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BANKRUPTCY INTAKE QUESTIONNAIRE

PLEASE PRINT this Questionnaire and answer each question.

If the question does not apply, indicate with N/A to show that you read and addressed the question.

Today's Date: _____

Name: _____

Address: _____

City, State, Zip Code: _____

Have you resided at this address for at least 3 years? _____

If no, please provide previous address(es) and time period(s) you resided there:

Home Phone: _____

Cell Phone: _____

Work Phone: _____

Other Phones: _____

Email Address: _____

Social Security No.: _____

Date of Birth: _____

Marital Status: Married _ Single _ Divorced _ (Date: _____) Separated

If applicable, spouse's name: _____

Home Phone: _____

Cell Phone: _____

Work Phone: _____

Other Phones: _____

Email Address: _____

Social Security No.: _____

Date of Birth: _____

Number of people residing in your household (including yourself): _____

Relationship and ages of people in household: _____

Have you been a resident of Wyoming for at least 91 days? _____

Approximately how long? _____

Have you ever filed bankruptcy before, either individually or jointly? _____

If yes, provide date of filing and location of Bankruptcy Court: _____

Did you receive a discharge? _____

REAL PROPERTY AND MORTGAGES

Do you own your home? _____

Address: _____

Date purchased/acquired: _____

Purchase price: _____ Present value: _____

Lender/Mortgage company: _____ Account No.: _____

Do you hope to [] keep the property or [] surrender it to the lender/mortgage company?

Amount required to pay off 1st mortgage: _____

Monthly payment amount: _____

Are you current? _____ If no, how many months behind? _____

Amount required to bring payments current? _____

Amount required to pay off **2nd mortgage**: _____

Lender/Mortgage company: _____ Account No.: _____

Monthly payment amount: _____

Are you current? _____ If no, how many months behind? _____

Amount required to bring payments current? _____

Do you owe any real estate taxes? _____

If so, how much and for what year(s)? _____

OTHER PROPERTIES

If you own any other real property other than your homestead (including any interest in any timeshare property), please list that here:

Have you refinanced or modified a mortgage at any time during the previous 2 years? _____

If yes, please provide date of closing: _____

Did you receive any proceeds (cash back) from the closing? _____

If yes, how much? _____

What did you do with the proceeds? _____

PERSONAL PROPERTY

Vehicle 1: Year _____ Make: _____ Model: _____ Mileage: _____

Current value: _____ Source of value: _____ Color: _____

Condition: _____ Keep/Surrender: _____

Date acquired: _____ Whose name is on the title? _____

Lienholder: _____ Account No.: _____ Current loan balance: _____

Monthly payment: _____ Number of months left: _____

Vehicle 2: Year _____ Make: _____ Model: _____ Mileage: _____

Current value: _____ Source of value: _____ Color: _____

Condition: _____ Keep/Surrender: _____

Date acquired: _____ Whose name is on the title? _____

Lienholder: _____ Account No.: _____ Current loan balance: _____

Monthly payment: _____ Number of months left: _____

Vehicle 3: Year _____ Make: _____ Model: _____ Mileage: _____

Current value: _____ Source of value: _____ Color: _____

Condition: _____ Keep/Surrender: _____

Date acquired: _____ Whose name is on the title? _____

Lienholder: _____ Account No.: _____ Current loan balance: _____

Monthly payment: _____ Number of months left: _____

VALUE OF ASSETS

Please place a garage sale value on the following items (if you had to sell them today.)

