

ATTENTION: NEW CLIENTS

FOR PROMPT FILING OF YOUR BANKRUPTCY, PLEASE COMPLETE YOUR QUESTIONNAIRE WITH THE FOLLOWING INFORMATION:

- 1. YOUR 2002 and 2003 TAX RETURNS (State and Federal);**
- 2. YOUR MOST CURRENT BILLS (Only one copy of each bill is necessary);**
- 3. YOUR PAY STUB FROM YOUR LAST PAY CHECK; and**
- 4. ANY LAW SUITS OR FORECLOSURE PAPERS YOU HAVE RECEIVED.**
- 5. REAL ESTATE LEGAL DESCRIPTIONS**
- 6. VEHICLE TITLES**

PLEASE NOTE: YOU WILL NEED TO CONTACT THIS OFFICE AT 918-583-8197 TO SCHEDULE AN APPOINTMENT & BRING COMPLETED QUESTIONNAIRE. IF YOU ARE UNABLE TO KEEP YOUR APPOINTMENT, PLEASE CALL TO RESCHEDULE.

THANK YOU,

J. SCOTT MCWILLIAMS

OFFICE USE ONLY:

DATE: _____ ATTORNEY: _____

CHAPTER: _____

ATTORNEY FEE: \$ _____
(Including costs)

AMOUNT PAID: \$ _____

AMOUNT DUE: \$ _____

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CHAPTER 7 & 13 CLIENT QUESTIONNAIRE

PLEASE COMPLETE ALL OF THE FOLLOWING QUESTIONNAIRE. PLEASE WRITE CLEARLY. ALL BLANKS MUST BE COMPLETED. IF YOU ARE UNSURE OF THE ANSWER, MARK WITH A "?". IF THE QUESTION DOES NOT APPLY TO YOU, WRITE "NONE" OR "N/A".

1. YOUR FULL NAME _____

ANY NAMES YOU HAVE BEEN KNOWN BY OR USED DURING THE PAST SIX YEARS:

2. YOUR SPOUSE'S FULL NAME: _____

ANY NAMES YOUR SPOUSE HAS BEEN KNOWN BY OR USED DURING THE PAST SIX YEARS:

3. YOUR SOCIAL SECURITY NUMBER: _____

YOUR SPOUSE'S SOCIAL SECURITY NUMBER: _____

4. YOUR HOME PHONE NUMBER: A/C _____

YOUR WORK PHONE NUMBER: A/C _____

YOUR SPOUSE'S WORK PHONE NUMBER: A/C _____

CELL PHONES OR OTHER CONTACT PHONE: A/C _____

5. YOUR PRESENT ADDRESS: _____

STREET

CITY

STATE

ZIP CODE

MAILING ADDRESS:

STREET CITY STATE ZIP CODE

HOW LONG AT THIS ADDRESS: _____ COUNTY _____

YOUR SPOUSE'S ADDRESS IF DIFFERENT: _____
STREET CITY STATE ZIP CODE

HOW LONG AT THIS ADDRESS: _____ COUNTY _____

6. FILING STATUS: INDIVIDUALLY: _____ JOINT (Husband & Wife) _____
BUSINESS: _____ NON-BUSINESS: _____

7. HAVE YOU FILED BANKRUPTCY BEFORE? YES _____ NO _____

IF YES WHEN: MONTH: _____ YEAR: _____ WHERE: _____

8. LIST THE PROPERTY YOU OWN:

<u>DESCRIBE:</u>	<u>VALUE</u>
REAL ESTATE: (Give Address and Legal Description)	\$ _____

BANK ACCOUNTS: (Give Name of Bank, Balance and Type of Accounts)	\$ _____

Give the value of the following:

Cash on hand:	\$ _____
Household furniture and appliances:	\$ _____
Collection (coins, stamps, art) : Describe: _____	\$ _____
Wearing Apparel:	\$ _____
Furs and Jewelry:	\$ _____
Guns and Firearms: Describe: _____	\$ _____
Interest in insurance policies (cash value):	\$ _____
Annuities:	\$ _____

