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BANKRUPTCY QUESTIONAIRE: Chapter 7 ____ Chapter 13 ____

NOTICE: Official Bankruptcy forms will be completed using the information you provide in this questionnaire. You will be required to sign a declaration stating under penalty of perjury that the information is true and correct. <u>Failure to disclose assets in a bankruptcy case is a federal crime</u> <u>punishable by fines up to \$5000 and imprisonment for up to five years.</u> In addition, failure to provide complete and accurate information on bankruptcy forms may result in the dismissal of your case or denial of your bankruptcy discharge (debts will not be discharged). ANY DEBT OWED TO A CREDITOR NOT LISTED ON YOUR FORMS, OR WHOSE ADDRESS IS INCORRECT WILL PROBABLY NOT BE DISCHARGED. YOU WOULD REMAIN LIABLE TO THAT CREDITOR AFTER THE BANKRUPTCY CASE IS DISCHARGED.

TODAY'S DATE:

		•	about Mr. Spi Billboard	•	Referral	Phonebook	Other
			Mr. Spivey's Billboard	1		Phonebook	Other
1.	Full	Name				SS#	
2.	Full	Name of sp	oouse			SS#	
3.	Phy	sical Addres	SS				
			s				
5.	In w	hich parish	do you live?				
	List	any prior a	ddresses with	in the last th	ree years		
6.	Pho		: Home		_Work_		Cell
Er	nail /	Address:	Spouse W	ork		Spouse Cell	

7. Are you married? Yes _____ No _____

If you answered YES, are you legally separated or living in separate households? (Please specify details)

If you are married, please list your spouse's income/expenses under the income/expense sections below, even if they are not filing the bankruptcy with you.

LISTING YOUR SPOUSE'S INFORMATION DOES NOT OBLIGATE THEM TO FILE BANKRUPTCY

8. Do you have an ongoing personal injury case/claim or are you a party of any other type of lawsuit? Yes____ No ____

IF YOU DO NOT LIST YOUR PERSONAL INJURY CASE IN YOUR BANKRUPTCY, YOU LOSE THE RIGHT TO SUE IN STATE COURT

8(A) If your answer to question 8 was yes, please list the type of lawsuit, the date of the injury/claim, the attorney who is representing you in your case, and details of the case.

	filed bankruptcy in st the following:	the last 8 ye	ears		
Case #	Date filed:		Ch 7	(or) Ch 13	
10. Employer Nar	ne and Address:				
Job Title	How long	g have you ł	een employe	d there?	
How often are you	ı paid?				
WeeklyE	very 2 weeks	_Twice a M	onth	Monthly	
Gross Pay (before	anything is held our	t) \$	Taxes \$	Insurance \$	
Union dues \$	Other Deduction	ons \$	Туре	Take Home \$	

10(a) Name an	d address of spouse's employer:_		
Job Title	How long has spou	se been employe	ed there?
How often are	you paid?		
Weekly	Every 2 weeks Twice a	Month N	Monthly
Gross Pay (bef	fore anything is held out) \$	Taxes \$	Insurance \$
Union dues \$ _	Other Deductions \$	Туре	Take Home \$
	ther income you or your spouse re ility) and the amount:		
12. List any an	d all bank accounts of any kind:		
Bank:	Туре:	Bala	ance: \$
Bank:	Type:	Bala	ance: \$
Do you have a	ny cash on hand, in a lock box, at	your home, etc?	' If yes, how much?
Do you have a	safe deposit box? If yes:		
Safe Deposit B	Box Monthly payment \$	Bank	
Contents			
13. Do you or	your spouse have any type or reti	irement account	or 401K either through

your employer or separately?

If yes, please list the approximate amount in the account.

LIST ALL ASSETS:

List all real estate that you possess or own. Please list below any property or land you are buying or that is mortgaged. List street address and approximate value:

1.	
2.	
3.	
Do yoι	a have an interest in any heir property? If so, please list the property and value:
Did yo	u purchase the home within the last four years?
	l vehicles. List year, make, model (Example: Extended Cab, 4 Door, SE, LE, nd approximate mileage and estimated value:
1.	
2.	
3.	