1. Household goods and furnishings: _____

2. Electronics: _____

3. Collectibles of value: _____

4. Equipment for sports and hobbies: _____

5. Musical Instruments: _____

6. Firearms: _____

7. Clothes: _____

8. Wedding/engagement rings: _____

9. Jewelry (other than wedding/engagement rings): _____

10. Tools or Lawn/Garden Equipment: _____

11. Any animals / pets: _____

12. Other: _____

FINANCIAL ASSETS

Do you have any bank or credit union account(s)? _____

Name of Financial Institution	Account Type (checking, savings, IRA, 401(k))	Account Number	Name(s) on Account

Have you closed any accounts in the last 12 months? _____

If so, please list: _____

Interest in insurance policies? _____

If so, please list: _____

Annuities? _____

If so, please list: _____

Interest in IRA, 401(k), ERISA, or Keough plans? _____

If so, please list: _____

Interest in any Cryptocurrency or Precious Metals? _____

If so, please list, with values: _____

Stock ownership/investment (Other than in an IRA, 401(k), ERISA, or Keough plan): _____
If so, please list: _____

Does anyone owe you money? _____

OTHER ASSETS

Name of Business: _____

Value of furnishings, equipment, fixtures, supplies: _____

Other business related property: _____

Security deposits with public utilities, landlords, etc.: _____

Inheritance – are you a beneficiary in an estate of a person who died?: _____

Please list any maintenance or child support you receive:

Please list any boats or other watercraft that you own: _____

Name of Creditor/Lender: _____ Date of Purchase: _____

Amount owed: _____

Farming equipment, implements, supplies, chemicals, and feed: _____

List any other property not listed above: _____

DEBTS

An unsecured debt is one where a creditor cannot take away any personal property or real estate in the event you become unable to make payments on the account. If the creditor cannot take any property from you if you stop making your payments, then that is considered an unsecured debt. Unsecured debts are usually credit cards, (except debit cards or a secured credit card such as a prepaid bank card). Some payday loans may be unsecured debts. Medical bills are also considered unsecured debts as you did not have to put up any collateral in order to obtain the extension of credit.

FOR ALL DEBTS AND ACCOUNTS, PLEASE BE PREPARED TO FURNISH ACCOUNT NUMBERS, CURRENT AMOUNTS DUE, AND CONTACT INFORMATION INCLUDING MAILING ADDRESSES

CREDITOR & ADDRESS	TYPE OF DEBT	AMOUNT	ACCOUNT NO.

MONTHLY INCOME

(Indicate any Gross income received during the PREVIOUS SIX MONTHS)

Place of employment: _____

How long have you been employed at this job? _____

Job title: _____

Spouse's place of employment: _____

How long have they been employed at this job? _____

Job title: _____

If you have any money deducted from income for pension, 401(k), or other retirement benefit contributions during the previous six months, indicate monthly amount: _____

Is it mandatory or voluntary? _____

Child support received: _____ Court ordered? _____

Alimony received: _____ Court ordered? _____

Monthly pension: _____

Monthly social security income: _____

Monthly disability benefits: _____

Unemployment compensation: _____

Workers compensation: _____

Rental income: _____

Monthly assistance received from family members not living with you: _____

Any other income not listed above: _____

If you have money deducted monthly for loan repayments for loans against a 401(k) plan or other retirement plan during the previous six months, please indicate which retirement plan and the monthly amount: _____

Other income for either you or your spouse (identify whose income): _____

AVERAGE MONTHLY EXPENSES

(Please indicate all expenses on an *average* monthly basis)

Monthly Mortgage or Rent: _____

Property, homeowner's, or renter's insurance: _____

Home maintenance, repair, and upkeep expenses: _____

Homeowner's association or condominium dues: _____

Electricity, heat, natural gas: _____

Telephone, cell phone, Internet, satellite, and cable services: _____

Other Utilities: _____

Food and housekeeping supplies: _____

Childcare and children's education costs: _____

Clothing, laundry, and dry cleaning: _____

Personal care products and services: _____

Medical and dental expenses: _____

Transportation: gas, maintenance, bus or train fare: _____

Entertainment, clubs, recreation, newspapers, magazines, and books: _____

Charitable contributions and religious donations: _____

Life Insurance: _____

Health Insurance: _____

Vehicle Insurance: _____

Other Insurance: _____

Taxes: _____

Car Payments for Vehicle 1: _____

Car Payments for Vehicle 2: _____

Payments for Other Vehicle or Trailer: _____

Alimony, maintenance, and support payments: _____

Other support payments: _____

Other Real Estate Taxes: _____

Other Property, homeowner's, or renter's insurance: _____

Other Home maintenance, repair, and upkeep expenses: _____

Other Homeowner's association or condominium dues: _____

Mortgages on other property: _____

Any Other Expenses: _____

RECENT TRANSACTIONS / STATEMENT OF FINANCIAL AFFAIRS

(Please indicate all expenses on a monthly basis)