Interests in IRA, Erisa, Keogh, other pension or profit sharing plans: \$ _____

Stock and business interests: \$ _____

Partnerships or Joint Ventures: \$ _____

Accounts Receivable: \$ _____

Back Alimony Payments, Maintenance, Support, Property Settlements: \$ _____

Tax Refunds: \$ _____

Contingent and non-contingent interests in estates of a decedent: \$ _____

Other contingent and unliquidated claims of any and every nature: \$ _____

Patents, copyrights, and other intellectual property: \$ _____

Licenses, franchises, and other general intangibles: \$ _____

Boats, motors and accessories: Describe: _____ \$ _____

Computers: \$ _____

Office equipment, furnishings and supplies: \$ _____

Machinery, fixtures, equipment, and supplies used in business: \$ _____

Inventory: \$ _____

Animals: \$ _____

Crops- growing or harvested: \$ _____

Farming equipment and implements: \$ _____

Farm supplies, chemicals and feed: \$ _____

Other personal property of any kind not already listed: \$ _____

Automobiles, trucks, trailers, and other vehicles and accessories: \$ _____

Please Describe each: _____

BUDGET-INCOME

DEBTOR AND FAMILY INFORMATION

Marital Status: Married ___ Single ___ Separated ___ Divorced ___

Occupation: _____ Spouse's: _____

Employer's Name: _____ Employer's Name _____

How Long Employed There? _____ How Long Employed There? _____

Address _____ Address _____

DEPENDENTS/CHILDREN:

<u>Name:</u>	<u>Age:</u>	<u>Relationship:</u>	<u>Monthly Support Payments:</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

<u>INCOME</u>	<u>DEBTOR</u>	<u>SPOUSE</u>
Pay Period:	Weekly _____ Bi-Weekly _____ Monthly _____ Semi-Monthly _____	Weekly _____ Bi-Weekly _____ Monthly _____ Semi-Monthly _____
Earnings Per Pay Period (Gross Pay Per Pay Period)	\$	\$
Estimated Overtime Per Pay Period	\$	\$
Payroll Deductions Per Pay Period (Payroll Taxes and Social Security)	\$	\$
Insurance	\$	\$
Union Dues	\$	\$
Other Deductions	\$	\$
Regular Income from Business	\$	\$
Income from Real Property	\$	\$
Interest and Dividends	\$	\$
Pension & Retirement Income	\$	\$
Alimony Received	\$	\$
Social Security/Government	\$	\$
Other Monthly Income	\$	\$
Other Monthly Income	\$	\$

Itemize Income Changes Of 10% Expected In Next 12 Months: _____

BUDGET - EXPENSES

EXPENSES: (The Spouse Column is only used if Separated but filing jointly, otherwise all expenses go in the Debtor Column.)

DEBTOR

SPOUSE

(CIRCLE ONE) RENT - MORTGAGE - LOT RENTAL	\$ _____ Includes: Taxes _____ Insurance _____	\$ _____ Includes: Taxes _____ Insurance _____
UTILITIES: Electricity & Heating Fuel Water & Sewer Telephone Other Utilities: _____ Other Utilities: _____	\$ _____ \$ _____ \$ _____ \$ _____ \$ _____	\$ _____ \$ _____ \$ _____ \$ _____ \$ _____
Home Maintenance (if homeowner)	\$ _____	\$ _____
Food	\$ _____	\$ _____
Clothing	\$ _____	\$ _____
Laundry & Dry Cleaning	\$ _____	\$ _____
Medical & Dental Expenses	\$ _____	\$ _____
Transportation (not including car payment)	\$ _____	\$ _____
Recreation, Clubs & Entertainment	\$ _____	\$ _____
Newspapers, Magazines	\$ _____	\$ _____
Charitable Contributions	\$ _____	\$ _____
INSURANCE: Home Owner's/ Renter's (if not included above) Life Insurance Health Insurance Auto Insurance Other Insurance: _____	\$ _____ \$ _____ \$ _____ \$ _____ \$ _____	\$ _____ \$ _____ \$ _____ \$ _____ \$ _____
Taxes not included with payroll (Describe)	\$ _____	\$ _____

Installment Payments:		
Auto installment payments	\$ _____	\$ _____
Other installment payments	\$ _____	\$ _____
Alimony	\$ _____	\$ _____
Regular Expenses from Business, Profession or Farm	\$ _____	\$ _____
Other Expenses:	\$ _____	\$ _____
	\$ _____	\$ _____

STATEMENT OF FINANCIAL AFFAIRS-1

1. Income from Employment or Operation of Business.

List the gross amount of Income you have received from your employment, trade, or profession, or from operation of your business. From the beginning of this calendar year to today. Also list the Gross amounts you received during the two years before this calendar year. State the income of each spouse separately.

