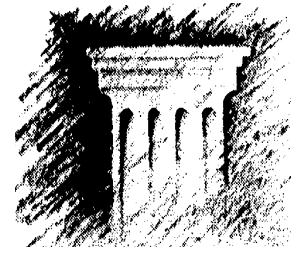


LAW OFFICES OF  
**John C. Kyle &  
Gregory J. Smith**



Please take a few minutes to complete this questionnaire.  
Thank you.

Today's Date:			
<b>INFORMATION ABOUT YOU</b>			
Full Name:			
Mailing Address:			
City, State, Zip			
Home Telephone:		Cell Telephone:	
Work Telephone:		Date of Birth:	
E-mail Address:			
<b>INFORMATION ABOUT YOUR SPOUSE</b>			
Full Name:			
Mailing Address:			
City, State, Zip			
Home Telephone:		Cell Telephone:	
Work Telephone:		Date of Birth:	
E-mail Address:			
<b>WHY HAVE YOU COME TO US?</b>			
<b>WHO REFERRED YOU TO US?</b>			

## PERSONAL INFORMATION

Do you own your own home or any real property anywhere?    Yes    No

List all vehicles registered in your name (whether you owe on it or not)

Year / Make / Model	What is the Auto Worth?	How much is owed on it?	Creditor Name	Monthly Payment	Months Behind
_____	\$ _____	\$ _____	_____	_____	_____
_____	\$ _____	\$ _____	_____	_____	_____
_____	\$ _____	\$ _____	_____	_____	_____

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Does your name appear on any bank accounts?    Yes    No

Circle all of the following that you have in your name

- Stocks     
  Savings Bonds     
  CDs     
  Money Market Accounts  
 Profit Sharing     
  Retirement     
  IRA     
  401 k

What are the sources of income into your household?

Employer name \_\_\_\_\_ Monthly net income \$ \_\_\_\_\_  
 Employer name \_\_\_\_\_ Monthly net income \$ \_\_\_\_\_  
 SSI / SSDI / Child support      Monthly net income \$ \_\_\_\_\_  
 Disability / Unemployment / Workers Comp      Monthly net income \$ \_\_\_\_\_  
 Self employment      Monthly net income \$ \_\_\_\_\_  
 Other \_\_\_\_\_ Monthly net income \$ \_\_\_\_\_

Give a brief list of monthly living expenses

Rent	\$ _____	Clothing	\$ _____
Mortgage	\$ _____	Child care	\$ _____
Electric / Heating	\$ _____	Auto payment	\$ _____
Phones	\$ _____	Auto payment	\$ _____
Cable / Internet	\$ _____	Child support / alimony	\$ _____
Medical / Dental	\$ _____	Tithing / Charity	\$ _____
Food	\$ _____	Recreation (explain)	_____ \$ _____
Transportation	\$ _____	Tobacco	\$ _____
Auto insurance	\$ _____	Other	_____ \$ _____
Property tax	\$ _____	Other	_____ \$ _____
Property ins	\$ _____	Other	_____ \$ _____

How many people live in your household? \_\_\_\_\_

## TELL US ABOUT YOUR DEBTS

Do you owe money on ANY **credit cards**? YES NO How many credit card accounts do you owe money on? \_\_\_\_\_ How much do you owe on all of them together? \$ \_\_\_\_\_

Do you owe money on ANY **personal loans**? YES NO How many personal loans do you owe money on? \_\_\_\_\_ How much do you owe on all of them together? \$ \_\_\_\_\_

How much do you owe on **medical bills** \$ \_\_\_\_\_

Do you owe any money on **repossessed vehicles**? Yes No If yes, how much \$ \_\_\_\_\_

How many **payday loans** do you owe? \_\_\_\_\_ What is the total owed on all of them together? \$ \_\_\_\_\_

Do you have any **judgments** against you? Yes No If yes, how many \_\_\_ What is the total owed \$ \_\_\_\_\_

How much do you owe on **back child support** \$ \_\_\_\_\_

How many **student loans** do you have? \_\_\_\_\_ How much do you owe on all of them together? \_\_\_\_\_

Do you owe any **taxes**? Yes No If yes, answer below

Taxing authority	Balance	Which years	Were taxes filed	Office use only
	\$		Yes No	
	\$		Yes No	
	\$		Yes No	
	\$		Yes No	

List any other debts not mentioned above:

Office use only:

**Please fill out this page if your name appears on any real property anywhere**

(If you have more than 3 properties in your name please ask for additional pages.)

Residence

Address \_\_\_\_\_ City, State \_\_\_\_\_

Mortgage Company	Balance owed	Monthly pay	Fixed or Adj	Are you current?
1 <sup>st</sup> _____	\$ _____	\$ _____	Fixed Adj	Yes No
2 <sup>nd</sup> _____	\$ _____	\$ _____	Fixed Adj	Yes No
3 <sup>rd</sup> _____	\$ _____	\$ _____	Fixed Adj	Yes No
Value of property \$ _____		Do you want to keep the property? Yes No		

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Additional property 1

Address \_\_\_\_\_ City, State \_\_\_\_\_

Mortgage Company	Balance owed	Monthly pay	Fixed or Adj	Are you current?
1 <sup>st</sup> _____	\$ _____	\$ _____	Fixed Adj	Yes No
2 <sup>nd</sup> _____	\$ _____	\$ _____	Fixed Adj	Yes No
3 <sup>rd</sup> _____	\$ _____	\$ _____	Fixed Adj	Yes No
Value of property \$ _____		Do you want to keep the property? Yes No		

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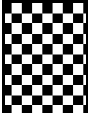
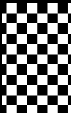
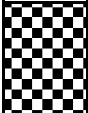
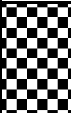
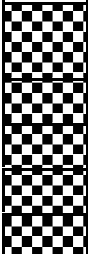
Additional property 2

