

LAW OFFICE OF JASON B. COUEY
QUESTIONNAIRE FORM

Name, Addresses, Contact Information

Name: _____
First Middle Last

Telephone Number Home: _____ Work: _____

E-mail Address: _____ Cell #: _____

Have you used any other names in the past 8 years? YES NO ***If yes, list other names:***

Social Security Number: ____ - ____ - _____

Home Address: _____

City: _____ State: _____ Zip: _____

County: _____ Move In Date: _____

If you have a **different mailing address** than where you currently reside, please list:

Mailing Address: _____

City: _____ State: _____ Zip: _____

Have you lived at this address for at least 6 months? YES NO

Have you lived at this address for at least 730 days (2 years)? YES NO

Is your residence a rental? YES NO

If yes, does your landlord have an eviction judgment against you? YES NO

Previous addresses you have lived at in the last 3 years:

Address: _____

City: _____ State: _____ Zip: _____

County: _____ Dates of Occupancy: _____

Address: _____

City: _____ State: _____ Zip: _____

County: _____ Dates of Occupancy: _____

Address: _____

City: _____ State: _____ Zip: _____

County: _____ Dates of Occupancy: _____

Name and Address of Spouse (WIFE / SIGNIFICANT OTHER)

If you are filing jointly with your spouse, fill in the following information about your spouse:

Name: _____
First Middle Last

Has your spouse used any other names in the past 8 years? YES NO ***If yes, list other names:*** _____

Social Security Number: ____ - ____ - ____

E-mail Address: _____ Cell #: _____

Address:***(if different from your address):*** _____

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

If your spouse has a **different mailing address** than where they currently reside, please list:

Mailing Address: _____

City: _____ State: _____ Zip: _____

Prior / Pending Bankruptcy Cases

Has a bankruptcy case been filed by you or against you in the last **8 years**? YES NO

If yes, in which district of which state was the case filed? _____

Case Number: _____ Date filed: _____

Are there currently any bankruptcy cases pending against you, your business, your spouse, or your spouse's business? YES NO

If yes, name of debtor: _____ Relationship to you: _____

Case Number: _____ Date filed: _____ Judge: _____

In which district of which state was the case filed? _____

Real Estate / Land / House / Property Ownership

List all real estate that you own, are a joint owner of, or in which you have your name on the deed; even if you do not pay the mortgage on the property.

Address of property	Describe the Property. (e.g. 1400 square ft, 2 bedroom 1 bath, Rancher with single car garage)	Circle one	What is the appraised value of the property? Current Value of Property?	Current on Payments?
	PROPERTY DESCRIPTION: MORTGAGE/LIEN HOLDER(S):	Husband Wife Joint Community Self	\$ _____ How did you determine value?	Yes <input type="checkbox"/> No <input type="checkbox"/> Surrender or Keeping the Property? (Circle One) Monthly Payment(s) \$ _____ \$ _____
	PROPERTY DESCRIPTION: MORTGAGE/LIEN HOLDER(S):	Husband Wife Joint Community Self	\$ _____ How did you determine value?	Yes <input type="checkbox"/> No <input type="checkbox"/> Surrender or Keeping the Property? (Circle One) Monthly Payment(s) \$ _____ \$ _____

Motor Vehicles' Values (Cars, Vans, Trucks, Tractors, SUV's, Motorcycles, etc.)

List all Motor Vehicles that you own, are a joint owner of, or which you have your name on the title; even if you do not pay for the vehicle.

Address and description of property (Year, Make, Model)	Who Owns? (circle one)	Condition (Excellent, Very Good, Good, fair, poor, not running – please describe)	Value of your Car How much would you sell your car for?	Current on Payments, monthly amounts, and Lender of Car Loan	What do you want to do with the vehicle?
Year: _____ Make: _____ Model: _____ Trim: _____ Miles: _____	Husband Wife Joint Community Self		\$	Yes <input type="checkbox"/> No <input type="checkbox"/> Monthly Payments: \$ _____ <u>Lender/Bank:</u>	Keep <input type="checkbox"/> Surrender <input type="checkbox"/>
Year: _____ Make: _____ Model: _____ Trim: _____ Miles: _____	Husband Wife Joint Community Self		\$	Yes <input type="checkbox"/> No <input type="checkbox"/> Monthly Payments: \$ _____ <u>Lender/Bank:</u>	Keep <input type="checkbox"/> Surrender <input type="checkbox"/>
Year: _____ Make: _____ Model: _____ Trim: _____ Miles: _____	Husband Wife Joint Community Self		\$	Yes <input type="checkbox"/> No <input type="checkbox"/> Monthly Payments: \$ _____ <u>Lender/Bank:</u>	Keep <input type="checkbox"/> Surrender <input type="checkbox"/>

Personal Property You Own and Their Values (list value of property next to “\$” sign)

For each type of property listed below, check the box indicating whether you own any property of that category, and, if you do, fill in the FAIR VALUE, e.g. (**GARAGE SALE / Craig’s List VALUE**) for that property.

