIED, BUSINESS BANKRUPTCY-
AMERICAN BOARD OF CERTIFICATION

PO Box 3544
600 South Second Street
MANKATO, MINNESOTA 56002-3544

TELEPHONE
507-345-1535
FACSIMILE
(507)345-6407
E-MAIL
lawfirm@halverson.com

BANKRUPTCY INFORMATION FORM

Bankruptcy is a right provided by law to people who are deeply in debt and in need of a fresh start. Bankruptcy will discharge many of your debts and you will not have to pay them, except, in some cases, secured debts for the purchase of particular merchandise or debts on which you gave a mortgage or put up other property as collateral.

The law allows you to keep some money and most types of necessary property in bankruptcy. To receive this protection, it is necessary that you list all items asked for in the following questions: if not listed, they will not be protected. You must also list everyone to whom you owe money. If you leave out one of your creditors, you may have to pay the money to that creditor or you may lose your right to bankruptcy. It may also be considered a crime if you intentionally give false information or leave out information. If you have any questions about whether you can keep certain property or whether you should list a debt, write that question down and remember to ask the lawyer. We know this questionnaire is long. Preparing your bankruptcy papers properly takes a lot of time and a lot of information. If we work together on this, we can protect your family from great hardship and give you the new start the law intends you to have.

There is a filing fee of \$209.00 that must be paid to the court. You will be given a quote for attorneys' fees after you meet with your attorney.

PLEASE READ THE FOLLOWING INSTRUCTIONS:

1. Fill out EVERY question on all pages. Wherever you are given a choice of YES or NO on these forms, check either YES or NO, whichever is correct. Please fill out these pages as well as you can. We will help with any questions you do not understand.
2. Write clearly or typewrite your answers. We must be able to read them.
3. Wherever the name of a person or firm is asked for, give the full address. Make the address accurate. Your discharge from each debt depends upon your giving a complete and correct address.
4. If you do not know the exact amount you owe, fill in a HIGH estimate. Do **NOT** leave the amount blank or say, "don't know."
5. Wherever you need more room, turn the page over and put the information on the back together with the number of the question you are answering.
6. List EVERY CREDITOR AND EVERYONE that has had anything to do with your debts, including cosigners. If a bill you owe has been sent to a collection agency or an attorney, give the FULL ADDRESS of each. If the collection agency has an attorney, list the person you originally owed, the collection agency, and the attorney, giving the full address of each.
7. Wherever a question asks you to be prepared to give details, gather all papers concerning the matter, including bills and collection letters, and bring them with you when returning this form. In any event, be sure to bring with you the following items if you have any:
 - (a) Deed and mortgage on your house or other real estate;
 - (b) Any insurance policies;
 - (c) Any papers relating to past bankruptcies and Wage Earner Plans (Chapter 13);
 - (d) Copies of tax returns for the past two years, and a copy of your latest paycheck stub;
 - (e) Legal papers, lawsuits, and divorce papers;
 - (f) Any other papers you have concerning any of your debts, including leases or installment sale agreements for housing or other property such as cars, TV's, etc. that you have signed.

BANKRUPTCY QUESTIONNAIRE

COMPLETE ALL QUESTIONS:

Payment in full is necessary for Halverson Law to complete a petition for your bankruptcy.
\$1,000.00 plus \$209.00 filing fee for a total of \$1,209.00

I. PERSONAL INFORMATION

	Debtor	Joint Debtor
FULL NAME:	_____	_____
STREET ADDRESS:	_____	_____

MAILING ADDRESS IF DIFFERENT:	_____	

COUNTY:	_____	
HOME PHONE:	_____	
WORK PHONE:	_____	
FAX:	_____	
OTHER PHONE:	_____	
DATE OF BIRTH/AGE :	_____	_____
SOC. SEC. NO.:	_____	_____
OTHER TAX ID:	_____	_____

What other personal or business names have you used in the last six (6) years including any other names used by you (including maiden name), or other ways you have signed your names to papers and checks in the last six years:

PRIOR BANKRUPTCIES: If you have previously filed a bankruptcy petition (Chapter 7 or Chapter 13 wage earner case), please list the case number, date, and location where you filed. If yes, bring all papers related to that prior action to our office.