Debtor, Year to Date:

Source:

Last year:

Source:

Two Years Ago:

Source:

Spouse, Year to Date:

Source:

Last Year:

Source:

Two Years Ago:

Source:

2. Income other than from Employment or Operation of Business:

List the gross amount of income you received other than from employment, trade, profession, or Operation of your business during the two years immediately preceding the commencement of this Case. State income of each spouse separately, For interest on joint bank accounts. etc., split the income equally

Debtor, Year to Date:

Spouse, Year to Date

Last Year :

Last Year:

Two Years Ago:

Two Years Ago:

3. Payments to Creditors.

- a. If you have made payments totaling more than \$600.00 to any one creditor within the last 90 days, on the back of this page list the Creditors name, address, payment amounts, dates of payments, And amount still owed or
Check this for none _____
- b. If you have made payments to any creditor that is a relative or business partner within the last past Year, on the back, list the Creditors name, address, payment amount, dates of payments, and amount still owed, or
Check this for none _____

4. Suits, Executions, Garnishments and Attachment.

- a. List , on the back, all lawsuits and administrative proceedings to which you are or were a party Within the past year including Creditors name , address, amount owed, case title, court location, Case number, status, or
Check this for none _____
- b. Describe, on back, any property that has been attached, garnished or seized under any legal or equitable process within the past year, list the beneficiary of the seizure, date, property value, property description, or
Check this for none _____

5. Repossessions, Foreclosures and Returns.

List , on the back, all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to seller, within the past year, List the creditor's name, address, property description, value, or
Check this for none _____

6. Assignments and Receivership.

- a. Describe any assignment of property , on the back, for the benefit of creditors made within the Past 120 days and list the assignee, address, date, and terms of the assignment, or
Check this for none _____
- b. List, on the back, all property which has been in the hands of a custodian, receiver, or court official within the past year, including the court, case number, title of case, order date, property value,

description, or
Check this for none _____

7. Gifts.

List on the back, all gifts or charitable contributions made within the past year, except ordinary and usual gifts to family members totaling less than \$200 per individual family member and Charitable contributions totaling less than \$100 per recipient, list name, relationship, address date of gift, value and description, or
Check this for none _____

8. Losses.

List , on the back, all losses from fire, theft, other casualty or gambling within the past year, Including the property lost, value, date of loss, circumstances, and insurance information, or
Check this for none _____

9. Payments related to Debt Counseling of Bankruptcy.

List on the back, all payments made or property transferred by you or on your behalf, to any Persons, including attorneys, for consolidation, relief under the bankruptcy law, or preparation of a petition in bankruptcy within the past year (no need to include this office). or
Check this for none _____

10. Other Transfers.

List, on the back, all other property transferred either absolutely or as a security within the past year, listing the Transferee, date of transfer, relationship, property and value, or
Check this for none _____

11. Closed financial accounts.

List, on the back, all financial accounts and instruments held in your name that were closed, sold, or otherwise transferred within one year. Include checking, savings or other financial Accounts, CD's, share accounts, credit union accounts, pension funds. List the institution, type of account and number, final balance, date closed, or
Check this for none _____

12. Safe Deposit Boxes.

List, on the back each safe deposit or other depository in which you have or had securities, cash or other valuables within the past year, list the institution, address, person with access, surrender date and contents, or
Check this for none _____

13. Setoffs.

List, on the back, all setoffs made by any creditor, including a bank, against a debt or deposit of yours within the past 90 days, including the name of the creditor, address, setoff date, and Amount, or

Check this for none_____

14. Property held for another person.

List on the back, all property owned by another person that the debtor holds or controls, listing
The owner, address, property description, value, and its location or

Check this for none_____

15. Prior Address of Debtors.

If you have moved within the past two years, list all premises which you occupied and vacated
During that period, including the address, names you used, start date and leaving date for each or

Check this for none_____

SAMPLE (Hand-Written is Acceptable)

Creditor # 1

<u>Car Sales Inc.</u> Name of Creditor	_____ Name of Creditor
<u>1234 Lemon Lane</u> Street and Address or P.O. Box	_____ Street and Address or P.O. Box
<u>Detroit MI 65432</u> City State Zip	_____ City State Zip
<u>000125678</u> Account Number	_____ Account Number
<u>\$6783.40</u> Amount Owed or Payoff-Whichever is less	_____ Amount Owed or Payoff-Whichever is less
<u>10/01</u> Date Debt was Incurred or Last Charge	_____ Date Debt was Incurred or Last Charge
<u>\$300.00 2 months behind</u> Monthly Payment & Amount behind, if any	_____ Monthly Payment & Amount behind, if any
<u>2000 GMC P/U Ext Cab</u> Description of Collateral, if any	_____ Description of Collateral, if any
<u>\$8500.00</u> Value of Collateral, if you know	_____ Value of Collateral, if you know
<u>\$300.00 1 pmt</u> How much has been paid to this creditor in the last 90 days?	_____ How much has been paid to this creditor in the last 90 days?
<u>Bob Debtor (my dad) 123 E 4th Nowhere OK</u> Name of Co-signer, if any (Not Spouse)	_____ Name of Co-signer, if any (Not Spouse)
_____ If this Creditor has a Collection agency or an Attorney collecting debt provide: <u>Dove, Heal and Dixon</u> Name of Attorney or Collection Agency <u>456 Broke St</u> Street Address or P.O. Box <u>Mean City UT 65656</u> City State Zip	_____ If this Creditor has a Collection agency or an Attorney collecting debt provide: _____ Name of Attorney or Collection Agency _____ Street Address or P.O. Box _____ City State Zip
Office Use: Person Responsible for Debt: D J I Reaffirm Redeem _____ Surrender Amount Protect Co-Signer: Yes No A. P. R. Additional Info:	Office Use: Person Responsible for Debt: D J I Reaffirm Redeem _____ Surrender Amount Protect Co-Signer: Yes No A. P. R. Additional Info:

Creditor #6

Creditor #7

<p>_____</p> <p>Name of Creditor</p>	<p>_____</p> <p>Name of Creditor</p>
<p>_____</p> <p>Street and Address or P.O. Box</p>	<p>_____</p> <p>Street and Address or P.O. Box</p>
<p>_____</p> <p>City State Zip</p>	<p>_____</p> <p>City State Zip</p>
<p>_____</p> <p>Account Number</p>	<p>_____</p> <p>Account Number</p>
<p>_____</p> <p>Amount Owed or Payoff-Whichever is less</p>	<p>_____</p> <p>Amount Owed or Payoff-Whichever is less</p>
<p>_____</p> <p>Date Debt was Incurred or Last Charge</p>	<p>_____</p> <p>Date Debt was Incurred or Last Charge</p>
<p>_____</p> <p>Monthly Payment & Amount behind, if any</p>	<p>_____</p> <p>Monthly Payment & Amount behind, if any</p>
<p>_____</p> <p>Description of Collateral, if any</p>	<p>_____</p> <p>Description of Collateral, if any</p>
<p>_____</p> <p>Value of Collateral, if you know</p>	<p>_____</p> <p>Value of Collateral, if you know</p>
<p>_____</p> <p>How much has been paid to this creditor in the last 90 days?</p>	<p>_____</p> <p>How much has been paid to this creditor in the last 90 days?</p>
<p>_____</p> <p>Name of Co-signer, if any (Not Spouse)</p>	<p>_____</p> <p>Name of Co-signer, if any (Not Spouse)</p>
<p>_____</p> <p>If this Creditor has a Collection agency or an Attorney collecting debt provide:</p> <p>_____</p> <p>Name of Attorney or Collection Agency</p> <p>_____</p> <p>Street Address or P.O. Box</p> <p>_____</p> <p>City State Zip</p>	<p>_____</p> <p>If this Creditor has a Collection agency or an Attorney collecting debt provide:</p> <p>_____</p> <p>Name of Attorney or Collection Agency</p> <p>_____</p> <p>Street Address or P.O. Box</p> <p>_____</p> <p>City State Zip</p>
<p>Name of CreditorOffice Use:</p> <p>Person Responsible for Debt: D J I</p> <p>Reaffirm Redeem _____ Surrender</p> <p style="padding-left: 100px;">Amount</p> <p>Protect Co-Signer: Yes No</p> <p>A. P. R.</p> <p>Additional Info:</p>	<p>Name of CreditorOffice Use:</p> <p>Person Responsible for Debt: D J I</p> <p>Reaffirm Redeem _____ Surrender</p> <p style="padding-left: 100px;">Amount</p> <p>Protect Co-Signer: Yes No</p> <p>A. P. R.</p> <p>Additional Info:</p>

