

RQP Law, P.C.

192 S. Hanover Street, Suite 101

Pottstown, PA 19464

(610) 323-5300

FAX (610) 323-6081

CLIENT WORKSHEET

INSTRUCTIONS: Please fill out this worksheet as completely as possible. We understand it may be difficult to answer personal questions; however, we need this information to complete the bankruptcy documents and to properly advise you of your rights and responsibilities. It is important you disclose all information to your attorneys, so please feel confident that all information you supply to us will be kept private and confidential.

Debtor Information:

Name: _____ Social Security No: _____

Prior Names: _____ Date of Birth: _____

Current Address: _____ County: _____

Dates of Occupancy: _____

Prior Address: _____ County: _____

(Within 3 Yrs) _____ Dates of Occupancy: _____

Marital Status (Circle): Single Divorced Widowed Married Separated

Spouse Information (*if filing*):

Name: _____ Social Security No: _____

Prior Names: _____ Date of Birth: _____

Current Address: _____ County: _____

(If Sep rated) _____ Dates of Occupancy: _____

Prior Address: _____ County: _____

(Within 2 Yrs) _____ Dates of Occupancy: _____

Home Telephone: _____ Work Telephone: _____

Cell Telephone: _____ Cell Telephone: _____

Email: _____ Email: _____

Child/Dependent Age: _____ Relationship to You: _____

Child/Dependent Age: _____ Relationship to You: _____

Child/Dependent Age: _____ Relationship to You: _____

Child/Dependent Age: _____ Relationship to You: _____

Prior Bankruptcy? (Circle): Yes No Chapter: _____ File Date: _____

Real Estate
(All Property You Own)

Property Address: _____ Do you reside in the property? Yes No

Primary Mortgage Company: _____ Are payments current? Yes No

Secondary Mortgage Company: _____ Are payments current? Yes No

Property Address: _____ Do you reside in the property? Yes No

Primary Mortgage Company: _____ Are payments current? Yes No

Secondary Mortgage Company: _____ Are payments current? Yes No

Check here if you own additional property. Please list all additional addresses on the back of this page.

Do You Own a Timeshare: Yes No Do you want to surrender the Timeshare? Yes No

Address/Location: _____

Have you purchased or sold any real property within the past four years? Yes No

Are you currently in a Residential Lease Agreement? Yes No

Name and Address of Landlord: _____

Vehicles, Motorcycles, Boats and Trailers

(Please List All Vehicles with Your Name on the Loan *or* Title)

Year: _____ Make: _____ Model: _____

Mileage: _____ Lender: _____ Is this a Lease? Yes No

Year: _____ Make: _____ Model: _____

Mileage: _____ Lender: _____ Is this a Lease? Yes No

Year: _____ Make: _____ Model: _____

Mileage: _____ Lender: _____ Is this a Lease? Yes No

Year: _____ Make: _____ Model: _____

Mileage: _____ Lender: _____ Is this a Lease? Yes No

Do you own any additional items such as snowmobiles, jet skis, 4 runners, etc.? Yes No

(Please List All Vehicles Returned or Repossessed within 1 Year)

Year: _____ Make: _____ Model: _____

Date of Repossession: _____ Lender: _____

Year: _____ Make: _____ Model: _____

Date of Repossession: _____ Lender: _____

Financial Information

Please list all open bank accounts (not credit cards) in your name regardless of the current balance:

Bank: _____	Account Type: _____	Current Balance: \$ _____
Bank: _____	Account Type: _____	Current Balance: \$ _____
Bank: _____	Account Type: _____	Current Balance: \$ _____
Bank: _____	Account Type: _____	Current Balance: \$ _____

Please list all 401(k), IRA, Pension or any other Retirement Accounts:

Location: _____	Account Type: _____	Current Balance: \$ _____
Location: _____	Account Type: _____	Current Balance: \$ _____

Have you withdrawn any money from any of these accounts in the past 12 months? Yes No