PENDING BANKRUPTCIES: If any immediate family member or business partner has a bankruptcy pending, please list the case number, name of debtor, relation to you, date and location where filed, and the bankruptcy judge.

Have you or your spouse been in business by yourself or with others during the last six years?

Yes _____ No _____ If yes, give the dates, name of the business, its address, and the names of others in business with you or your spouse. Also include the business Tax Identification Number:

List all dependents of either spouse:

Name	Age	Relationship
------	-----	--------------

1. Have you had any previous marriages? Yes _____ No _____

If yes, what is the name of your former spouse?

Please be sure that any debts from prior marriage that were never paid are listed with your other debts!

2. Does anybody OWE you any alimony or child support? Yes _____ No _____

Who? _____ Total Amount: \$

Specify child support or maintenance/alimony

3. If you have been ordered to PAY child support and/or alimony, list to whom you are ordered to pay it, his or her address, and the amount?

Amount \$

4. Are you behind in any alimony or child support? Yes _____ No _____
To Whom? _____ Total Amount: \$

PAYMENTS OR TRANSFERS TO ATTORNEYS:

Give the date, name and address of any attorney you have consulted during the past year other than our office.

Give the reason for which you consulted the attorney:

Give the amount you have paid to an attorney or any description of property you transferred to an attorney in the past year.

If you have promised to pay money to an attorney within the past year other than our office, give the amount and terms of the agreement.

II. ASSETS/PROPERTY

Real Property: Describe and give the location of all real property (lot, house, land, burial plot, etc) in which you hold an interest: **PLEASE PROVIDE A COPY OF THE FULL LEGAL DESCRIPTION FROM A DEED** (the tax description is only a partial description):

Address (rural route or street): _____

County: _____ Current Market

Value: \$ _____

Co-owners of real property:

If this is farm property, how many acres?

Name of mortgage company(s): _____ Mortgage

balance(s): \$ _____

Purchase price: \$ _____ Year Purchased _____

Is there a second mortgage? Yes _____ No _____

Name/address of second mortgage company:

Second Mortgage balance: \$ _____

Cash on Hand (predicted to have on date of filing): \$ _____

Bank Accounts: Give the name and address of any bank account you have had during last two years, type of account (i.e., checking, savings, Certificate of Deposit, etc.), and, if the account was with others, give their names. Give the name of every person who could make withdrawals from the account.

Name of Bank:

Address:

Type of Account: Checking _____ Savings _____ Other _____

Individual Account: _____ Joint Account: _____

Account Number:

Name(s) on Account:

Account is: Open _____ Closed _____

If Open, Current Balance: \$ _____ Anticipated Balance on Date of Filing: \$ _____

Name of Bank:

Address:

Type of Account: Checking _____ Savings _____ Other _____

Individual Account: _____ Joint Account: _____

Account Number:

Name(s) on Account:

Account is: Open _____ Closed _____

If Open, Current Balance: \$ _____ Anticipated Balance on Date of Filing: \$ _____

* Please use the back of this sheet if additional space is required for additional banks.

Have you had a safe deposit box during the last two years? Yes _____ No

Name of Bank:

Address:

If yes, give details, including the contents of the box.

Security Deposits (Landlord/Utility Company, Etc.):

Name:

Address:

Amount of Deposit: \$ _____

Personal Property: List your major property items with a value of over \$400 such as stove, refrigerator, TV, sewing machine, living room/dining room/bedroom furniture, etc., giving approximate age and value (what you could get for it if you sold it). These goods can be protected, but you must list them to protect them.

ITEM	APPROX. AGE	RESALE VALUE
------	-------------	--------------

If any of the above listed items are being financed through a company, list the item and the name and address of the company below:

**Estimate the value of the following groups of items
(what you could get for them if you sold them).**

All of your furniture (living room, bedrooms, kitchen and dining room): \$

All appliances (major and minor): \$

Household goods (dishes, utensils, food, linens, etc.): \$

Books/ Pictures/Art Objects/Collections (such as stamps, coins, records, tapes, etc.). Be specific.

