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Thank you for considering our office for help with your financial problems.

Please call (541)312-5392 to schedule an appointment.

The cost of an initial consultation is \$100 for up to one hour. The fee is due at the time of your appointment and must be paid by CASH or CHECK. We do not accept debit or credit cards.

You will need to complete and bring with you the following **Form 1: Initial Financial Questionnaire**. If you are self-employed, you will also need to complete **Form 1A: Supplemental Financial Questionnaire for Self Employed Persons**. *Please complete these forms even if you intend to inquire about debt resolution options other than bankruptcy.*

In order to assess your situation it is essential that all household income be disclosed. Therefore, please complete the questions relating to “Spouse/Domestic Partner” if your spouse, fiancé, or other “significant other” resides with you, even if only you are considering bankruptcy.

Please bring with you to your appointment:

1. The completed and signed questionnaire.
2. A copy of your most recently filed tax return.
3. A recent paystub, if you are employed.

If you are contemplating bankruptcy:

1. Stop **ALL** use of credit cards, including balance transfers and cash advances.
2. Do not take any payday loans.
3. Do not put assets in someone else’s name, or dispose of any assets unless you sell them for fair market value.
4. Do not cash in any IRA’s, 401(k)’s or other retirement funds.
5. Keep all statements and correspondence you receive from your creditors.
6. Keep all your pay stubs.

FORM 1 – INITIAL FINANCIAL QUESTIONNAIRE

Debtor

**Spouse
or
Domestic Partner**

Name		
All other names used in last 8 years including business names		
Street Address		
City, State, Zip		
County		
Mailing Address (if different)		
Social Security Number		
Date of Birth		
Home Phone		
Work Phone		
May we call you at work?		
Cell Phone		
Email Address		

LIST RELATIONSHIP AND AGES OF ALL PERSONS IN YOUR HOUSEHOLD
(such as: son, 14)

Relationship	Age	Relationship	Age

Do you have children who stay with you less than full time? _____YES _____NO

GROSS INCOME FOR DEBTOR AND SPOUSE/DOMESTIC PARTNER

INCOME FROM WAGES OR SELF EMPLOYMENT

If you are self-employed, you need to list the gross income for your business without deducting business expenses.

Total Gross Income	Debtor	Spouse or Domestic Partner
2010		
2009		
2008		

INCOME FROM OTHER SOURCES

List all other income, such as social security, child support, disability, ect.

Total Gross Income	Source	Debtor	Spouse or Domestic Partner
2010			
2009			
2008			

INCOME FROM EMPLOYMENT

IS DEBTOR OR SPOUSE/DOMESTIC PARTNER EMPLOYED?

_____ YES _____ NO

If YES, complete this page. If NO, go to page 5

	Debtor	Spouse or Domestic Partner
Occupation		
Employer's Name & Address		
Date you became employed there		
Date(s) you get a paycheck		
Gross pay (before taxes) each paycheck		
Net pay (after taxes) each paycheck		

SECOND JOB

	Debtor	Spouse or Domestic Partner
Occupation		
Monthly Net		

DOES EITHER DEBTOR OR SPOUSE/DOMESTIC PARTNER HAVE INCOME OTHER THAN FROM SELF-EMPLOYMENT OR EMPLOYMENT?

_____YES _____NO

If YES complete this page. If NO, go to page 6

State the amount of monthly income you receive from each of the following sources:

Debtor	Spouse or Domestic Partner
---------------	---

Social Security		
Pension/Retirement		
Unemployment		
Disability		
Alimony (spousal support)		
Child Support		
Rental Income		
Other - what?		

MONTHLY EXPENSES

Please list below your **average monthly** expenses. For example, for most people water is more expensive in the summer months and electricity and heat are more expensive during the winter months. List the average over the course of a year.

For expenses that you do not incur every month (such as home maintenance or clothing), estimate your yearly expenditure and divide by 12.

Medical and Dental expenses: do not include payments on past due debts. List what you expect to incur on a monthly basis in the future for expenses such as prescriptions, co-pays, vision and dental exams, and other medical expenses not covered by insurance.