HOUSEHOLD GOODS & FURNISHINGS:

- Stove/Cooking Unit \$ _____
- Refrigerator \$ _____
- Washer/Dryer \$ _____
- Microwave \$ _____
- Cooking Utensils \$ _____
- Silverware/Flatware \$ _____
- Cookware (Pots/Pans) \$ _____
- Living Room Furniture \$ _____
- Dining Room Furniture \$ _____
- Tables and Chairs \$ _____
- Bedroom Furniture \$ _____
- Dressers/Nightstands \$ _____
- Lamps and Accessories \$ _____
- Lawnmower \$ _____

ELECTRONICS:

- DVD(s) \$ _____
- Music Collections \$ _____
- All Stereo & Audio Equipment \$ _____
- Cell Phone(s) \$ _____
- DVD / Blue-Ray Player(s) \$ _____
- Computer(s) \$ _____
- Computer Printers/scanners \$ _____
- Cameras, Media Players, Games \$ _____
- Televisions, radios \$ _____

COLLECTIBLES OF VALUE:

- Antiques & Figurines; Memorabilia \$ _____
- Paintings / Decorative Art for Home \$ _____
- Books, Pictures, or other art objects \$ _____
- Stamp, coin, or baseball card collections \$ _____

EQUIPMENT FOR SPORTS & HOBBIES:

- Sports, photographic, exercise & other hobby equipment \$ _____
- Bicycles, pool tables, golf clubs, skis \$ _____

- Canoes, Kayaks \$ _____
- Carpenters Tools \$ _____
- Musical Instruments \$ _____

FIREARMS:

- Pistols, rifles, shotguns, ammunition, and related \$ _____

Describe your firearms:

CLOTHES:

- Everyday Clothes, Furs, leather coats, designer wear \$ _____

JEWELRY:

- Wedding Rings, Engagement Rings \$ _____
- Everyday Jewelry, Costume Jewelry \$ _____
- Watches, Gems, Gold, Silver \$ _____

NON-FARM ANIMALS (Pets):

- Dogs, cats, birds, horses \$ _____

CASH on hand, but not in the bank:

- Money in wallet, home, safe deposit box \$ _____

BANK & CREDIT UNION ACCOUNTS:

- Checking / Savings (average balance) at Bank or Credit Union:
Bank/Credit Union Name 1) \$ _____
- 2) \$ _____
- 3) \$ _____
- Certificate of Deposits \$ _____

BONDS, MUTUAL FUNDS, STOCKS:

Bond Funds, investment accounts, money market \$ _____

STOCK IN BUSINESS(ES), LLC'S, PARTNERSHIPS, JOIN VENTURE

Non-Publically traded stock and interests \$ _____

GOVERNMENT & CORPORATE BONDS, ETC.

Negotiable instruments including personal checks, promissory notes, and money orders.

RETIREMENT & PENSION ACCOUNTS:

401 (k) \$ _____

IRA \$ _____

Stock owned in a company \$ _____

ERISA, KEOGH \$ _____

403(b) \$ _____

SECURITY DEPOSITS & PREPAYMENTS

Security Deposit with Landlord of Rental \$ _____

Prepaid rent, Utilities, or other deposits? \$ _____

ANNUITIES

Contract for periodic payment of money to you for life or for several years \$ _____

EDUCATION IRA, ABLE PROGRAM, STATE TUITION PROGRAM

Institution name _____

TRUSTS, EQUITABLE OR FUTURE INTERESTS

\$ _____

PATENTS, COPYRIGHTS, TRADEMARKS, INTELLECTUAL PROP.

Describe:

Unpaid wages; Disability Insurance Payments; Disability Benefits; sick pay; vacation pay; workers' compensation; Social Security Benefits; OR Unpaid loans made to someone else?

BUSINESS RELATED PROPERTY

Tools & Equipment Used in Business \$ _____

Describe:

Accounts Receivable: \$ _____

Inventory \$ _____

TAX REFUNDS

Anticipated **Tax Refund** for **2016 Tax Return** (If you haven't filed) \$ _____

MISCELLANEOUS

Whole Life Insurance Policy Net Value: \$ _____

Does anyone owe you money? \$ _____

If yes, please explain:

Equalization Payments Court ordered in Dissolution: \$ _____

Lawsuits, Garnishments, Foreclosures, Repossessions, Levies, Attachments

List all law suits, garnishments, administrative proceedings (include personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes) to which you are or were a party *within one year* preceding the filing of this case.

Law Suits and/or Garnishments

<u>Court Name</u>	<u>Case Caption</u>	<u>Case Number</u>	<u>Date Filed</u>	<u>Case Status</u>
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Current Leases and/or Contracts

List below any leases or contracts that are still current that you are a party to.