Do you have any UTMA, 529 or Children's Accounts: Yes No

Personal Property

<u>Household Items</u>	<u>Description</u>	<u>Current Value</u>
Kitchen Furniture & Appliances	_____	\$ _____
Dining Room Set	_____	\$ _____
Living Room Set	_____	\$ _____
Bedroom Set	_____	\$ _____
Washer/Dryer	_____	\$ _____
Electronics (TV, Cell phone, Computer, &	_____	\$ _____
Firearms, Sport/Hobby Equipment	_____	\$ _____
Books, Pictures, Art Objects	_____	\$ _____
Wearing Apparel	Used Men's/Women's Clothing	\$ _____
Jewelry (Engagement/Wedding Rings, etc }	_____	\$ _____
Term or Whole Life Insurance Policy	_____	\$ _____
Tools Used in Your Business	_____	\$ _____
Professionally Prescribed Health Aids	_____	\$ _____
Any Personal Debts Owed to You (Including Money Loaned, Support, etc.)	_____	\$ _____

Additional Information

Do you have any stocks or interest in a Business? Yes No

Are there any Pending Personal Bodily Injury Awards, Claim or Law Suits? Yes No

Are there any Pending Veteran's Benefits, Social Security Disability, Worker's Compensation or Unemployment Owed to you? Yes No

Have you made any payments to family members in the prior year? Yes No

Have you been a party in any lawsuits within the past 2 years: Yes No

Have you made any payments to any creditors in the past 90 days? Yes No

EXPENSES- Monthly

Rent or Mortgage Payment (include lot rent for mobile home)	\$ _____
Are property taxes included (Circle)? Yes No If No, monthly pmt:	\$ _____
Is prop./renters insurance included (Circle)? Yes No If No, monthly pmt:	\$ _____
Home maintenance, repair and upkeep expenses	\$ _____
Homeowner association or condominium dues	\$ _____
Additional mortgage payments for residence (such as home equity loans)	\$ _____
Utilities: Electricity, Heat and natural gas	\$ _____
Water, sewer, garbage collection	\$ _____
Telephone, cell phone, Internet, satellite and cable	\$ _____
Other	\$ _____
Food and Housekeeping supplies	\$ _____
Childcare and Children's education costs	\$ _____
Clothing/Laundry/Dry Cleaning.....	\$ _____
Personal care products and services	\$ _____
Medical and dental expenses	\$ _____
Transportation (include gas, maintenance, bus, train- but not car payments).....	\$ _____
Entertainment, clubs, recreation, newspapers, magazines and books	\$ _____
Charitable contributions and religious donations	\$ _____
Insurance (not deducted from wages or included in home mortgage)	
Life Insurance	\$ _____
Health Insurance (if not deducted from payroll)	\$ _____
Vehicle Insurance	\$ _____
Other Insurance (specify)	\$ _____
Taxes (not deducted from wages or included in home mortgage payments).....	\$ _____
Auto installment or lease payments	
Car payment for Vehicle 1.....	\$ _____
Car payment for Vehicle 2.....	\$ _____
Other Installment Payments	\$ _____
Payments of Alimony, Maintenance and Support (Not deducted from wages).....	\$ _____
Name: _____	
Address: _____	

Expenses for a rental <i>or</i> additional property	
Mortgage	\$ _____
Real Estate Taxes	\$ _____
Property, homeowners or renters insurance	\$ _____
Maintenance repair and upkeep expenses	\$ _____
Homeowner association or condominium dues	\$ _____
Pet Expenses	\$ _____
Other Monthly Expenses	\$ _____

Employment/Income Information

Debtor's Current Employer: _____

Address: _____

Occupation: _____ Years Employed: _____

Do you currently have any Rental Income? Yes No

Are you currently receiving any alimony or child support? Yes No

Are you currently receiving any Social Security/Government Assistance? Yes No

Are you currently receiving any Pension or Retirement Income? Yes No

Spouse's Current Employer: _____

Address: _____

Occupation: _____ Years Employed: _____

Do you currently have any Rental Income? Yes No

Are you currently receiving any alimony or child support? Yes No

Are you currently receiving any Social Security/Government Assistance? Yes No

Are you currently receiving any Pension or Retirement Income? Yes No

Credit Report Authorization & Release

By signing below, you authorize RQP Law, P.C. to obtain a copy of your credit report for use in preparing your bankruptcy documents and notifying all creditors upon the filing of your case. This information will not be used for any purpose other than what is deemed necessary for your case.

Signature

Date

Signature

Date