Where You Have Lived and Income History

All places you have lived in the last 3 years (not including your current address): _____

Within the last 8 years, did you ever live with a spouse in Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin? _____

For all sources of income during this year or the two pervious calendar years:

Debtor #1 Total Income This Year: _____ Last Year: _____ Previous Year: _____

Debtor #2 Total Income This Year: _____ Last Year: _____ Previous Year: _____

List Payments You Made Before You Filed for Bankruptcy

Payments you made to or benefiting “Insiders” (Relatives, Business Partners and their families, or Corporations that you help manage or control) within the past **one (1) year**: _____

Lawsuits, court actions, or administrative proceedings you were a party in within the past **one (1) year** (Include Case Name, Case Number, and Court Name & Address): _____

Has any of your property repossessed, foreclosed, garnished, attached, seized, or levied within the past **one (1) year**? (Including date and value): _____

Has any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt within the **last 90 days**? _____

If yes, list the institution, date, and amount: _____

Gifts and Contributions

Gifts with a total value of more than \$600 given to any one person or charity in the past **two (2) years**: _____

Any losses because of theft, fire, other disaster, or gambling within the past **one (1) year** (Please include date, cause of loss, and value of property lost): _____

Payments or Transfers

Within the past **one (1) year** did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors? _____

Within the past **one (1) year**, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs? _____

Within the past **ten (10) years**, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.) _____

List any financial accounts or instruments held in your name or for your benefit that were moved, close, sold or transferred within the past **one (1) year**: _____

List any safe deposit boxes (or other depository for securities cash, or other valuables), storage units, or other offsite storage for property you had within the past **one (1) year**: _____

List any property you hold or control that someone else owns, including property you borrowed, are storing, or hold in trust for someone else: _____

Do you have any property that poses an environmental risk: _____

Business Interests

Have you been the sole proprietor of a business, self-employed, a Member of an LLC, a Partner in a partnership, an officer, director, or managing executive of a corporation, or the owner of at least 5% of the voting shares of a corporation within the past **four (4) years**? _____

Business Name: _____

Business Address: _____

Nature of Business: _____

Business EIN: _____

Accountant/Bookkeeper: _____

Dates Business Existed: _____

Any financial statements about your business given to anyone within the **past (2) years**: _____

NOTICE: This office does not represent you with regard to the matters set forth by you herein in this information sheet or discussed during your consultation, unless and until both you and the Attorney execute a written Retainer Agreement.

Your signature acknowledges only that you received a copy of this completed information sheet and does not mean you have hired the Attorney.

YOUR SIGNATURE: _____

DATE: _____

SPOUSE'S SIGNATURE: _____

DATE: _____

DOCUMENTS NEEDED

- DRIVER'S LICENSE AND SOCIAL SECURITY CARD for all Debtors who are filing.
- Financing Agreement for any home that you own.
- Homeowner's insurance policy for any home that you own
- Title(s) to every vehicle you own (this may be obtained at the County Clerk's Office)
- Insurance Declaration page for any vehicle that you own
- Copies of your income tax returns for the past four (3) years
- General itemization of how you spent any refund you may have received for the most recent tax year
- Current statement(s) for any retirement/investment account(s)
- Current statement(s) for any checking/savings account(s)
- Itemized list of any firearms you own (and rounds of ammunition for each)
- Last billing statement received from all creditors
- Last seven months paystubs
- Any leases
- Any divorce Decrees or Child Support Orders entered with a court within the last 3 years
- Pleadings for any court cases from the past (1) year.
- Most recent household bills
- Documents for any property you sold or gave away within the past (4) years