Address \_\_\_\_\_ City, State \_\_\_\_\_

Mortgage Company	Balance owed	Monthly pay	Fixed or Adj	Are you current?
1 <sup>st</sup> _____	\$ _____	\$ _____	Fixed Adj	Yes No
2 <sup>nd</sup> _____	\$ _____	\$ _____	Fixed Adj	Yes No
3 <sup>rd</sup> _____	\$ _____	\$ _____	Fixed Adj	Yes No
Value of property \$ _____		Do you want to keep the property? Yes No		

Office use only:

Circle		IMPORTANT QUESTIONS
Yes	No	1. Do you receive any money from an annuity or a trust?
Yes	No	2. Have you transferred any money or property into a trust of any kind?
Yes	No	3. Do you have anything in your <b>possession</b> that really belongs to someone else?
Yes	No	4. Does anyone have <b>possession</b> of anything that really belongs to you?
Yes	No	5. Do you have any property <b>titled in your name</b> that really belongs to someone else?
Yes	No	6. Have you sold or transferred any property in the last <b>48 months</b> ?
Yes	No	7. Have you made any large purchases in the last <b>90 days</b> ?
Yes	No	8. Have you taken out any loans or cash advances in the last <b>90 days</b> ?
Yes	No	9. Have you paid back friends or relatives more than <b>\$300.00</b> in the last <b>12 months</b> ?
Yes	No	10. Has any creditor ever taken back, repossessed or foreclosed on your car, truck or home?
Yes	No	11. Is anyone threatening to take your car, truck, or home?
Yes	No	12. Does your name appear on any real property anywhere?
Yes	No	13. If so, is there someone else who owns the home with you?
Yes	No	14. If someone owns the home with you, has the other owner ever filed bankruptcy? If so, when? _____ Did that case get dismissed? _____ If so, when: _____
Yes	No	15. Are you separated from your spouse or contemplating separation? <b>Spouse's Name:</b>
Yes	No	16. Are you required to pay any debts under a Separation Agreement or Divorce Decree?
Yes	No	17. Do estranged or ex-spouses have any claims against you?
Yes	No	18. Do you owe any <b>overdue</b> child support or alimony? <b>If yes, how much: \$</b>
Yes	No	19. Are your wages being garnished to pay <b>current</b> or <b>overdue</b> child support?
Yes	No	20. Did you transfer any of your property to your ex-spouse?
Yes	No	21. Have you had any car accidents in the last <b>4 years</b> that were your fault?
Yes	No	22. Are any of your debts being paid by payroll deduction or military allotment?
Yes	No	23. Are you repaying any <b>401k loans</b> or other loans against your retirement? \$ _____ / <b>mo.</b>
Yes	No	24. Are you contributing to a <b>401K plan</b> ?
Yes	No	25. Have you given any loan company a list of your household goods?
Yes	No	26. Have you listed any motor vehicles as collateral for a personal loan?
Yes	No	27. Have you co-signed a loan or credit card for anyone?
Yes	No	28. Has anyone co-signed a loan or credit card for you?
Yes	No	29. Has anyone put up a CD, bank account, house or other property so you could get a loan?
Yes	No	30. Has anyone served you with Court papers or filed a lawsuit against you in the last <b>3 years</b> ?
Yes	No	31. Does anyone have a judgment against you?
Yes	No	32. Have you owned a business at any time within the last <b>6 years</b> ? Start date ____ end date ____
Yes	No	33. If so, do you owe any taxes because of that business (income, withholding, employment or sales)?
Yes	No	34. Are there any tax returns which you have not filed? <b>For which years?</b>
Yes	No	35. Do you owe any federal or state income taxes?
Yes	No	36. Do you owe any real estate or personal property taxes?

Yes	No	37. Are your wages being garnished?		
Yes	No	38. Do you own any property in another County or State?		
Yes	No	39. Do you expect any gifts or an inheritance in the next <b>12 months</b> ?		
Yes	No	40. Do you have any unpaid student loans?		
Yes	No	41. Have you ever filed bankruptcy before? <b>How many times?</b> <b>When?</b>		
Yes	No	42. If so, have you had a bankruptcy case <b>dismissed</b> (kicked out) in the last <b>12 months</b> ?		
Yes	No	43. Do you have any car accident, personal injury, Worker's Comp, wrongful termination, or any other claims against anyone?		
Yes	No	44. Do you have any <b>DUI</b> tickets or owe money as a result of an accident while <b>DUI</b> ?		
Yes	No	45. Do you owe any <b>Court ordered restitution</b> or fines?		
Yes	No	46. Do you owe any money on any <b>pay-day</b> loans?		
Yes	No	47. Have you pawned anything? If so, what: _____		
Yes	No	48. Do you have any unpaid bad checks? <b>If so, how many?</b> _____ <b>Amount of checks \$</b> _____		
		If so: How many unpaid bad checks are there? _____ How many months ago did this happen? _____ months ago. What is the total amount owed on the unpaid bad checks? \$ _____		
Yes	No	49. Do you have a right to an inheritance or some "heir" property because someone died?		
Yes	No	50. Have you lived anywhere other than California, at any time, during the last 2 years?		
		If so: What other State or Country did you live in the last 2 years? Location: _____ From approximately when to when? _____ to _____		
Yes	No	51. Have you used a credit card to pay any taxes in the last 3 years?		
Yes	No	52. Did you purchase any of your motor vehicles in the last 2 1/2 years?		
		Year, Make and Model	Year Purchased	Do You Owe Money On It?
				If So, How Many More Months Do You Owe?
		53. What caused you to fall behind on your bills?		
Yes	No	54. Are you still having the same problem that caused you to fall behind?		