Item: _____ \$

Item: _____ \$

Item: _____ \$

Item: _____ \$

Wearing Apparel (include all clothing, boots, parkas, etc.) \$

Furs and Jewelry:

Item: _____ \$
Item: _____ \$
Item: _____ \$

Firearms (include year, make and model):

Item: _____ \$
Item: _____ \$
Item: _____ \$

Sports Equipment

Item: _____ \$
Item: _____ \$
Item: _____ \$

Photographic and Other Hobby Equipment:

Item: _____ \$
Item: _____ \$
Item: _____ \$

Life Insurance: Company/Address:

Provided by Employer: Yes _____ No

Whole Life Insurance: Yes _____ No _____

Cash Value (Amount that can be borrowed against policy): \$

Life Insurance:

Company/Address:

Provided by Employer: Yes _____ No

Term Insurance: Yes _____ No

Cash Value (Amount that can be borrowed against policy): \$ _____

Do you expect to receive any money from any insurance in the near future? Yes _____ No

If yes, give details:

Annuities:

Name/Address of Holder:

Account Number: _____ Value: \$

Name/Address of Holder:

Account Number: _____ Value: \$ _____ Value

IRA/ERISA/KEOGH/Other Pension or Profit Sharing Plans:

Name/Address of Holder: _____
Account Number: _____ Value: \$
Name/Address of Holder: _____
Account Number: _____ Value: \$

Interest in Partnership/Joint Venture

Name/Address of Company: _____
Number of Shares of Stock: _____ Value: \$

Name/Address of Company: _____
Number of Shares of Stock: _____ Value: \$

Government/Corporate Bonds

Name/Address of Company: _____
Number of Shares of Stock: _____ Value \$

Name/Address of Company: _____
Number of Shares of Stock: _____ Value: \$

Accounts Receivable, Personal Loans, Promissory Notes, Etc.:

***ACCOUNT RECEIVABLE IS MONEY COMING TO YOU: SUCH AS YOUR PAYCHECK,
SOCIAL SECURITY CHECK OR ALIMONY***

Name/Address of Owner: _____
For: _____ Amount: \$

Name/Address of Owner: _____
For: _____ Amount: \$

Property you are entitled to:

Specify: _____ Value: \$

Probate or Life Estates you are entitled to:

Specify: _____ Value: \$

Patents/Copyrights/Licenses/Franchises, etc.

Specify: _____ Value: \$

Cars, Mobile Homes, Trailers, and Boats:

Do you have any cars, trucks, mobile homes, boats, trailers or motorcycles? Yes _____ No _____

Year/Make/Model: _____

Basis for valuation: _____ Value: \$

Name on Title: _____

Loan against vehicle: Yes _____ No _____

If yes, name and address of creditor: _____

Amount currently owed: \$ _____

Reason(s) for undervaluing vehicle (such as engine or body repairs necessary) _____

Year/Make/Model:
Basis for valuation: _____ Value: \$
Name on Title:
Loan against vehicle: Yes _____ No
If yes, name and address of creditor:
Amount currently owed: \$
Reason(s) for undervaluing vehicle (such as engine or body repairs necessary)

Year/Make/Model:
Basis for valuation: _____ Value: \$
Name on Title:
Loan against vehicle: Yes _____ No
If yes, name and address of creditor:
Amount currently owed: \$
Reason(s) for undervaluing vehicle (such as engine or body repairs necessary)

Office Equipment/Supplies/Machinery/Fixtures/Equipment/Inventory (Itemize):

Item: _____ Value: \$
Item: _____ Value: \$
Item: _____ Value: \$

Livestock/Pets

Item: _____ Value: \$ _____
Item: _____ Value: \$ _____
Crops: Growing and harvested: (If extensive, provide a complete list. Be specific)
Item: _____ Value: \$
Item: _____ Value: \$

Farm Equipment and Implements: Provide a complete list including exact description (year, make, model) and current market value.

Farm Supplies/Chemicals/Feed: Provide a complete list. Be specific and include value.