For example: apartment or house rental, business leases, service or business contracts, gym memberships, or cell phone service contracts, etc.

Nature/Type and Description of Contract	Name & Address of Other Party with Whom you have a Lease/Contract	Date that Contract or Lease Expires

Child Support Obligations

Do you pay child support through the State or directly to the custodial parent of your child? Yes No

If yes, please provide me with the name of the parent of the child support and their address:

Co-Debtors, Co-Signers & Authorized Users Do you have any Co-Debtors, Co-Signers or Authorized Users for any of the debts that you have? If so, who? What is their address? What debts/loans?

Debtor's Income

1 Name and address of your employer

2 What is your occupation? _____

3 How long employed? _____ Years _____ Months

4 How often do you get paid? weekly every 2 weeks
 twice a month once a month

Do you receive:

- a) **Income from business** operations outside of your regular paycheck listed above? If so, what is the business and how much do you receive per month? No Yes
- b) **Income from real estate property?** If so, how much per month? No Yes \$ _____
- c) **Food Assistance?** No Yes \$ _____
- d) **Alimony or Child Support** payments for your use or for the care of your dependents? If so, how much per month?
 No Yes \$ _____
- e) **Social Security, VA, Unemployment Comp.** or other forms of monetary government assistance? No Yes \$ _____
- f) **Retirement or pension money?** No Yes \$ _____

Debtor's Spouse's Income

1. Name and address of your spouse's employer

2. What is your spouse's occupation? _____

3. How long employed? _____ Years _____ Months

4. How often do you get paid? weekly every 2 weeks
 twice a month once a month

Does your spouse receive:

- a) **Income from business** operations outside of the regular paycheck listed above? If so, what is the business and how much does your spouse receive per month? No Yes
- b) **Income from real estate property?** If so, how much per month? No Yes \$ _____
- c) **Food Assistance?** No Yes \$ _____
- d) **Alimony or Child Support** payments for spouse's use or for care of dependents? If so, how much per month?
 No Yes \$ _____
- e) **Social Security, VA, Unemployment Comp.** or other forms of monetary government assistance? No Yes \$ _____
- f) **Retirement or pension money?** No Yes \$ _____

**** Are you or your spouse expecting any increase or decrease in income next year? Explain below.**

Children and Dependents (List all Children and/or Dependents)

Relationship	Age	Do they live with you?
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Marital Status (circle one): Single / Married / Divorced / or Widowed

CURRENT MONTHLY LIVING EXPENSES

Do you and your spouse maintain separate households? No Yes. If yes, fill one page out for your household and another for your spouse's household, and attach to questionnaire or write on back.

The following questions ask for your expenses **each month**. If you are unsure of the amount you pay each month, but know the amount for a different period (per week, per day, every 2 months, etc.), write in the amount and the frequency that you pay the amount.

Indicate how much you pay OUT OF POCKET for each item each month:

Your Rent or your Home Mortgage	\$ _____
Second Mortgage/HELOC	\$ _____
Does that amount include real estate taxes? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Does it include property insurance? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Homeowner's Association Fees / Condo Dues	\$ _____
Repairs & Upkeep of Home	\$ _____
Electric	\$ _____
Heat/Gas/Wood	\$ _____
Water/Sewer/Garbage	\$ _____
Phone/Cable/Internet	\$ _____
Cell Phone	\$ _____
Other Utilities	\$ _____
Groceries/Food	\$ _____
Personal Care Products & Services	\$ _____
Haircuts	\$ _____
Laundry/Dry Cleaning	\$ _____
Clothing	\$ _____
Recreation/Entertainment	\$ _____
Medical Expenses (out of pocket, not pay check)	\$ _____
Dental Expenses (out of pocket, not pay check)	\$ _____
Vision Expenses (out of pocket, not pay check)	\$ _____
Insurance (out of pocket, not pay check)	
a) Homeowner's or Renter's Insurance	\$ _____
b) Life insurance	\$ _____
c) Health insurance	\$ _____
d) Automobile insurance	\$ _____

Taxes paid directly to IRS, the State	\$ _____
Gasoline	\$ _____
Oil Changes/Maintenance	\$ _____
Parking/Bus Pass/Uber/Taxi's	\$ _____
Day Care/Baby Sitter	\$ _____
Children's Education Expenses	\$ _____
Education for Physically/Mentally Challenged Child	\$ _____
Education Expenses for Work	\$ _____
Child Support/Alimony	\$ _____
Cost of Care for Elderly/III/or Disabled	\$ _____
Protection Against Family Violence	\$ _____
Charity/Tithes	\$ _____
Court Ordered payments (e.g. Restitution, Fines, LFO's)	\$ _____
Student Loans	\$ _____
Tobacco Use (cigarettes, chew, etc,)	\$ _____
Other Miscellaneous expenses not listed above:	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

**** Are you or your spouse expecting an increase or decrease in your expenses within the next year? Explain below.****
