

While you can begin work on this questionnaire at any time and save your progress until you are ready to submit it to us, Olsen, Olsen & Daines respectfully requests that you not email this questionnaire to our office until we have spoken with you, quoted you a fee and you have paid our office the fees necessary to file the case.

It is important that information contained in the questionnaire be current at the time it is sent to our office. If it is sent to us before we have been paid the fees necessary to file the case we will likely need to have you redo the paperwork. This can be frustrating for clients so we request that you wait to send it to us until we have the fees to file the case. The court requires that the paperwork we prepare be based on current information. You can of course retain our office before this questionnaire is submitted and then refer creditors to our office.

DO NOT SEND THIS QUESTIONNAIRE UNTIL:

- You have spoken with an attorney from our office and gone over your situation
- You have been quoted a fee and have paid the sum requested in order to file your case
- The questionnaire is completely filled out
- It is sent with the other documents requested including proof of income for last seven months, last two years tax returns and last two months bank statements.
- It is being sent at or around the time you have or will be taking the first Consumer Counseling Class

Remember you can always call or email us with your questions!

Olsen Olsen & Daines

OLSEN, OLSEN & DAINES
Attorneys at Law
Document Checklist and Questionnaire

The law requires we verify the information on your questionnaire. We must have complete information to file your case.

- ___ 1. Proof of ALL income (pay stubs, child support, social security, etc.) in the last seven months. If self-employed, include monthly breakdown of all business income and expenses. You must continue to send pay stubs as you receive them before the case is filed! (May be faxed or emailed).
- ___ 2. **Copies** of your last two years state and federal tax returns including W-2's.
- ___ 3. **Copies** of your last two months bank and credit union statements. Continue to send current statements until your case is filed.
- ___ 4. **Copy** of credit counseling certificate. Call Money Management (877-895-2227) or visit www.cricketdebt.com to complete your certificate. Must be completed at least 24 hours before filing and within last 6 months.
- ___ 5. Signed fee agreement and payment of fees.
- ___ 6. This year's county property tax statement. Only applicable if you own or are purchasing a home, manufactured home, or land.
- ___ 7. After your case is filed complete the second debtor education course with Evergreen Debt by calling (800-581-3513) or visit www.evergreendebt.com.

IMPORTANT: SEND COPIES ONLY! DO NOT SEND ORIGINAL DOCUMENTS.

Email or call your paralegal (marked below) for help with the questionnaire:

Gina
randermatt@olsendaines.com
7

Sherie
scoila@olsendaines.com
P, B, NOC, Pend.

Mary
mmorris@olsendaines.com
P/7

Miki
mreinen@olsendaines.com
G, M, K-Falls

Tahleah
tmontgomery@olsendaines.com
Washington 13

Jennifer
jcampbell@olsendaines.com
R, S

Takara
tsieroslaw@olsendaines.com
Washington 7

Angela
aclark@olsendaines.com
A, E, SOC

OLSEN, OLSEN & DAINES
1-800-682-9568

“See our website at www.olsendaines.com for more information”

ANSWER ALL QUESTIONS COMPLETELY

ERIC W. OLSEN
LARS H. OLSEN
REX K. DAINES
KEVIN D. SWARTZ
KEITH D. KARNES
D. NEAL PETON
MATTHEW A CASPER
DWAYNE R. MURRAY, of counsel

CONTACT INFO

Salem 503-362-9393
Elsewhere 800-682-9568
Fax 503-362-1375

info@olsendaines.com

BANKRUPTCY QUESTIONNAIRE

1. Full name: FIRST MIDDLE LAST

A. Debtor (Husband, if married): _____

SSN# _____ Date of Birth: _____ Driver's License No: _____

Joint Debtor (Wife, if married): _____

SSN# _____ Date of Birth: _____ Driver's License No: _____

Email addresses: _____

B. Other names used within past six years? Yes / No (do not list maiden name if no debts are in that name) If yes, list:

C. Business Name(s): _____

D. Home Street address: _____

E. Mailing address: _____

How long have you been living in this State? _____ You must be in the State for at least 90 days prior to filing bankruptcy.