Do you have any money, property, furniture, etc. that belongs to another person or that you are holding for the benefit of someone in else (in trust)? Yes _____ No _____ If yes, what is the property; who owns it; what is it worth? Give name and address of owner(s):

Does anyone have possession or control of any of your property? Yes _____ No

If yes, state the type of property, the value of said property, the name and address of the person holding said property, and the reason said person is holding the property.

Is any of your property in the hands of a court appointed person (a receiver), or in the hands of a Person who is holding it for your benefit and use (a trustee)? Yes _____ No

_____ If yes, give details:

Have you given or made an assignment of any of your property for the benefit of your creditors or any settlements with your creditors within the past two years? Yes _____ No

If yes, give the name of the creditor, his/her address, and the terms and conditions under which you gave the property to the creditor or made an agreement with the creditor.

Have you had any property or merchandise repossessed during the last year? Yes _____ No

If yes, bring all papers regarding the repossession, including all letters notifying you of the repossession or sale. Describe the property, the date and circumstances of the repossession or sale.

Have you made sales of property, mortgages, gifts or transfers of any substantial property or cash within the last year? Yes _____ No

_____ If yes, state the name of the person who received the property, description of the property, month/year of gift or sale, and whether sale or gift was made to a relative or close friend.

Did you lose any substantial amount of property or money as a result of fire, theft, or gambling during the last year? Yes _____ No _____

If yes, state what caused the loss, the value of the money or property that was loss, and the date of said loss.

Did insurance pay for any part of the loss listed above? Yes _____ No

If yes, give date of payment and amount paid:

Have you made any payments within the last 12 months to creditors from whom you have a loan (not medical bills or charge accounts)? Yes _____ No _____

If yes, give the name of the creditor, the dates of the payments and the amount of the payments.

Have you paid any other large back bills or debts (such as utilities) in the past 12 months?

Yes _____ No _____

_____ If yes, state the creditor and address, whether the person who has the loan was a relative, the date(s) on which you made payments and the amount of said payments.

Is any of your property in the possession of a pawnbroker, storage company or repairman?

Yes _____ No _____

If yes, describe and give its value?

Do you expect to receive more than a small amount of money or property at any time in the near future by way of gift(s)? Yes _____ No _____

If yes, give details:

Have you been involved in a motor vehicle accident in the last two years? Yes _____ No _____

Has your motor vehicle been involved in an accident in the last two years? Yes _____ No _____

Have you or your children ever injured anyone else or their property? Yes _____ No _____

Have you ever received or been told you have received more money from the government than you were supposed to, such as social security, welfare, unemployment compensation, food stamps, etc?

Yes _____ No _____ If yes, give details:

Are you a member of any type of cooperative (housing, food, agricultural, etc)? Yes _____ No _____

If yes, give details:

III. TAXES

Have you filed income tax returns every year for the last seven years? Yes _____ No _____

Do you owe any taxes to the United States? Yes _____ No _____

If yes, give the department or agency to which the tax is owing, the address of the department or agency, the kind of tax that is owing and the years for which the tax is owing.

Do you owe any taxes to any states? Yes _____ No _____

If yes, give the name of the state and the department or agency therein, the address of the department or agency, the kind of tax that is owing, and the years for which the tax is owing.

Do you owe any taxes to a county, district or city? Yes _____ No _____

If yes, give the name of the county, district, or city, and the kind of tax that is owing, and the years for which the tax is owing.

Besides taxes, do you owe money to any branch of the United States Government, (e.g. FHA, VA, repossessions or loans, withholding taxes (if you were in business), or money owed Small Business Administration? Yes _____ No _____

If yes, give the name of the branch, its address, the amount owing, and why it is owed.

Has anyone given you money to purchase property or services that you were unable to deliver?

Yes _____ No _____ If yes, give details.

Have you kept books, records, or documents relating to your affairs during the past two years?

Yes _____ No _____

If you have employed anyone (such as regular employees, cleaning people, gardeners, babysitters), do you still owe them wages? Yes _____ No _____

If yes, give name and address of employee, dates worked, amount owed, and work done.

