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Name: (include middle) _____ Social Security _____

Street Address: and Zip Code _____

Mailing Address: (if different) _____

County: _____ Primary Email address: _____

Home Telephone: _____ Work Telephone: _____ Cell: _____

Spouse's Name: _____ Social Security# _____

Street Address: and Zip Code _____

Mailing Address: (if different) _____

County: _____

Home Telephone: _____ Work Telephone: _____ Cell: _____

Other names you have used in last 6 years: _____

Have You Ever Filed Any Other Bankruptcies? Yes _____ No _____ If so, where? _____ What date was it filed? _____ Case Number? _____.

When do you want to file your case _____

Which chapter did we discuss filing for you? Chapter 7 _____ or Chapter 13 _____

Section B ***Your Real Property (house or land)***

Do you or your spouse own a house or other real property. Yes _____ No _____. If no, skip to next section.

Address _____

Value (what can you sell it for) _____ Why do you think it is worth this amount? _____

How much do you owe on it? First Mortgage: _____. Second Mortgage _____

Who holds the First Mortgage and what is their address? _____

Who holds the Second Mortgage and what is their address? _____

Are you behind on any payments? Yes _____ No _____ If yes, how many months on the first mortgage? _____ on the second mortgage? _____

Section C

Your Personal Property

PLEASE LIST ALL PROPERTY YOU OWN OF ANY KIND
YOU MUST LIST A DOLLAR VALUE FOR ALL PROPERTY

TYPE OF PROPERTY	DESCRIPTION OF PROPERTY	REPLACEMENT VALUE
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1. Cash on hand:

2. Bank :	Checking: Bank Name _____	Account Number _____
Account	Checking: Bank Name _____	Account Number _____
	Checking: Bank Name _____	Account Number _____
	Savings: Bank Name _____	Account Number _____
	Savings: Bank Name _____	Account Number _____
	Savings: Bank Name _____	Account Number _____
	Other Accounts Bank Name _____	Account Number _____
	Type of Account _____	

3. Security deposits with public utilities, telephone companies, landlords and others.

4. Household goods and furniture including audio, video, and computer equipment

Household goods	\$ _____
Furniture	\$ _____
Computer	\$ _____

5. Books, pictures and other art objects, antiques, stamp, coin, record, tape, compact disc and other collections or collectibles.

Books	\$ _____	
Pictures/Art	\$ _____	
CD/Tapes	\$ _____	
Other	\$ _____	Describe _____

6. Clothing

7. Furs and Jewelry
(list the type of jewelry and include costume jewelry)

8. Firearms, sports, photography and other hobby equipment. **(Be specific and list separately)**

9. Insurance policies. List company and cash value.

10. Annuities.

11. Retirement plans **(Specify if it is a IRA, 401K etc.)**

12. Stocks and interest in incorporated or unincorporated businesses.

13. Interests in partnerships and joint ventures.

14. Government and corporate bonds and other negotiable and non-negotiable instruments.

15. Accounts receivables.

16. Alimony, support or property settlements which you are or may be entitled to.

17. Any other debts owed to you including **TAX REFUNDS.**

18. Equitable or future interests, life estates in property and other rights or powers that may be exercised by you.

19. Interest in an estate of someone who has died, death benefit plan, life insurance or trust.

20. Any debt that may be owed to you even if you are not sure how much it may be. (Example: someone injured you in a car wreck and you have not filed suit yet)

21. Patents, copyrights or other intellectual property.

22. Licenses, franchises, other intangible property.

23. Automobiles, trucks, trailers and other vehicles. (Please indicate the model type such as LX, DX, LE etc.)

Make _____ Model _____ Year _____ Miles _____ Value _____

Make _____ Model _____ Year _____ Miles _____ Value _____

Make _____ Model _____ Year _____ Miles _____ Value _____

Make _____ Model _____ Year _____ Miles _____ Value _____

24. Boats, motors and accessories.

25. Aircraft and accessories.

26. Office equipment, furniture and supplies.

27. Machinery, fixtures, equipment and supplies used in a business and **tools used in your trade or occupation**

28. Inventory

29. Animals

30. Crops whether growing or harvested.

31. Farming equipment and implements.

32. Farm supplies, chemicals and feed.

33. Other personal property of any kind that you have not listed above.

Section D

Your Creditors

LIST OF SECURED CREDITORS

(Car Loans, some purchases on department store cards, furniture purchases etc.)

