



Springer Law Firm Client Questionnaire

Please take your time completing each section.
Your **Questionnaire Guide** explains what to include in each part and helps you be thorough.
The more detail you provide, the better we can protect you and move your case forward smoothly.

Section 1. Name and Address

Name: _____ **Spouse:** _____

Marital Status: _____ **Filing with Spouse** Yes No Maybe

Please select your current Marital Status:

- Single Married Divorced
 Separated Widowed Common Law
 Unknown

Dependents:

1. M/F Age: _____ 4. M/F Age: _____
2. M/F Age: _____ 5. M/F Age: _____
3. M/F Age: _____ 6. M/F Age: _____

Have you or your filing spouse used any other names in the past eight years? Yes No

If yes, please list other names used: _____

Your Social Security Number: _____

Your Filing Spouse's Social Security Number: _____

Telephone Numbers\Email address where we can reach you:

Home: _____ Cell: _____ Work: _____

Cell 2: _____ Email: _____

Address: _____

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

How long have you lived at this address?: _____

Prior to this where were you living?:

Address: _____

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

If you have a different mailing address, please list:

Mailing Address: _____

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

If your filing spouse has a different address, please list:

Address: *(enter only if different address)* _____

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

Section 2. Pending Bankruptcy Cases

Have you ever filed bankruptcy before?

Yes No If Yes, when?: _____

Are there currently any bankruptcy cases pending involving you, your business, your spouse, or your spouse's business?

Yes No

If yes, name of debtor: _____

Case Number: _____

Section 3. Basic Questions:

If yes, explain.

1. Have you sold/transferred/given away any property to any friends or relatives in the past 4 years?
 Yes No

2. Do you have any annuities or structured settlements?
 Yes No

3. Do you have a cause of action against anyone for personal injury, medical malpractice or any other reason?
 Yes No

4. Are you expecting an inheritance or life insurance settlement?
 Yes No

5. How much do you expect to receive for a tax refund this coming tax year? _____

6. Have you been divorced?
 Yes No If yes, how long ago? _____

7. Are you buying or selling any real estate?
 Yes No

8. Do you have any traffic fines, unpaid tolls, auto accidents or drivers license suspensions?
 Yes No

9. Are you leasing any property or purchasing anything on contract for deed?
 Yes No

10. Any student loan debt?
 Yes No

11. Any back taxes due?
 Yes No
If Yes, What year(s)? _____ How much owed? _____
Did you file the return(s) on time?
 Yes No

12. Have you retained or are you consulting another attorney for any reason other than bankruptcy?
 Yes No

13. Are you on the title to somebody else's property?
 Yes No

14. Are any of your debts due to fraud or intentional harm to another person or property?
 Yes No

Section 4. Real Estate

Look at Guide for Section 4 – Real Estate for additional assistance. It explains what to list and how to describe your property.

Yes, List below No, renting No, Live with Family/friend Other, explain.

Address and Description of Property	List all mortgages, home equity loans and other liens against the property: Please provide details requested below.	
Property #1 Address: Description (single family residence, duplex, condo, rental property, farm, mobile home, vacant lot):	Who is the Mortgage Lender? (<i>Name and Address</i>)	Who is on the Deed?
		Who is on the Mortgage?
	What is the Balance on the Mortgage?	Are any of the mortgages/home equity loans on the property balloon notes? <input type="checkbox"/> Yes <input type="checkbox"/> No
	What is the Value of the Property?	
	Is there a second mortgage or home equity loan? <input type="checkbox"/> Yes <input type="checkbox"/> No	Keep? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is there a third mortgage or home equity loan? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Property #2 Address: Description (single family residence, duplex, condo, rental property, farm, mobile home, vacant lot):	Who is the Mortgage Lender? (<i>Name and Address</i>)	Who is on the Deed?
		Who is on the Mortgage?
	What is the Balance on the Mortgage?	Are any of the mortgages/home equity loans on the property balloon notes? <input type="checkbox"/> Yes <input type="checkbox"/> No
	What is the Value of the Property?	
	Is there a second mortgage or home equity loan? <input type="checkbox"/> Yes <input type="checkbox"/> No	Keep? <input type="checkbox"/> Yes <input type="checkbox"/> No

If you have additional real estate, please list below:

Address: _____

Do you have a cemetery plot?

Yes No

Do you have a timeshare?

