

# Milly Whatley, P.C.

Attorney-at-Law

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Bend, Oregon 97701

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 \$50 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**

<b>Name</b>		
<b>All other names used in last 8 years including business names</b>		
<b>Street Address</b>		
<b>City, State, Zip</b>		
<b>County</b>		
<b>Mailing Address (if different)</b>		
<b>Social Security Number</b>		
<b>Date of Birth</b>		
<b>Home Phone</b>		
<b>Work Phone</b>		
<b>May we call you at work?</b>	YES NO	YES NO
<b>Cell Phone</b>		
<b>Email Address</b>		

**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.

<b>Total Gross Income</b>	<b>Debtor</b>	<b>Spouse or Domestic Partner</b>
<b>2011</b>		
<b>2010</b>		
<b>2009</b>		

### INCOME FROM OTHER SOURCES

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

<b>Total Gross Income</b>	<b>Source</b>	<b>Debtor</b>	<b>Spouse or Domestic Partner</b>
<b>2011</b>			
<b>2010</b>			
<b>2009</b>			

## INCOME FROM EMPLOYMENT

IS DEBTOR OR SPOUSE/DOMESTIC PARTNER EMPLOYED?

YES      NO

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

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

## SECOND JOB

	<b>Debtor</b>	<b>Spouse or Domestic Partner</b>
<b>Occupation</b>		
<b>Monthly Net</b>		

**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:

	<b>Debtor</b>	<b>Spouse or Domestic Partner</b>
<b>Social Security</b>		
<b>Pension/Retirement</b>		
<b>Unemployment</b>		
<b>Disability</b>		
<b>Alimony (spousal support)</b>		
<b>Child Support</b>		
<b>Rental Income</b>		
<b>Other -what? (please list <u>all</u> other income)</b>		

## 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 <sup>st</sup> )	
Cable		Car loan or lease (2 <sup>nd</sup> )	
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**

<b>1. Date</b>		
<b>Location</b>		
<b>Chapter</b>		
<b>2. Date</b>		
<b>Location</b>		
<b>Chapter</b>		

**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 ADDITONAL 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

<b>Lender Name and Address</b>	<b>Description of Automobile or Other Collateral</b>	<b>Amount Owed</b>	<b>Replacement Value of Collateral</b>	<b>Do you want to keep this collateral?</b>	<b>Are you current on your payments?</b>
				YES NO	YES NO
				YES NO	YES NO
				YES NO	YES NO
				YES NO	YES NO
				YES NO	YES NO

## 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.

<b>Year</b>	<b>Make</b>	<b>Model</b>	<b>Mileage</b>	<b>Co-owner</b>	<b>Present Value</b>

**TAXES**

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**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? \_\_\_\_\_

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**DO YOU OWE ANY TAXES?**      YES      NO

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

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

**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.***

<b>Name and Address of Creditor</b>	<b>Balance</b>	<b>Name and address of collection agency</b>

<b>Name and Address of Creditor</b>	<b>Balance</b>	<b>Name and address of collection agency</b>

ATTACH ADDITIONAL PAGES IF NECESSARY



**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?
		YES NO	YES NO
		YES NO	YES NO
		YES NO	YES NO
		YES NO	YES NO

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

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

<b>Name and Address of other Party to Contract</b>	<b>Description of Contract</b>	<b>Do you want to continue this contract?</b>
		YES NO
		YES NO
		YES NO
		YES NO
		YES NO
		YES NO

**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

<b>Name and Address of Co-Debtor</b>	<b>Name of Creditor</b>

## 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, etc.	
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:

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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:

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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

<b>Name of Organization</b>	<b>Dates of Donations</b>	<b>Amount (or value of items)</b>

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

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**Please tell us how you found us:**

Referral from \_\_\_\_\_

Yellow Pages

Newspaper Ad

Website

Oregon State Bar

Other \_\_\_\_\_