Additional space available on back of this page.

Creditor Name & Address	Account number	Describe the collateral	Amount owed and Value of the Collateral	Co debtor Name & address
List Original creditor first then Collection Agency in next box with a complete mailing address for both.				
Account Number _____ Name _____ Address _____ City _____ State _____ Zip _____			\$ _____ Amount Owed \$ _____ Value	
Account Number _____ Name _____ Address _____ City _____ State _____ Zip _____			\$ _____ Amount Owed \$ _____ Value	
Account Number _____ Name _____ Address _____ City _____ State _____ Zip _____			\$ _____ Amount Owed \$ _____ Value	
Account Number _____ Name _____ Address _____ City _____ State _____ Zip _____			\$ _____ Amount Owed \$ _____ Value	
Account Number _____ Name _____ Address _____ City _____ State _____ Zip _____			\$ _____ Amount Owed \$ _____ Value	

LIST OF UNSECURED CREDITORS

(Credit Cards, Medical Bills, Utilities, etc. Most debts will be listed here)

Additional space available on back of this page.

List Original creditor first then any Collection Agency in the next box with a complete mailing address for both.

Creditor Name, Address & Account number	Type of debt	Amount Owed	Co-Debtor name and address, if any.
Account Number _____ Name _____ Address _____ City _____ State _____ Zip _____			
Account Number _____ Name _____ Address _____ City _____ State _____ Zip _____			
Account Number _____ Name _____ Address _____ City _____ State _____ Zip _____			
Account Number _____ Name _____ Address _____ City _____ State _____ Zip _____			
Account Number _____ Name _____ Address _____ City _____ State _____ Zip _____			

LIST OF UNSECURED CREDITORS

Creditor Name, Address & Account number	Type of debt	Amount owed	Codebtor Name & address
Account Number _____ Name _____ Address _____ City _____ State _____ Zip _____			
Account Number _____ Name _____ Address _____ City _____ State _____ Zip _____			
Account Number _____ Name _____ Address _____ City _____ State _____ Zip _____			
Account Number _____ Name _____ Address _____ City _____ State _____ Zip _____			
Account Number _____ Name _____ Address _____ City _____ State _____ Zip _____			
Account Number _____ Name _____ Address _____ City _____ State _____ Zip _____			
Account Number _____ Name _____ Address _____ City _____ State _____ Zip _____ Account Number _____			

Name _____ Address _____ City _____ State _____ Zip _____			
Account Number _____ Name _____ Address _____ City _____ State _____ Zip _____			
Account Number _____ Name _____ Address _____ City _____ State _____ Zip _____			
Account Number _____ Name _____ Address _____ City _____ State _____ Zip _____			

TAX DEBTS

Federal Taxes	amount owed	When Return Filed/Comments
Year _____	_____	_____
Year _____	_____	_____
Year _____	_____	_____
Year _____	_____	_____
State Taxes		
Year _____	_____	_____
Year _____	_____	_____
Year _____	_____	_____
Year _____	_____	_____

Section E

Income and Expenses

SELF

SPOUSE

Occupation Title _____

How Long Employed _____

Employer's Name _____

& Address _____

Hourly Rate _____

Average hours worked
per week _____

Gross monthly Income
from employment _____

Overtime _____

Deductions

a. Tax & S.S. _____

b. Union Dues _____

c. Insurance _____

d. Other _____

Describe _____

OTHER INCOME:

Business Income _____

Real Property Income _____

Interest & Dividends _____

Alimony/child support _____

Social Security _____

Unemployment _____

Pension/Retirement _____

Other _____

Specify source of other income

Do you anticipate an increase in income of 10% or more in the next year _____. If yes,
explain _____

MONTHLY EXPENSES

Rent or Mortgage _____ Second Mortgage _____

Taxes Included? Yes _____ No _____

Insurance Included? Yes _____ No _____

Electricity and heating fuel _____

Water/Sewer _____

Telephone _____

Cable TV _____

Home Maintenance _____

Food _____

Clothing _____

Laundry/Dry Cleaning _____

Medical & Dental _____

Transportation _____
(gas, oil changes, tires, maintenance)

Recreation, entertainment,
newspapers, magazines, etc. _____

Charitable Contributions and tithing _____

Homeowner Insurance _____

Life Insurance _____

Health Insurance (not deducted
from paycheck) _____

Auto Insurance _____

Other Insurance ? _____

Property Tax _____

Multnomah County Tax _____

Car Payment _____

2nd car payment _____

Other Installment Payments _____ Please describe _____

Alimony/spousal support _____

Child support _____

Business Expenses _____ (please attach detailed list of business expenses)

Haircuts/hair care _____

Toiletries _____

Bank charges/fees _____

School lunches _____

Other _____

Section F

Misc. Information

None ___ 1 Total EMPLOYMENT INCOME or business income for 2007 _____
2008 _____ 2009 Year to date _____

None ___ 2 List income from all other sources other than employment or business for the past two years. (Unemployment, child support, 401K distribution Social Security, etc.)

2007	Source of income _____	Amount \$ _____
2007	Source of Income _____	Amount \$ _____
2008	Source of income _____	Amount \$ _____
2008	Source of Income _____	Amount \$ _____
2009	Source of Income _____	Amount \$ _____
2009	Source of Income _____	Amount \$ _____

None ___ 3.a. List any creditors you have paid a total of \$600 or more to in the last three months. (For example a house payment or a car payment of \$200 per month or more or a balance transfer from one credit card to another)

Creditor _____	Dates and amount paid _____	_____	_____
Creditor _____	Dates and amount paid _____	_____	_____
Creditor _____	Dates and amount paid _____	_____	_____
Creditor _____	Dates and amount paid _____	_____	_____

None ___ 3.b. List any payment you made to family member, business partners, friends, etc. within the last year.

Name/address _____	Dates Paid _____	Amount _____
Name/address _____	Dates Paid _____	Amount _____
Name/address _____	Dates Paid _____	Amount _____

None ___ 4a. List any lawsuits you have been involved with within the last year.

Court Location _____	Case Number _____	Names of parties _____
Court Location _____	Case Number _____	Names of parties _____

None ___ 4b. Describe any property that has been garnished or seized within one year.

Creditor Name _____	Date seized or garnished _____	Amount \$ _____
Creditor Name _____	Date seized or garnished _____	Amount \$ _____
Creditor Name _____	Date seized or garnished _____	Amount \$ _____

None ___ 5.. List all property that has been repossessed, foreclosed or sold in the last year.

Creditor Name _____	Date of repo/foreclosure _____	Value of property _____
Creditor Name _____	Date of repo/foreclosure _____	Value of property _____
Creditor Name _____	Date of repo/foreclosure _____	Value of property _____

None ___ 6a. Describe any property that has been assigned for the benefit of any creditor within the last 120 days such as a wage assignment.