Yes No

Have you transferred any real estate to anyone in the past four (4) years?

Yes No

Is your name on the deed/title to somebody else's real estate?

Yes No

Section 5. Personal Property

Do you have any automobiles or other vehicles? Yes No If, "Yes" then complete the following:

Automobiles, Trucks, Trailers and Accessories (List Year, Make, Model and Mileage for each):

Vehicle #1: _____ Mileage: _____	Names on Title:	Keep? <input type="checkbox"/> Yes <input type="checkbox"/> No
Creditor Name/Address (if paid in full please indicate):	Monthly Payment:	Balance:
Vehicle #2: _____ Mileage: _____	Names on Title:	Keep? <input type="checkbox"/> Yes <input type="checkbox"/> No
Creditor Name/Address (if paid in full please indicate):	Monthly Payment:	Balance:
Vehicle #3:	Vehicle #5:	
Vehicle #4:	Vehicle #6:	

Review the Guide for Section 5 before continuing. It explains what to list and how to value your property.

Type of Property 1. Something of value. 2. Do you have any?	Do you own this type of property? <input type="checkbox"/> Yes <input type="checkbox"/> No	Description and Location of Property If YES, explain. If NO, put N/A or none <u>DO NOT LEAVE BLANK</u>	Value of Property How much? Resale-Garage Sale	If filing Jointly: Owned by Husband, Wife, or Jointly?
1. Cash on hand/ stored at home	<input type="checkbox"/> Yes <input type="checkbox"/> No			
2. Checking/Savings Account, Certificates of deposit, other bank accounts or prepaid debit cards	<input type="checkbox"/> Yes <input type="checkbox"/> No	List accounts: include chime/cash app.		
3. Security deposits held by utility companies, landlord	<input type="checkbox"/> Yes <input type="checkbox"/> No			
4. Household goods, furniture, including audio, video game, and computer equipment (if living with family tell us what is yours to keep)	<input type="checkbox"/> Yes <input type="checkbox"/> No	What you own:	Garage Sale Prices:	

Type of Property 1. Something of value. 2. Do you have any?	Do you own this type of property?	Description and Location of Property If YES, explain. If NO, put N/A or none <u>DO NOT LEAVE BLANK</u>	Value of Property Resale-Garage Sale	If filing Jointly: Owned by Husband, Wife, or Jointly?
5. Books, pictures, art objects, records, compact discs, collectibles	<input type="checkbox"/> Yes <input type="checkbox"/> No			
6. Clothing	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
7. Furs or jewelry, including wedding rings, watches, glasses	<input type="checkbox"/> Yes <input type="checkbox"/> No			
8. Sports, photographic, hobby equipment, firearms	<input type="checkbox"/> Yes <input type="checkbox"/> No			
9. Interest in insurance policies-specify whether it is term life insurance or whole/cash value life insurance	<input type="checkbox"/> Yes <input type="checkbox"/> No			
10. Annuities	<input type="checkbox"/> Yes <input type="checkbox"/> No			
11. Interests in an education IRA or education investment account	<input type="checkbox"/> Yes <input type="checkbox"/> No			
12. Interests in retirement accounts, pensions, 401k, IRA or profit sharing plans	<input type="checkbox"/> Yes <input type="checkbox"/> No			
13. Stock and interests in incorporated/ unincorporated business	<input type="checkbox"/> Yes <input type="checkbox"/> No			
14. Interests in partnerships/joint ventures	<input type="checkbox"/> Yes <input type="checkbox"/> No			
15. Bonds	<input type="checkbox"/> Yes <input type="checkbox"/> No			
16. Accounts receivable or unpaid wages/bonuses due to you	<input type="checkbox"/> Yes <input type="checkbox"/> No			
17. Alimony/family/child support to which you are entitled	<input type="checkbox"/> Yes <input type="checkbox"/> No			
18. Other liquidated debts owed to you, including tax refunds, judgments against another party or debts owed to you by friends or relatives	<input type="checkbox"/> Yes <input type="checkbox"/> No			
19. Equitable or future interests or life estates	<input type="checkbox"/> Yes <input type="checkbox"/> No			