4.				
v	any other assets (It is considered list what kind and the value:	an asset if it is w	orth more t	han \$100)
Boats:				
Guns:				
Jewelry:				
ATVs/Ridin	g Lawnmowers:			
Are you the	beneficiary of someone else's whole	e life insurance po	olicy?	_
If yes, pleas	e list the cash value of the policy.			
	YOUR CURRENT	EXPENSES:		
Do you rent	or own your home? (Circle one)	Rent	Own	Buying
If you are b	aying your home, are the taxes includ	led in the note? _		
Is the insura	nce included in the note?			
Rent or hom	e mortgage payments:	\$	moi	nthly
Utilities:	Electric & Gas:	\$	moi	nthly
	Water & Sewer:	\$	moi	nthly
	Telephone (landline):	\$	moi	nthly
	Cell Phone:	\$	moi	nthly
	Cable:	\$	moi	nthly
	Internet:	\$	moi	nthly
Home Main	tenance (repairs and upkeep):	\$	moi	nthly

Food:	\$ _ monthly
Clothing:	\$ _ monthly
Laundry and Dry cleaning:	\$ _ monthly
Medical Expenses (including prescription drugs):	\$ _monthly
Transportation (gas)	\$ _ monthly
Charitable Contributions:	\$ _ monthly

Insurance: (Do not list if this item is deducted from your paycheck or included in your mortgage)

Homeowner's or Renter's insurance:	\$	monthly
Life Insurance :	\$	monthly
Hospitalization:	\$	monthly
Automobile Insurance	\$	monthly
If Chapter 7, list automobile payment:	\$	monthly
If Chapter 7, list any other payments that you plan to keep:	\$	monthly
	\$	monthly
Day Care Expenses:	\$	monthly
Any other monthly expenses not listed above (list item and	amount):	
	\$	monthly
	\$	monthly
13. Are you holding any property that belongs to someone	else?	
What is it?		
14. Is anyone holding property for you? What is	it?	

Name & address of person holding your property _____

15. Have you transferred any property within the last two years? _____ If so, give the name and address of the person receiving the property, a brief description of the property, and amount of money involved: _____

16. Have you had any property repossessed in the past year? _____ If so, state who repossessed the property, description of the property, date repossessed, and value of the property: _____

17. Gross In	come received by you and you	spouse to date for 2018 \$
Gross Incom	e for 2019 \$	Gross Income for 2020 \$
18. List the g	gender, relationship to you, and	ages of all children living in your household
-		gainst you, please list the following for each:
		Title of Suit
Name of pers	son filing suit:	
Suit #	Where filed	Title of Suit
Name of pers	son filing suit:	
Suit #	Where filed	Title of Suit
20. Do you h	ave any pending lawsuits, spec	ifically a Personal Injury Suit, or inheritance

20. Do you have any pending lawsuits, specifically a Personal Injury Suit, or inheritance monies owed to you? If so, list the name of the suit and how much money is involved:

21. Are you current on your utility bills, specifically, your Entergy bill?

Have you filed all required federal and state tax returns?

Yes _____ No _____

If not, list what years are not filed and estimate the amount you owe:

IRS \$	for tax years

State of Louisiana \$_____ for tax years _____

If you owe either the IRS or LDR, were the tax returns filed on time for the tax years you owe?

Did you receive a tax refund in 2018? If so, how much and how was the refund spent?

Did you receive a tax refund in 2019? If so, how much and how was the refund spent?

Do you pay child support to anyone? If yes, please list the recipient's name, address, telephone number and the amount of support you pay each month.

LIST ALL CREDITORS

Name of Creditor:			
Address:			
Balance Owed: \$	Interest Rate:	% Actual Value: \$	
Description and value of c	ollateral:		
Co-signer's name and add	ress (if applicable):		
Date of original loan (Purc	chase date for an auto lo	pan):	
Name of Creditor:			
Address:			
Balance Owed: \$	Interest Rate:	% Actual Value: \$	

Description and value of collateral:

Co-signer's name and address (if applicable):
Date of original loan (Purchase date for an auto loan):
Address:
Balance Owed: \$ Interest Rate:% Actual Value: \$
Description and value of collateral:
Co-signer's name and address (if applicable):
Date of original loan (Purchase date for an auto loan):
Name of Creditor:
Address:
Balance Owed: \$ Interest Rate:% Actual Value: \$
Description and value of collateral:
Co-signer's name and address (if applicable):
Date of original loan (Purchase date for an auto loan):
Name of Creditor:
Address:
Balance Owed: \$ Interest Rate:% Actual Value: \$
Description and value of collateral:

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Description and value of collateral:
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Address:
Balance Owed: \$ Interest Rate:% Actual Value: \$
Description and value of collateral:
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Name of Creditor:
Address:
Balance Owed: \$ Interest Rate:% Actual Value: \$
Description and value of collateral:

Co-signer's name and address (if applicable):

Date of original loan (Pur	rchase date for an auto lo	oan):	
Name of Creditor:			
Address:			
Balance Owed: \$	Interest Rate:	% Actual Value: \$	
Description and value of	collateral:		
Co-signer's name and ad			
Date of original loan (Pur			
I, provided in this question best of my knowledge.	naire and all of the facts	_, have reviewed the ir I have listed are true an	nformation I nd correct to the
Client			Date

Client

Date