Debtor work # _____ Joint Debtor work # _____ Home # _____ AND

Cell phone, message or emergency # _____ County of residence: _____

F. Name, address, and phone number of someone who will know where you are if we need to contact you within five years:

G. Marital Status: Single, Married, Separated, Divorced: _____

Children or Dependents **that reside with you** (Names and Ages):

Name: _____ Age: _____ Name: _____ Age: _____

Name: _____ Age: _____ Name: _____ Age: _____

Name: _____ Age: _____ Name: _____ Age: _____

2. Prior bankruptcy filed? Yes / No If yes, where? _____

Year filed and month: _____ Discharge obtained? _____

Case number, if known: _____ Chapter filed: _____

3. Date Questionnaire Completed: _____

ANSWER ALL QUESTIONS COMPLETELY

4. Occupation:

- A. Debtor's occupation is: (example - Teacher) _____
Where employed now? _____ How long employed? _____
Address of Employer: _____
Pay period (**IMPORTANT**): Monthly/ Twice a month/ Every other week/ Weekly _____
Exact day(s) of the month you are paid _____
Exact take-home pay per pay period or accurate average: \$ _____ Salary/hourly wage \$ _____
Name and phone number of payroll clerk: _____
Is this income steady? Yes / No. If no, explain why not, including when it is higher or lower and by approximately how much. _____
- B. Joint Debtor's occupation is (example - Teacher) _____
If not employed, do you anticipate employment, and when? _____
Where employed now: _____ How long employed? _____
Address of Employer: _____
Pay period (**IMPORTANT**): Monthly/ Twice a month/ Every other week/ Weekly _____
Exact day(s) of the month you are paid: _____
Exact take-home pay per pay period or accurate average: \$ _____ Salary/hourly wage: \$ _____
Name and phone number of payroll clerk: _____
Is this income steady? Yes / No. If no, explain why not, including when it is higher or lower and by approximately how much. _____
- C. Are debts primarily business or consumer debts? _____

5. Real Property or Mobile Home: Does your name show up on deeds to any land or real property anywhere in the world? If so, please give the information below:

- A. Are you purchasing or do you own REAL PROPERTY? Yes / No
Please Circle One: Land with home or bare land, **OR** a Mobile Home with land or a Mobile Home in park.
Address of property: _____
Tax Assessed Value (**necessary**): \$ _____ Year of assessment: _____
When purchased? _____ Amount purchased for: _____
Your estimate of its full market value: \$ _____
Do you owe property taxes? Yes / No If yes, how much and for what year(s): _____
Are your property taxes included in your mortgage payment? Yes / No
Which County? _____

ANSWER ALL QUESTIONS COMPLETELY

B. DO YOU WANT TO RETAIN HOME? YES / NO

First mortgage monthly payment: \$ _____ Loan # _____

How much behind? \$ _____ Balance owed: \$ _____ Interest Rate: _____

Name and address of lender: _____

Foreclosure Date: (if any) _____

Second mortgage monthly payment: \$ _____ Loan # _____

How much behind? \$ _____ Balance owed: \$ _____ Interest Rate: _____

Name and address of lender: _____

Foreclosure Date: (if any) _____

Third mortgage: add same information on attached sheet

C. Do you have another piece of real property? Yes / No If yes, attach sheet with above details.

6. Bank Information:

A. Safe deposit box? Yes / No If yes, where? _____

What are contents? Any valuables? If yes, explain: _____

B. Bank Accounts:

	Name of Bank	Branch	Savings/Checking	Average Balance
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

WE ADVISE CLIENTS TO CLOSE OUT ALL CREDIT UNION ACCOUNTS BEFORE FILING BANKRUPTCY OR LEAVE IN MINIMUM BALANCE IF THEY OWE MONEY TO THE CREDIT UNION

7. Do you have a security deposit with a utility or landlord? Yes / No

How much is refundable and with whom? _____

8. Your estimate value of the following (auction or garage sale value):

household goods / including audio, video, and computer equipment _____

books, pictures, art objects, antiques, stamp, coin, record, tape, cd,
or other collections _____

wearing apparel _____

furs and jewelry _____

sports, photographic, and other hobby equipment _____

9. Do you own any GUNS? Yes / No If yes, list each one. Describe whether it is a rifle, shot gun, or pistol with its respective

value: _____

ANSWER ALL QUESTIONS COMPLETELY

10. Do you have LIFE INSURANCE? Yes / No Term / Whole life (Whole Life means it has cash value) Value: \$_____ What company? _____
11. Do you have an annuity? Yes / No If yes, describe: _____
12. Do you have a RETIREMENT FUND with any employer, past or present? Yes / No
If yes, itemize and how much: _____
Do you have a LOAN against any retirement fund, and if yes, how much? _____
13. Do you own any STOCKS OR BONDS other than retirement? Yes / No Value: \$ _____
What company? _____
14. Do you have an interest in a partnership / joint venture? Yes / No
If yes, itemize: _____
15. Do you have government bonds or negotiable instruments? Yes / No
If yes, itemize: _____
16. Does anyone owe you any money or accounts receivable? Yes / No
If yes, itemize: _____
17. Are you entitled to past-due child support / alimony? Yes / No
If yes, state how much you are due and from whom? _____
18. Are you entitled to an equitable or future interest, life estate, interest in an insurance policy, trust or any other claim of every nature - patent, copyright, license, franchise, or other intangible? Yes / No If yes, describe: _____