TAX RETURNS AND REFUNDS: (Bring a copy of your last two years income tax forms with you)

Where did you send tax returns for the last 2 years? Give city and state.

TAX REFUNDS:

2003 or Estimate State: _____

Federal: _____

2004 or Estimate State: _____

Federal: _____

Does the amount you **expect** to receive include Earned Income Credit? Yes _____ No _____
If so, how much is the Earned Income Credit?

Is any other person (your spouse) entitled to part of your refund? Yes _____ No _____

IV. BUDGET INFORMATION

Debtor

Joint Debtor

YOUR JOB TITLE : _____

LENGTH OF EMPLOYMENT: _____

NAME/ADDRESS _____

OF CURRENT EMPLOYER: _____

VACATION TIME DUE TO YOU: _____

MONTHLY INCOME: Bring a check stub from the most recent complete pay period with you.

How are you paid? Circle One: Monthly Weekly Every Two Weeks Twice Monthly Other

If you circled "Other", please describe how you are paid.

What is the usual amount of your take home pay?

Date you were last paid by your employer?

List all income received in the last two years by you or by your spouse:

INCOME RECEIVED* SOURCE**

You:

This Year to date (2004): _____

Last Year (2003): _____

Year Before Last Year (2002): _____

Spouse:

This Year to date (2003): _____

Last Year (2002): _____

Year Before Last Year (2001):

* Under *Income Received*, give gross income as reported on tax returns.

** Under *Source*, indicate name and address of employers or specify social security, welfare, unemployment, etc.

Is your job subject to seasonal or other changes? Husband? _____ Wife?

Do either of you pay or receive alimony, maintenance or support? Yes _____ No _____

Which spouse? _____
Support Received or Paid? _____
Amount? _____
For whose support? _____

Does either spouse, or do your children, receive income from any source other than jobs, alimony, maintenance, or supported listed above (such as public assistance, unemployment compensation, social security, SSI, pension, etc)? Yes _____ No _____ If yes, list:

Source of Income

To whom payable

Amount

Is your family eligible for food stamps? Yes _____ No _____

Date you were last paid by your employer? _____

Date your spouse was last paid by his/her employer?

Have you ever received welfare benefits? Yes _____ No _____

Has anyone in your immediate family ever been on welfare? Yes _____ No

____ If you answered Yes to either question, specify any amounts which you may owe to the agency for an overpayment or wrongful payment.

Do you expect to receive any government benefits soon for which you have applied such as social security, SSI, emergency fuel or energy assistance? Yes _____ No

____ If yes, give details:

AVERAGE MONTHLY EXPENSES

Rent/home mortgage payments (include mobile home lot): _____

Are real estate taxes included? Yes _____ No

Is property insurance included? Yes _____ No

Utilities:

Electricity and heating fuel _____

Water and Sewer _____

Telephone _____

Garbage _____

Cable _____

Internet _____

Home Maintenance (repairs and upkeep) _____

Food (include restaurant meals as well as groceries) _____

Clothing (average the amount spent per month) _____

Laundry and Dry Cleaning _____

Grooming _____

Haircuts _____

Child Day Care _____

Child Education (books/tuition/activities) _____

Child Expenses (diapers etc.) _____

Medical and Dental Expenses (after insurance expenses) _____

Glasses or contacts (a year) _____

Dental (yearly) _____

Prescription drugs _____

Office Call _____

Year deductible _____

Automobile (monthly)

Gas and oil _____

Repairs _____

License tabs _____

Insurance _____

Installment payment(s) _____

Recreation, clubs and entertainment, newspapers, magazines, etc. _____

Charitable contributions _____

Insurance (not deducted from wages or included in home mortgage payments)

Homeowner's or renter's _____

Life _____

Health _____

Taxes (not deducted from wages or included in home mortgage payments) _____

Specify: _____

Installment payments (other than car): _____

Alimony, maintenance and support paid to others _____
Payments for support of additional dependents not living in your home _____
Regular expenses from operation of business, profession, or farm (attach _____
a separate detailed profit/loss statement

TOTAL:

V. DEBTS

Are there any co-signers for you on any of the debts you have listed in these forms?