Rent or mortgage Insurance included ___Yes ___No Taxes Included ___Yes ___No		Home owner or renters insurance	
Homeowners association dues		Life insurance	
Electricity & heat		Health insurance	
Water & sewer		Auto insurance	
Telephone (including cell)		Other insurance	
Garbage pickup		Taxes	
Internet		Car loan or lease (1 st)	
Cable		Car loan or lease (2 nd)	
Home maintenance		Other installment payment	
Food		Student loan payment	
Clothing		Spousal support	
Laundry & dry cleaning		Child support	
Medical & dental expenses		Child care	
Auto maintenance & gas		School expenses	
Recreation		Pet care	
Charitable contributions		Personal care & misc. expenses	

HAVE YOU EVER FILED BANKRUPTCY? YES NO

If YES, complete this page. If NO, go to page 8

Debtor

**Spouse
or
Domestic Partner**

1. Date		
Location		
Chapter		
2. Date		
Location		
Chapter		

PRIOR ADDRESSES

When did you move into your present residence? _____

IF YOU HAVE NOT LIVED AT YOUR PRESENT ADDRESS FOR THE LAST THREE YEARS, LIST ALL PRIOR ADDRESSES FOR THE LAST THREE YEARS WITH THE DATES YOU LIVED AT EACH RESIDENCE

Dates: From _____ To _____

Address: _____

Dates: From _____ To _____

Address: _____

Dates: From _____ To _____

Address: _____

Dates: From _____ To _____

Address: _____

Dates: From _____ To _____

Address: _____

If you have not lived in Oregon for the last **SIX** years, list all other states where you lived during that time. _____

DO YOU PRESENTLY OWN ANY REAL ESTATE OR TIME SHARES?

_____ YES _____ NO

If YES, complete this page. If NO, go to page 10

ATTACH ADDITIONAL PAGES FOR EACH PROPERTY AND TIME SHARE

DO NOT LIST MORE THAN ONE PROPERTY ON EACH PAGE.

ADDRESS: _____ Acres _____

Date purchased _____ Is this a time share? _____ Do you want to keep this property? _____

What do you believe the fair market value of this property is at this time? _____

Why? _____

Mortgage company name and address _____

Total Amount Owed _____ Monthly Payment _____ Amount in Arrears _____

Second mortgage company name and address _____

Total Amount Owed _____ Monthly Payment _____ Amount in Arrears _____

Third mortgage company name and address _____

Total Amount Owed _____ Monthly Payment _____ Amount in Arrears _____

Do you have any other liens on your property, such as judgment or tax lien? _____

IN THE PAST FOUR YEARS HAVE YOU OWNED ANY REAL ESTATE YOU NO LONGER OWN?
_____YES _____NO

If YES, complete this page. If NO, go to page 11.

Parcel 1

Address _____

Type of property _____

Date of disposition of property _____

Disposition by:

Sale – Name and address of purchaser _____

_____ Amount you netted from sale _____

Foreclosure - Name of lender _____

Surrender to lender – Name of lender _____

Awarded to ex-spouse in divorce – Name of ex-spouse _____

Given to _____

Other _____

Parcel 2

Address _____

Type of property _____

Date of disposition of property _____

Disposition by:

Sale – Name and address of purchaser _____

_____ Amount you netted from sale _____

Foreclosure - Name of lender _____

Surrender to lender – Name of lender _____

Awarded to ex-spouse in divorce – Name of ex-spouse _____

Given to _____

Other _____

ATTACH ADDITIONAL PAGES IF NECESSARY
DO NOT LIST MORE THAN TWO PROPERTIES PER PAGE

SECURED DEBTS

(OTHER THAN REAL ESTATE LISTED ON PAGE 9)

Do you have debts that are secured by collateral, such as car loans, or items that you have financed such as furniture, tires or computers? _____YES _____NO

If YES complete this page. IF NO, go to page 12

Lender Name and Address	Description of Automobile or Other Collateral	Amount Owed	Replacement Value of Collateral	Do you want to keep this collateral?	Are you current on your payments?

VEHICLE AND BOATS

COMPLETE THE FOLLOWING FOR EACH VEHICLE AND BOAT THAT YOU OWN, OR THAT IS TITLED OR CO-TITLED IN YOUR NAME. THIS INCLUDES CARS, TRUCKS, TRAILERS, HORSE TRAILERS, RV'S, TRACTORS, CAMPERS, MOTORCYCLES, AND SNOWMOBILES. YOU DO NOT NEED TO LIST VEHICLES YOU HAVE ALREADY LISTED ON PAGE 11.

Year	Make	Model	Mileage	Co-owner	Present Value

TAXES

HAVE YOU FILED ALL TAX RETURNS THAT ARE DUE? ____ YES ____ NO

If NO, list what tax returns need to be filed:

For What Years?

Internal Revenue Service	
Oregon Department of Revenue	
Other State: _____	

Have you received all tax refunds you are entitled to receive? ____ YES ____ NO

If NO, how much do you expect to receive? _____ When? _____

DO YOU OWE ANY TAXES? ____ YES ____ NO

If YES complete this chart, if NO go to page 14

Taxing Authority (such as IRS, or Dept of Revenue)	Type of Tax (such as income or payroll)	Amount Owed	For what year(s)?	When was your tax return filed?