Creditor #10

Creditor #11

<p>_____</p> <p>Name of Creditor</p>	<p>_____</p> <p>Name of Creditor</p>
<p>_____</p> <p>Street and Address or P.O. Box</p>	<p>_____</p> <p>Street and Address or P.O. Box</p>
<p>_____</p> <p>City State Zip</p>	<p>_____</p> <p>City State Zip</p>
<p>_____</p> <p>Account Number</p>	<p>_____</p> <p>Account Number</p>
<p>_____</p> <p>Amount Owed or Payoff-Whichever is less</p>	<p>_____</p> <p>Amount Owed or Payoff-Whichever is less</p>
<p>_____</p> <p>Date Debt was Incurred or Last Charge</p>	<p>_____</p> <p>Date Debt was Incurred or Last Charge</p>
<p>_____</p> <p>Monthly Payment & Amount behind, if any</p>	<p>_____</p> <p>Monthly Payment & Amount behind, if any</p>
<p>_____</p> <p>Description of Collateral, if any</p>	<p>_____</p> <p>Description of Collateral, if any</p>
<p>_____</p> <p>Value of Collateral, if you know</p>	<p>_____</p> <p>Value of Collateral, if you know</p>
<p>_____</p> <p>How much has been paid to this creditor in the last 90 days?</p>	<p>_____</p> <p>How much has been paid to this creditor in the last 90 days?</p>
<p>_____</p> <p>Name of Co-signer, if any (Not Spouse)</p>	<p>_____</p> <p>Name of Co-signer, if any (Not Spouse)</p>
<p>_____</p> <p>If this Creditor has a Collection agency or an Attorney collecting debt provide:</p> <p>_____</p> <p>Name of Attorney or Collection Agency</p> <p>_____</p> <p>Street Address or P.O. Box</p> <p>_____</p> <p>City State Zip</p>	<p>_____</p> <p>If this Creditor has a Collection agency or an Attorney collecting debt provide:</p> <p>_____</p> <p>Name of Attorney or Collection Agency</p> <p>_____</p> <p>Street Address or P.O. Box</p> <p>_____</p> <p>City State Zip</p>
<p>Name of CreditorOffice Use:</p> <p>Person Responsible for Debt: D J I</p> <p>Reaffirm Redeem_____Surrender</p> <p style="text-align: center;">Amount</p> <p>Protect Co-Signer: Yes No</p> <p>A. P. R.</p> <p>Additional Info:</p>	<p>Name of CreditorOffice Use:</p> <p>Person Responsible for Debt: D J I</p> <p>Reaffirm Redeem_____Surrender</p> <p style="text-align: center;">Amount</p> <p>Protect Co-Signer: Yes No</p> <p>A. P. R.</p> <p>Additional Info:</p>

Creditor #12

Creditor #13

<p>_____</p> <p>Name of Creditor</p>	<p>_____</p> <p>Name of Creditor</p>
<p>_____</p> <p>Street and Address or P.O. Box</p>	<p>_____</p> <p>Street and Address or P.O. Box</p>
<p>_____</p> <p>City State Zip</p>	<p>_____</p> <p>City State Zip</p>
<p>_____</p> <p>Account Number</p>	<p>_____</p> <p>Account Number</p>
<p>_____</p> <p>Amount Owed or Payoff-Whichever is less</p>	<p>_____</p> <p>Amount Owed or Payoff-Whichever is less</p>
<p>_____</p> <p>Date Debt was Incurred or Last Charge</p>	<p>_____</p> <p>Date Debt was Incurred or Last Charge</p>
<p>_____</p> <p>Monthly Payment & Amount behind, if any</p>	<p>_____</p> <p>Monthly Payment & Amount behind, if any</p>
<p>_____</p> <p>Description of Collateral, if any</p>	<p>_____</p> <p>Description of Collateral, if any</p>
<p>_____</p> <p>Value of Collateral, if you know</p>	<p>_____</p> <p>Value of Collateral, if you know</p>
<p>_____</p> <p>How much has been paid to this creditor in the last 90 days?</p>	<p>_____</p> <p>How much has been paid to this creditor in the last 90 days?</p>
<p>_____</p> <p>Name of Co-signer, if any (Not Spouse)</p>	<p>_____</p> <p>Name of Co-signer, if any (Not Spouse)</p>
<p>_____</p> <p>If this Creditor has a Collection agency or an Attorney collecting debt provide:</p> <p>_____</p> <p>Name of Attorney or Collection Agency</p> <p>_____</p> <p>Street Address or P.O. Box</p> <p>_____</p> <p>City State Zip</p>	<p>_____</p> <p>If this Creditor has a Collection agency or an Attorney collecting debt provide:</p> <p>_____</p> <p>Name of Attorney or Collection Agency</p> <p>_____</p> <p>Street Address or P.O. Box</p> <p>_____</p> <p>City State Zip</p>
<p>Name of CreditorOffice Use:</p> <p>Person Responsible for Debt: D J I</p> <p>Reaffirm Redeem_____Surrender</p> <p style="padding-left: 100px;">Amount</p> <p>Protect Co-Signer: Yes No</p> <p>A. P. R.</p> <p>Additional Info:</p>	<p>Name of CreditorOffice Use:</p> <p>Person Responsible for Debt: D J I</p> <p>Reaffirm Redeem_____Surrender</p> <p style="padding-left: 100px;">Amount</p> <p>Protect Co-Signer: Yes No</p> <p>A. P. R.</p> <p>Additional Info:</p>

If another Creditor Information Sheet is required Please re-print or copy.