19. Do you have a claim for PERSONAL INJURY or WORKERS' COMP? Yes / No If yes, list the name, address, and phone number of the attorney who represents you and what you believe to be the value of your claim: _____

20. **Please Complete All Information Describing Your Vehicle(s)**

Year	Make	Model	No. of Cylinders	Style	No. of Doors	Mileage	Est. Value	Name(s) on Title

21. Do you own a boat, motorcycle, camper, trailer, aircraft, or more than four cars not listed in prior question: Yes/ No If yes, list what and value (attach sheet if necessary): _____

ANSWER ALL QUESTIONS COMPLETELY

22. Do you have any office equipment, fixtures, or supplies used in business? Yes / No If yes, describe and list values:

23. Do you have inventory in the business? _____

24. Do you own any animals with a total value over \$300.00? Yes / No If so, describe type of animal and its value. _____

25. Do you have any crops, farming equipment, and supplies? Yes / No If yes describe and what is your estimate of value?

26. Do you have any UNUSUAL ASSETS, SUCH AS ANTIQUE COLLECTIONS, COIN OR STAMP COLLECTIONS ETC.

Yes / No If yes, please describe with your estimate of value. _____

27. Has anyone left you an INHERITANCE? Yes / No If yes, who and how much? Please provide particulars _____

28. Do you anticipate anyone dying and leaving you an inheritance within the next 6 months? Yes / No. If yes, describe and consult with our office _____

29. Do you have any OTHER ASSETS not listed here of significant value, for example, tools, art collection, equipment, trailer, boat, **Manufactured home or Mobile Home** etc.? Yes / No If yes, please provide particulars with your estimate of value (attach list if necessary) _____

30. **Taxes:**

A. Are you entitled to a tax refund? This includes next year if you are filing Bankruptcy after September 1.

Yes/No **MUST ANSWER**, estimate if necessary.

If yes, how much? Federal \$ _____ State \$ _____

In which state were tax returns filed for last two years? _____

If your tax refunds are over \$500.00 the trustee may claim the refund. Discuss this with the attorney.

ANSWER ALL QUESTIONS COMPLETELY

- B. Did you receive a tax refund in the last two years? Yes / No If yes, what year and how much received?
 Federal - Year: 2008 Amount: \$ _____ Federal - Year: 2007 Amount: \$ _____
 State - Year: 2008 Amount: \$ _____ State - Year: 2007 Amount: \$ _____
 Homeowners - \$ _____

31. **TAXES OWING** (Estimate if exact amounts are not known. **HOWEVER YEARS AND DATES MUST ACCURATE.**

Year	Returns Filed	Amount Owing IRS	Amount Owing State	Amount Owing Other State	Lien Filed
2008	Yes / No				Yes / No
2007	Yes / No				Yes / No
2006	Yes / No				Yes / No
2005	Yes / No				Yes / No
2004	Yes / No				Yes / No
2003	Yes / No				Yes / No
2002	Yes / No				Yes / No
2001	Yes / No				Yes / No

Continue on in earlier years if returns have not been filed or if taxes remain owing.

- A. Are you anticipating owing taxes for the next calendar year? Yes / No If yes, how much? _____ If you will not be able to pay this sum you should contact your attorney or the appropriate paralegal regarding options prior to this bankruptcy case being filed.
- B. Was a tax return **filed late**? Yes / No, give us the tax year; and day, month, and year the return was filed?

- C. Was a tax return **filed by the IRS or State Taxing Agency on your behalf**? Yes / No If so, what tax agency and what year? _____

ATTACH A COPY OF ANY AND ALL DOCUMENTS RELATING TO TAXES OWED!