SPOUSAL AND CHILD SUPPORT

Do you owe any spousal support (alimony) or child support? ____ YES ____ NO

If YES complete this page, if NO go to page 15

What is the amount of your support payment? _____

Is it currently being deducted from your paycheck? ____ YES ____ NO

How much back support do you now owe? _____

Is your support paid to the Oregon Department of Justice? ____ YES ____ NO

List name and address of person who receives the support _____

ALL REMAINING DEBTS

Which of the following types of debts do you have?

- Credit Cards
- Medical Bills
- Judgments against you
- Unsecured lines of credit
- Student loans
- Personal debts to relatives or friends
- Overdue rent or utility bills
- Payday loans
- Other unsecured debts

For each of the above type of debts, complete the following table, listing the creditor's name and address, and current balance. If the debt has been assigned to a collection agency, include the name and address of the collection agency.

Please Note: You are required to list all debts even if you intend to repay some of them.

Name and Address of Creditor	Balance	Name and address of collection agency

Name and Address of Creditor	Balance	Name and address of collection agency

ATTACH ADDITIONAL PAGES IF NECESSARY

LIST EACH CREDIT CARD OR OTHER ACCOUNTS ON WHICH YOU HAVE ACCUMULATED OVER \$1,000 IN THE PAST SIX MONTHS OR OVER \$5,000 IN THE PAST YEAR. (Include charges, cash advances, and balance transfers.)

Name of Creditor	Amount in past 6 months	Amount in past year

ARE YOU PRESENTLY LEASING AN AUTOMOBILE, OR ANYTHING ELSE
(such as medical, business or farming equipment?) _____ YES _____ NO

If YES complete this page, if NO go to page 19

LEASES

Name and Address of Creditor	Item Leased	Do you wish to keep this item?	Are you current on your payments?

ARE YOU A PARTY TO ANY KIND OF CONTRACT? _____ YES _____ NO

If YES complete this page, if NO go to page 20

Name and Address of other Party to Contract	Description of Contract	Do you want to continue this contract?

ARE THERE ANY CO-DEBTORS JOINTLY LIABLE ON ANY OF YOUR DEBTS?

____ YES ____ NO

If YES complete this page, if NO go to page 21

Name and Address of Co-Debtor	Name of Creditor

BANK ACCOUNTS

LIST ALL BANK ACCOUNTS YOU PRESENTLY HAVE OPEN. INCLUDE ACCOUNTS THAT ARE OVERDRAWN, ACCOUNTS WITH VERY SMALL BALANCES, AND ACCOUNTS YOU SELDOM USE. INCLUDE ACCOUNTS (SUCH AS PARENTS' OR CHILDREN'S ACCOUNTS THAT HAVE YOUR NAME ON THEM EVEN IF THE MONEY BELONGS TO SOMEONE ELSE.

Name of Bank	Type of Account (such as personal savings, business checking)	Current Balance	Name of other person(s) on account

CLOSED BANK ACCOUNTS

Have you closed any bank accounts in the last 12 months? _____ YES _____ NO

If YES, complete this chart. If NO, go to page 22

Name of Bank	Type of Account	Date Account Closed	Closing Balance

HOUSEHOLD GOODS AND MISCELLANEOUS ASSETS

For each of the following assets that you own, estimate the value the asset would bring if you sold it at an auction, garage sale or pawn shop. Do not put the replacement value of the assets.

LIST ALL assets, even those with very little or no value, such as costume jewelry, clothing, and pets (you will NOT lose your pet in bankruptcy.)

Asset	Garage Sale Value
Household goods and furnishings, including audio, video & computer equipment	
Books	
Musical Instruments	
Pictures & Art Objects	
Antiques, stamp, coin, record, tape, compact discs and other collections	
Clothing	
Furs	
Jewelry	
Rifles: How many? _____	
Shotguns: How many? _____	
Handguns: How many? _____	
Sports or hobby equipment, including cameras, skis, golf clubs, fishing equipment, ect.	
Horses: How many? _____	
Other animals: what kind and how many? _____	
Tools for personal use	
Tools for business use	

ANSWER ALL QUESTIONS ON THIS PAGE

1. Do you have any security deposits for rent or utilities? YES NO

If yes, list landlord or name of utility company, and amount of deposit:

2. Do you have any life insurance policies? YES NO

3. Do you have any annuities? YES NO

4. Do you have any IRA's 401(k)'s, 403(B)'s, PERS accounts or other pension, profit sharing or retirement plans? YES NO

If so, state:

Type of Account	Where Held	Balance

5. Are you presently repaying a 401(k), or 403(B) loan? YES NO

6. Do you have any stock (other than in your retirement account)? YES NO

If so, state:

Company	Number of Shares	Value Each Share

7. Do you have an ownership interest in any business? YES NO

If YES, please complete Form 1A: Supplemental Financial Questionnaire for Self-Employed Persons

ANSWER ALL QUESTIONS ON THIS PAGE

8. Do you have any bonds or negotiable instruments? _____YES _____NO

9. Does anyone owe you any money? _____YES _____NO

If yes, give name and address of borrower and amount owed to you:

10. Are you entitled to receive anything from a divorce or legal separation that you have not already received? _____YES _____NO

11. Do you have a judgment of divorce (or dissolution) which requires you to pay debts owed jointly with your ex-spouse? _____YES _____NO

12. Are you presently entitled to inherit anything (including life insurance) from someone who has already died? _____YES _____NO

13. Do you expect to inherit anything (including life insurance) within one year? _____YES _____NO

Under some circumstances a person who files bankruptcy may lose his or her inheritance, even an inheritance that is received after filing bankruptcy. If you have any reason to believe you will inherit anything, please bring it to the attention of your attorney.

14. Are you the beneficiary of a trust? _____YES _____NO

15. Have you created a trust in the last 10 years? _____YES _____NO

16. Do you have any burial plots? _____YES _____NO

17. How much cash do you presently have that is not in the bank?
\$ _____

Do you usually have:

_____more cash than this? _____less cash than this? _____about this amount of cash?

ANSWER ALL QUESTIONS ON THIS PAGE

18. Do you have any other property or any right to receive any property other than what you have listed in this questionnaire? YES NO

If yes, what? _____

19. Do you have any kind of claim or lawsuit now pending, or that you believe you can bring against anyone? Examples include personal injury, malpractice, damage to property, money owed. YES NO

20. Do you presently have any lawsuit pending against you? YES NO

21. Have you been involved in any lawsuits or administrative proceedings in the last year? YES NO

22. Other than your creditors you have listed, do you know of anyone who you think may bring a lawsuit against you? YES NO

23. Have you seen an attorney for any reason in the last four years? YES NO

24. Have you been convicted of a crime in the last five years? YES NO

If yes, was the crime related to securities fraud? YES NO

25. Do you have any criminal charges against you now? YES NO

26. Do you owe any money because you caused personal injury to anyone? YES NO

27. Do you owe any money because you caused someone's death? YES NO

28. Do you have any debts resulting from drunk driving? YES NO

29. Do you have any reason to believe any of your creditors may accuse you of fraud? YES NO

ANSWER ALL QUESTIONS ON THIS PAGE

30. Do you own or control any items (other than firearms) that are dangerous or hazardous, such as dynamite, dangerous chemicals, or wild animals? _____ YES _____ NO
31. In the last year have you repaid any money borrowed from relatives, friends, or business associates? _____ YES _____ NO
32. Have you had any wages or bank accounts garnished in the last year? _____ YES _____ NO
33. In the last year have you had anything repossessed or foreclosed upon or have you returned anything to a creditor? _____ YES _____ NO
34. Has anyone been appointed by a court to manage your financial affairs? _____ YES _____ NO
35. In the last year, have you made any gifts to anyone of over \$200 in value? _____ YES _____ NO
36. In the last year have you donated money or other items worth over \$100 to a church or other charity? _____ YES _____ NO

Name of Organization	Dates of Donations	Amount (or value of items)

37. In the last year, have you had any losses from fires, theft, auto accident, other casualty or gambling? _____ YES _____ NO
38. In the last year have you made any payments for debt counseling or bankruptcy? _____ YES _____ NO
39. In the last two years, have you sold anything, given away anything of value, refinanced anything, or taken your name off a car title? _____ YES _____ NO

ANSWER ALL QUESTIONS ON THIS PAGE

- 40. Do you presently have any safe deposit boxes, or have you had any in the last year? _____ YES _____ NO
- 41. Do you have in your possession any property that belongs to someone else (such as an automobile)? _____ YES _____ NO
- 42. Have you ever been cited for violating an environmental or hazardous waste law? _____ YES _____ NO

CERTIFICATION

I/we understand that the information provided in this questionnaire will be relied upon by Attorney Milly Whatley to provide me/us information about debt counseling and bankruptcy. I/we certify that I/we have completed this form to the best of my/our knowledge and ability, and that the information contained herein is true and accurate as of the date indicated below.

Debtor

Spouse/Domestic Partner

Date

Date

Please tell us how you found us:

_____ Referral from _____

_____ Yellow Pages

_____ Newspaper Ad

_____ Website

_____ Oregon State Bar

_____ Other _____