Yes _____ No _____ If yes, give the co-signer's name and address, and state which debt(s) was consigned.

If any of your debts listed on the list of debts attached hereto are owed to finance companies, did you sign a list of all your other debts when you applied for the loan? Yes _____ No _____ If yes, list which ones:

Have you made any significant purchases or cash advances on your credit cards within the last 90 days?

Yes _____ No _____ If yes, please describe amounts and dates.

Have you ever been the co-signer or someone else's loan or debt which hasn't been paid off?

Yes _____ No

Have you borrowed any money for someone else's benefit? Yes _____ No

If yes, unless you are sure that the loan or debt has been paid, list the **creditor's name, collection agency/attorney, date of debt, which spouse owes, for what and the current amount of the claim.**

If you put up any of your property as collateral on a debt you co-signed, list the following:

Creditor

Type of Property

Present Value of Property

Have you ever had a student loan? Yes _____ No _____ If yes, when were you first required to make payments on the loan?

Have you ever co-signed anyone else's student loan? Yes _____ No _____

Have you gone over your credit limit on any credit cards? Yes _____ No _____
If yes, state which card(s) and amount over limit:

Do you expect to have any major expenses in the near future (like medical bills, etc.)? Yes _____ No _____
If yes, list them.

SECURED DEBTS

Do you owe any money for goods which can be repossessed if you fail to make payments?
Yes _____ No _____ If yes, list them.

Have you agreed with any creditor that it can take any of your possessions from you, such as your car or your furniture, etc., if you don't keep up with your payments? Yes _____ No _____

Do you have an FHA, FmHA or VA Mortgage? Yes _____ No _____

If you can, **bring copies** of your bills into the office when you have your first interview. For those secured debts for which you do not have statements, list for each debt the **full name and address of the creditor, the account number, when you got the money or property, and what the debt was for.** If the debt is for a loan of money, state how the money was used and what property (security) can be taken if you fail to repay the loan, how much you owed, and how much you now owe including interest fees and charges for late payments (make a high estimate). If the purchased goods or collateral are not at your home, state where they are located:

SECURED CREDITORS

LIKE MORTGAGE COMPANY, EQUITY LOAN, AND CAR LOANS

CREDITOR NAME:

CREDITOR ADDRESS:

ACCOUNT NUMBER:

COLLECTION AGENCY (if any):

DATE OF PURCHASE: _____

WHAT WAS PURCHASED:

BALANCE OWED: _____

DO YOU WISH TO KEEP?

CREDITOR NAME:

CREDITOR ADDRESS:

ACCOUNT NUMBER:

COLLECTION AGENCY (if any):

DATE OF PURCHASE: _____

WHAT WAS PURCHASES

BALANCE OWED: _____

DO YOU WISH TO KEEP?

CREDITOR NAME:

CREDITOR ADDRESS:

ACCOUNT NUMBER:

COLLECTION AGENCY (if any):

DATE OF PURCHASE: _____

WHAT WAS PURCHASED:

BALANCE OWED: _____

DO YOU WISH TO KEEP?

CREDITOR NAME:

CREDITOR ADDRESS:

ACCOUNT NUMBER:

COLLECTION AGENCY (if any):

DATE OF PURCHASE: _____

WHAT WAS PURCHASED:

BALANCE OWED: _____

DO YOU WISH TO KEEP?

UNSECURED DEBTS

CREDIT CARDS, MEDICAL BILLS, COLLECTION COMPANIES, SUITS AND GARNISHMENT, NAME OF EMPLOYER IF BEING GARNISHED WAGES.

If you can, bring copies of your bills into the office when you have your first interview. For those debts for which you do not have statements list for each debt the **full name and address of the creditor, the account number, when you got the money or property, and what the debt was for.**

1. **CREDITOR NAME/ACCOUNT NO.COLLECTION AGENCY/
ADDRESS
CITY
ACCT #**

2.

3.

4.

5.

6.

7.

8.

9. List all your debt or bring in statement of bills.