BE SURE TO FILLOUT THE FOLLOWING PAGES AS CLEARLY AND ACCURATELY AS POSSIBLE MISSING, ILLEGIBLE OR INCOMPLETE INFORMATION MAY DELAY PROCESSING YOUR PETITION

32. SECURED LOANS (IMPORTANT - FILL OUT COMPLETELY REGARDLESS OF WHETHER YOU ARE KEEPING OR SURRENDERING PROPERTY) (i.e., car, furniture, jewelry, property taxes, home, etc.). **PLEASE REMEMBER WE CANNOT LIST ANY CREDITOR UNLESS WE HAVE FULL COMPLETE ADDRESSES WITH ZIP CODES**

Description and Date Acquired	EXAMPLE: 1984 Chevrolet Citation				
Name of Creditor	US Bank				
Address of Creditor	123 Main St Santa Monica, CA 90406				
Date of the loan	12/01/2009				
Loan Number if Available	#12345678				
Interest Rate	9%				
Value	\$1,000.00				
Current Balance	\$3,400.00				
Amount of Monthly Payment	\$300.00				
How Many Months Behind?	3 months				
Do you want to keep items?	Yes				
Is there a cosigner? If yes, name, address and relationship	John Doe 1 Oak Street Salem, OR				

PLEASE REMEMBER WE CANNOT LIST ANY CREDITOR
UNLESS WE HAVE FULL COMPLETE ADDRESSES WITH ZIP CODES

UNSECURED CREDITORS

(Example: Medical bills, charge cards,
unsecured loans, utility bills, etc.)

**PLEASE SPECIFY IF DEBT IS A BUSINESS DEBT.
PLEASE, PRINT, AND FILL IN ADDRESSES FULLY AND CAREFULLY,
LIST THE TOTAL AMOUNT DUE, NOT THE MONTHLY PAYMENT. INCLUDE ACCOUNT NUMBER!**

NAME & ADDRESS OF CREDITOR	ACCOUNT NUMBER	TYPE OF DEBT AND YEARS INCURRED (Medical, Credit Card, Collection, etc.)	AMOUNT OWED	CO-SIGNER

PLEASE COMPLETE THIS SECTION - YOUR BANKRUPTCY CANNOT BE FILED WITHOUT THIS INFORMATION!!!

33. Past Gross Income:

Debtor: Year To Date Income: \$ _____ Where Employed? _____
 Last calendar year: \$ _____ Where employed? _____
 Previous year: \$ _____ Where employed? _____
 Joint Debtor: Year To Date Income: \$ _____ Where Employed? _____
 Last calendar year: \$ _____ Where employed? _____
 Previous year: \$ _____ Where employed? _____

34. Do you have a LEASE of real property (land or building) or personal property or a TIME SHARE? Yes / No If yes, list name and address of other party to lease or agreement and description of contract or lease including balance owed and payment. _____

35. Have you paid any single creditor over \$600.00 in the last 90 days? Yes / No. If so, describe each creditor and how much you paid. (This includes money that has been garnished from you) _____

36. Have you paid a RELATIVE any money, assets or property in the last year? Yes / No. If yes, please give name and address, date of payment, amount paid, and amount still owed. _____

37. Any lawsuits or judgments pending against you? Yes / No If yes, list below:

Fill Out Completely

Name of creditor or party suing you	County	Case number	Judgment	How much owed?
1. _____	_____	_____	Yes / No	\$ _____
Address: _____				
2. _____	_____	_____	Yes / No	\$ _____
Address: _____				
3. _____	_____	_____	Yes / No	\$ _____
Address: _____				
4. _____	_____	_____	Yes / No	\$ _____
Address: _____				
5. _____	_____	_____	Yes / No	\$ _____
Address: _____				

PLEASE ATTACH A COPY OF ANY COMPLAINT OR SUMMONS FOR EACH CASE.

38. Have your wages been GARNISHED within one year? Yes / No If yes, provide all particulars, (including **who, how much, dates taken, and from whose check.**) _____

39. Anything REPOSSESSED, deed in lieu of foreclosure, or return to seller within the last year? Yes / No If yes, provide name, address of creditor, date of transfer, description and value of property transferred or repossessed _____

40. Have you TRANSFERRED any property or money to any creditor within 120 days? Yes / No If yes, describe transfer, date, and terms. _____

41. Please list all BANK OR CREDIT UNION ACCOUNTS CLOSED in the last year. (Include name of bank, full address, type of account, and the date closed.) _____

42. Have you made a GIFT of property to a family member OR charitable contribution other than an ordinary or usual gift within the last year? Yes / No If yes, please provide particulars: _____

43. Any gambling, fire, casualty or theft losses within last year? Yes / No If yes, describe any insurance collected within the last year? Yes / No If yes, explain on an attached sheet. _____

44. List all payments made or transferred to any person, including attorney other than the Olsen Law firm for consultation concerning debt consolidation, or bankruptcy within the last year? _____