Creditor Name _____ Describe Property assigned _____

None____ **6b. List any property that has been in the hands of a receiver, custodian or court-appointed individual within the last year.**

None____ **7. List all gifts or charitable contributions, including tithing to a church, made within the last year except for gifts of \$100 or less made to family members.**

Name _____ Type of Gift _____ Value \$ _____ Date(s) _____
Address: _____

Name _____ Type of Gift _____ Value \$ _____ Date(s) _____
Address: _____

None____ **8. List all losses from fire, theft, other casualty or gambling within the last year. Please list the value of the item(s) and when and where the loss occurred.**

None____ **9. List any payments or transfer of property made to anyone for consultation concerning debt consolidation or bankruptcy. (i.e. Consumer Credit, attorneys, paralegals)**

Name Brian Wheeler _____ Dates _____ Amounts _____

Name _____ Dates _____ Amounts _____

None____ **10. List any property of any kind you have transferred for any reason other than in the normal course of your affairs within the last year. (For example selling or trading in a car.)**

Type of Property _____ Date transferred or sold _____ Value received _____ Name of buyer/transferee _____

Type of Property _____ Date transferred or sold _____ Value received _____ Name of buyer/transferee _____

None____ **11. List all financial accounts (checking, savings, brokerage accounts etc.) closed within the last year. Please list the address of your branch.**

Name of Bank/Institution _____

Address _____

Type of Account _____

Date Account Closed _____ Final balance when closed \$ _____

Name of Bank/Institution _____

Address _____

Type of Account _____

Date Account Closed _____ Final balance when closed \$ _____

None____ **12. List any safe deposit boxes you have.**

Name of Bank _____ Address _____

Describe Contents _____ Names of other people with access _____

Name of Bank _____ Address _____

Describe Contents _____ Names of other people with access _____

None____ **13. List any setoffs made by any creditor against a debt or deposit of yours within the last 90 days. (For example a tax refund being applied to a tax debt)**

Name of creditor _____ Date of Setoff _____ Amount taken\$ _____
Name of creditor _____ Date of Setoff _____ Amount taken\$ _____

None ____ **14. List any property you are borrowing, keeping or holding for another person. Include the name and address of the owner and the description and value of the property. (for example, are you borrowing a car?)**

None ____ **15. List all other addresses you have lived at for the last two years. Include the dates at each address and the name you used there.**

None ____ **16. List any businesses you have owned or operated in the past two years. Date**

Name of Business _____ Address _____
Dates of operation _____ Type of Business _____
Name of Business _____ Address _____
Dates of operation _____ Type of Business _____

None ____ **17. List the names and ages of all your dependents and their relation to you. .**

Name _____ Age _____ Relation to You _____
Name _____ Age _____ Relation to You _____
Name _____ Age _____ Relation to You _____
Name _____ Age _____ Relation to You _____

None ____ **18. Are there any liens of any kind on your home or other property including your belongings? If so, please list the liens below.**

None ____ **19. Do you have any leases, rent to own agreements or other contracts? If yes, list name and address of other party and type of lease or contract.**

None ____ **20. Have your ever received an inheritance or do you think you may receive an inheritance within the next year.**

None ____ **21. Do you have a 401K loan or a loan against any other retirement plan? If so please provide the name and address of the company where the payments are sent.**

None ____ **22. Have you ever owned a house or land other than any property you listed on page one? If so, what happened to the property?**

None ____ **23. Have you bought a car in the last 2 ½ years.**

None_____ 24. Do you owe any money to friends, family members, business associates or acquaintances that you did not list in your list of creditors? If so, please list here.

None_____ 25. Have you transferred ownership interest in any real property (house, land) or personal property to anyone for any reason in the last 4 years?

Please note that I must have an opportunity to review this completed questionnaire before I can agree to represent you in your bankruptcy case. For chapter 7 cases, I will not be able to file your case with the court until all filing fees and attorney fees are paid in full. Attorney fees average \$1,079 for most chapter 7 cases but can be higher in more complex cases. You can make payments to me prior to filing your case and I will hold your money in trust until you are ready to file. If you decide to not proceed with your case, or delay the filing of your case beyond 90 days from the date you sign below, I have the right to charge you for all work done up to the date I close your file. All such work will be billed at the rate of \$285.00 per hour in increments of 1/10 of an hour.