Type of Property 3. Something of value. 4. Do you have any?	Do you own this type of property?	Description and Location of Property If YES, explain. If NO, put N/A or none <u>DO NOT LEAVE BLANK</u>	Value of Property	If filing Jointly: Owned by Husband, Wife, or Jointly?
20. Inheritances, life insurance settlements or other entitlements due to a recent or impending death	<input type="checkbox"/> Yes <input type="checkbox"/> No			
21. Other contingent/unliquidated claims, including anticipated tax refunds, counterclaims, or claims against someone for personal injury, medical malpractice or any other reason	<input type="checkbox"/> Yes <input type="checkbox"/> No			
22. Patents, copyrights, other intellectual property	<input type="checkbox"/> Yes <input type="checkbox"/> No			
23. Licenses, franchises	<input type="checkbox"/> Yes <input type="checkbox"/> No			
24. Customer List or other compilation	<input type="checkbox"/> Yes <input type="checkbox"/> No			
25. Boats, motors, and accessories	<input type="checkbox"/> Yes <input type="checkbox"/> No			
26. Aircraft and accessories	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Do you have a business?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
27. Office equipment, supplies: desk, printer	<input type="checkbox"/> Yes <input type="checkbox"/> No			
28. Machinery, fixtures, tools or supplies etc. for business/personal Example:Lawnmowers, tools ect.	<input type="checkbox"/> Yes <input type="checkbox"/> No			
29. Inventory- business	<input type="checkbox"/> Yes <input type="checkbox"/> No			
30. Animals, including household pets	<input type="checkbox"/> Yes <input type="checkbox"/> No	How many? List type, breed.	Value Amount Shelter vs breeder:	
31. Crops: growing or harvested	<input type="checkbox"/> Yes <input type="checkbox"/> No			
32. Farming equipment and implements	<input type="checkbox"/> Yes <input type="checkbox"/> No			
33. Farm supplies, chemicals, feed	<input type="checkbox"/> Yes <input type="checkbox"/> No			
34. Other personal property of any kind not listed	<input type="checkbox"/> Yes <input type="checkbox"/> No			

Section 6. Employment Information (if married and living together, please list information for both even if only one of you is filing bankruptcy):

Debtor	Spouse
<input type="checkbox"/> Yes, List below <input type="checkbox"/> None	<input type="checkbox"/> Yes, List below <input type="checkbox"/> None
Job Title:	Job Title:
Name of Employer:	Name of Employer:
Address of Employer:	Address of Employer:
How long at this job?	How long at this job?
Pay Period: <input type="checkbox"/> Weekly <input type="checkbox"/> Biweekly <input type="checkbox"/> Semi-monthly <input type="checkbox"/> Monthly <input type="checkbox"/> Other	Pay Period: <input type="checkbox"/> Weekly <input type="checkbox"/> Biweekly <input type="checkbox"/> Semi-monthly <input type="checkbox"/> Monthly <input type="checkbox"/> Other
What is your salary or hourly rate?	What is your salary or hourly rate?
Do you have a second job? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have a second job? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, name of employer and job title:	If yes, name of employer and job title:

What other sources of income do you have?

	Debtor	Spouse
	<input type="checkbox"/> Yes, List below <input type="checkbox"/> None	<input type="checkbox"/> Yes, List below <input type="checkbox"/> None
Social Security	\$	\$
Pension/Annuity	\$	\$
Rental Income	\$	\$
Business/Farm Income	\$	\$
LINK/SNAP/Food Stamps	\$	\$
Other Government Benefits	\$	\$
Household Contributions	\$	\$
Interest/Dividends/Royalties	\$	\$
Unemployment Comp	\$	\$
Alimony/Maintenance/Support	\$	\$

Are you expecting any changes in your income in the near future? Yes No

If yes, explain:

Do you receive or are you expecting to receive any bonuses in the near future? Yes No

If yes, explain:

Section 7. Current Expenses

Look at Guide for Section 7 – Current Expense for additional assistance

Indicate how much you pay for each item each month. For expenses that fluctuate from month to month, please enter an average:

Home Mortgage/Rent:	\$	Child support/Alimony/Maintenance:	\$
RE taxes (if paid separately):	\$	Daycare/childcare/babysitting:	\$
Homeowners/renters insurance (if paid separately):	\$	Children's education:	\$
Home maintenance/repair:	\$	Payments for other dependents not living at home with you:	\$
HOA/Condo dues:	\$	Care for elderly, disabled, or chronically ill family members:	\$
2 nd Mortgage/Home Equity Loan (if any):	\$	Gas/maintenance for automobiles:	\$
3 rd Mortgage/Home Equity Loan (if any):	\$	Public transportation:	\$
Electricity:	\$	Tolls/registration fees:	\$
Heat:	\$	Donations/Charitable contributions:	\$
Water/Sewer:	\$	Life insurance:	\$
Garbage:	\$	Health insurance:	\$
Telephone/cell phone:	\$	Auto insurance:	\$
Cable/ Netflix ect:	\$	Other insurance:	\$
Internet:	\$	Health Savings Account:	\$
Food/Housekeeping supplies:	\$	Taxes not deducted from pay:	\$
Personal care products/services:	\$	Vehicle 1 payment:	\$
Clothing:	\$	Vehicle 2 payment:	\$
Laundry/dry cleaning:	\$	Other installment payment:	\$
Medical/dental expenses:	\$	Other installment payment:	\$
Recreation(kid activities)/ entertainment/ Eating out/Date nights/ect:	\$	Other (please specify):	\$
Birthdays/holidays/haircuts:	\$	Other (please specify):	\$

Section 8. Domestic Support Obligations and Codebtors

Do you have any divorce or support obligations that require you to pay child support/alimony or other maintenance?

Yes No

If yes, then what is the name of the obligee?: _____

What is his/her address?: _____

Other obligees? #2 Name/ Full Address: _____

#3 Name/Full Address: _____

Do you have any cosigners for any of your debts?

Yes No

If yes, which debts? _____

What is name/address of cosigner: _____

Section 9. Statement of Financial Affairs

Please provide the following information. If you have no information to report for a question, check the "NONE" box.

1. **Income from employment or operation of business.**

Tip: Use your **tax returns** to find your income for 2023 and 2024.

- The total listed on your tax return (line for "Total Income" or "Adjusted Gross Income") can be used here.
- Your **Year-To-Date (YTD)** amount can be found on your most recent **paystub**.

Yes, explain. NONE

Debtor YTD: \$ _____ 2025: \$ _____ 2024: \$ _

Spouse YTD: \$ _____ 2025: \$ _____ 2024: \$ _

2. **Income other than from employment or operation of business** Have you received any income other than from employment or operation of business during the two years immediately preceding the commencement of this case (social security, pension, unemployment, workers compensation, etc.)?:

Yes, explain. NONE

Debtor Sources: _____

What years/time periods? _____

Spouse Sources: _____

What years/time periods? _____

3. **Payments to creditors** – List any creditor you paid \$600 or more total in the past 90 days. Include mortgage, car, or other loan payments, credit cards, medical bills, or support payments. If you made several smaller payments that together add up to \$600 or more, list that creditor here.

If none, check **NONE**

Name of Creditor _____ Dates of Payments _____ Amount Paid _____ Amount Still Owed _____

Please answer the following. For any “Yes” answer please provide a brief explanation in the Notes section below.

4. Paid any friend, relative, business partner or an associate \$600 or more within the past year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Been involved in any lawsuits in the past year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Had any wage garnishments, bank freezes or other property seizures in the past year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Had any repossessions, foreclosures or returns within the past year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Assigned or pledged any property for the benefit of a creditor within the past 120 days?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Had any property placed in the hands of a custodian, receiver, court-appointed official?	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Given any gifts or contributions to family or other individual or organization in the past year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
11. Had any losses from fire, theft, gambling or other casualty in the past year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
12. Paid anyone else for bankruptcy or debt counseling within the past year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
13. Sold or transferred any property within the past two years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
14. Have your own trust fund or self-settled trust?	<input type="checkbox"/> Yes <input type="checkbox"/> No
15. Closed any bank or other financial accounts within the past year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
16. Have or had a safe deposit box within the past year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
17. Had property that belonged to you kept by a creditor in order to pay off a debt?	<input type="checkbox"/> Yes <input type="checkbox"/> No
18. Are you in control or possession of property that belongs to somebody else?	<input type="checkbox"/> Yes <input type="checkbox"/> No
19. Have you been married and living in another state in the past 8 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
20. Have you been or are you being sued for an environmental lawsuit?	<input type="checkbox"/> Yes <input type="checkbox"/> No
21. Have you had your own business or an interest in a business in the past 6 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Notes (for any “Yes” answer please provide the number of the question and a brief explanation here):