45. Have you TRANSFERRED or sold any other property in the last year? Yes / No If yes, describe: (Include any sale of home, car, etc. **Name, Address, Amount Sold For, Description of what was sold**) _____

46. Any set off, credit or discount by any creditor in last 90 days? Yes / No If yes, explain: _____

47. Do you HOLD PROPERTY (car, boat, furniture, etc.) for another person? Yes / No If yes, explain the circumstances, who, what, where, and when _____

48. Have you received a notice of an Environmental or Hazardous Material release by any governmental unit? Yes / No If yes, explain _____

49. Have you been married to a spouse other than the spouse listed in question 1(a) above in the last 8 years? Yes / No If yes, list the name of the spouse, what state(s) you resided in when married and what years you were married (**Even if not now married!**): _____

50. List the name and complete address of anyone you owe child support, spousal support or allimony: _____

51. Prior address for last three years:

	Prior Address	Date of Occupancy
1.	_____ _____ _____	_____ to _____
2.	_____ _____ _____	_____ to _____
3.	_____ _____ _____	_____ to _____

52. Are you engaged in a business of ANY size? Yes / No ***IF YES, YOU MUST REQUEST A STATEMENT OF AFFAIRS FOR DEBTOR ENGAGED IN BUSINESS FROM THIS OFFICE***, if not already furnished.

53. Have you been engaged in any business within the past 6 years? Yes / No If yes, please describe including **name, type of business and dates of operation** _____

54. In business as a partner in the last six years? Yes / No If yes, indicate where, dates, with whom, and when terminated:

55. Are you now operating your own business? Yes / No If yes, name of business, _____

56. Briefly describe nature of business: _____

PLEASE COMPLETE ATTACHED BUDGET AS COMPLETELY AND ACCURATELY AS POSSIBLE:
BUDGET IS CALCULATED MONTHLY, IF PAID WEEKLY OR BI-WEEKLY PLEASE CALCULATE WITH
YOUR ENTIRE MONTHLY GROSS INCOME!

INCOME

Employment Income:	Debtor	Joint Debtor
Current Monthly Gross Income	\$ _____	\$ _____
Estimate Monthly Overtime	\$ _____	\$ _____
Subtotal of Wages	\$ _____	\$ _____
Deductions:		
State & Federal Taxes, FICA, SSI etc.	\$ _____	\$ _____
Insurance	\$ _____	\$ _____
Union Dues	\$ _____	\$ _____
Other Deductions (SPECIFY) _____ _____	\$ _____	\$ _____
Subtotal of Deductions	\$ _____	\$ _____
Income from operation of Business, Profession, or Farming	\$ _____	\$ _____
Income from Real Property	\$ _____	\$ _____
Interest & Dividends	\$ _____	\$ _____
Alimony, Child Support paid to you for dependents in your care.	\$ _____	\$ _____
Social Security, or Government Assistance (PLEASE SPECIFY)	\$ _____	\$ _____
Pension	\$ _____	\$ _____
Any Other Monthly Income (SPECIFY)	\$ _____	\$ _____

Do you expect any significant income changes in the next 24 months?

EXPENSES

Rent or Mortgage Payments (Include Space Rent) \$ _____
Are real estate taxes included in payment? Yes___ No___
Is property insurance included in payment? Yes___ No___

UTILITIES:

Electricity & Heating Cost (gas, electric, oil) \$ _____
Water & Sewer \$ _____
Telephone \$ _____
Garbage, cable, satellite, cell phone, alarm system, PO Box, internet, (CIRCLE all that apply) \$ _____

Child care expenses \$ _____

Home Maintenance \$ _____

Food \$ _____

Clothing Purchases \$ _____

Laundry & Dry Cleaning Expenses \$ _____

Medical & Dental Expenses \$ _____

Transportation Expenses \$ _____

Recreation & Entertainment \$ _____

Charitable Contributions \$ _____

If more than \$50 per month, list name & address of recipient:

INSURANCE:

Homeowners or Renters \$ _____
Life \$ _____
Health \$ _____
Auto \$ _____
Other (SPECIFY) \$ _____
Taxes (property taxes, self employment taxes) \$ _____

INSTALLMENT PAYMENTS:

Auto #1 \$ _____
Auto #2 \$ _____
Other (SPECIFY) _____ \$ _____

Alimony or Support Payments paid to others \$ _____

Regular expenses from operation of business etc. \$ _____

Do you expect any significant expense changes in the next 24 months?

Notes and Supplementary Information

when finished please email to
<mailto:rec@olsendaines.com>