By signing below you agree to receive correspondence, copies of documents and court notices from my office via the primary email address listed on the first page of this questionnaire and also acknowledge that the information contained in this worksheet that you provided is true and accurate to the best of your knowledge.

/s/ _____
Potential Client Signature Date

/s/ _____
Potential Client Signature Date

**LIST OF NECESSARY DOCUMENTS TO BRING WITH YOU
WILL YOU DOES BRIAN WRITING TO MY WILL WHEN YOU DROP OFF
THIS WORKSHEET**

**PLEASE DO NOT STAPLE DOCUMENTS. PLEASE PAPER CLIP
DOCUMENTS TOGETHER IF NEEDED**

1. 7 months of pay stubs or other proof of income for each person.
2. 2008 and 2009 tax returns (if not filed yet, year-end paystubs or W-2 forms will work)
3. Bank statements for last 7 months.
4. Most recent property tax statement if you own a house or land.
5. Vehicle registration for all vehicles.
6. 401K, pension plan or IRA statement showing balance in each account.
7. Copy of any divorce decree or property settlement agreement within last 5 years.
8. Copy of most recent statement for each creditor if available.
9. IRS authorization form (next page)

Tax Information Authorization

▶ **Do not use this form to request a copy or transcript of your tax return.
 Instead, use Form 4506 or Form 4506-T.**

OMB No. 1545-1165

For IRS Use Only

Received by: _____

Name _____

Telephone () _____

Function _____

Date / / _____

1 Taxpayer information. Taxpayer(s) must sign and date this form on line 7.

Taxpayer name(s) and address (type or print)	Social security number(s) : : _____ : : _____	Employer identification number : _____
	Daytime telephone number () _____	Plan number (if applicable) _____

2 Appointee. If you wish to name more than one appointee, attach a list to this form.

Name and address	CAF No. _____ Telephone No. _____ Fax No. _____ Check if new: Address <input type="checkbox"/> Telephone No. <input type="checkbox"/> Fax No. <input type="checkbox"/>
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3 Tax matters. The appointee is authorized to inspect and/or receive confidential tax information in any office of the IRS for the tax matters listed on this line. Do not use Form 8821 to request copies of tax returns.

(a) Type of Tax (Income, Employment, Excise, etc.) or Civil Penalty	(b) Tax Form Number (1040, 941, 720, etc.)	(c) Year(s) or Period(s) (see the instructions for line 3)	(d) Specific Tax Matters (see instr.)

4 Specific use not recorded on Centralized Authorization File (CAF). If the tax information authorization is for a specific use not recorded on CAF, check this box. See the instructions on page 3. If you check this box, skip lines 5 and 6 .▶

5 Disclosure of tax information (you **must** check a box on line 5a or 5b unless the box on line 4 is checked):

- a** If you want copies of tax information, notices, and other written communications sent to the appointee on an ongoing basis, check this box▶
- b** If you do not want any copies of notices or communications sent to your appointee, check this box▶

6 Retention/revocation of tax information authorizations. This tax information authorization automatically revokes all prior authorizations for the same tax matters you listed on line 3 above unless you checked the box on line 4. If you do not want to revoke a prior tax information authorization, you **must** attach a copy of any authorizations you want to remain in effect **and** check this box▶

To revoke this tax information authorization, see the instructions on page 3.

7 Signature of taxpayer(s). If a tax matter applies to a joint return, **either** husband or wife must sign. If signed by a corporate officer, partner, guardian, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute this form with respect to the tax matters/periods on line 3 above.

▶ **IF NOT SIGNED AND DATED, THIS TAX INFORMATION AUTHORIZATION WILL BE RETURNED.**

 Signature Date

 Signature Date

 Print Name Title (if applicable)

 Print Name Title (if applicable)

PIN number for electronic signature

PIN number for electronic signature