

Client Questionnaire

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Section 1 ~ Basic Information

Part A. Name and Address

Name: _____
First Middle Last

Social Security Number: ____ - ____ - ____

Have you used any other names in the past 8 years? ___ No ___ Yes

If yes, list other names: _____

Telephone Numbers: Home: _____ Work: _____

Cell: _____

Email Address: _____

Home Address: _____

City: _____ State: _____ Zip: _____

County: _____

Have you lived at this address for at least 180 days (6 months)? ___ No ___ Yes

Have you lived at this address for at least 730 days (2 years)? ___ No ___ Yes

If you answered no to either of the questions above, please list your previous address:

Address: _____

City: _____ State: _____ Zip: _____

County: _____

If you have a different *mailing* address, please list:

Mailing Address: _____

City: _____ State: _____ Zip: _____

Part B: Name and Address of Spouse

If you are filing jointly with your spouse, fill in the following information:

Name: _____
First *Middle* *Last*

Social Security Number: _____ - _____ - _____

Have your spouse used any other names in the past 8 years? ___No ___Yes

If yes, list other names: _____

Telephone Numbers: Home: _____ Work: _____
Cell: _____

Email Address: _____

If your spouse has a different *home* address, please list:

Home Address: _____

City: _____ State: _____ Zip: _____

County: _____

If your spouse has a different *mailing* address, please list:

Mailing Address: _____

City: _____ State: _____ Zip: _____

Part C. Prior/Pending Bankruptcy Cases

Have you and/or your spouse filed a bankruptcy case in the last 8 years? ___No ___Yes

If yes, in which district of which state was the case filed?

District: _____ State: _____

Case Number: _____ Date Filed: _____ Judge: _____

Are there currently any bankruptcy cases pending against you, your business, your spouse, or your spouse's business? ___No ___Yes

If yes, in which district of which state was the case filed?

Name of the Debtor: _____

Relationship to you: _____

District: _____ State: _____

Case Number: _____ Date Filed: _____ Judge: _____

Do you own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety? ___No ___Yes (If yes, attach a list and description of property)

Part D. Clients Who Reside as Tenants (Renters) of Residential Property

If you rent your home, does a landlord hold a judgment against you? (i.e. have you been involved in an unlawful detainer [eviction] with your current landlord?) ___No ___Yes

If yes, please provide the name and address of the landlord:

Name of landlord: _____

Address: _____

City: _____ State: _____ Zip: _____

Section 2 ~ Property

Part A. Real Estate

List all real estate which you own or are a joint owner of, even if you still owe money on the property.

Address & Description of Property	Husband, Wife, Joint, or Community	Your % of Ownership	* Value of Property	1. \$ Amount of loans, liens, or mortgages? 2. Name & Address of <i>ALL</i> lien holders 3. Monthly payment amount? 4. How many payments are left?

If you do not know the value of your property, call a realtor and tell them you are considering listing the property for sale. They will give you a *free* CMA Report. *Don't tell them you are thinking about filing a bankruptcy.

Part B. Personal Property

Indicate whether you own any property in each category listed below. If you do, fill in the remaining information. *Think of value in the terms of replacement value. For property acquired for personal or family use, replacement value is the price a retail merchant would charge for items of that kinds, considering the age and condition of those items.*

Type of Property	Yes/No	Description & Location	Husband, Wife, Joint, or Community	Value
1. Cash on Hand (including in your pocket, wallet, home, or anywhere else)				
2. Checking/Savings Accounts, Certificates of Deposits, Other Bank Accounts (actual balances whether checks have cleared or not)				
3. Security Deposits (held by landlord, utility companies, etc)				
4. Household Goods & Furniture, including audio, video, and computer equipment (you do not need to list every item individually, we are looking for liquidation value or what it would cost to replace items at Goodwill prices)				
5. Books, Pictures, Artwork & Objects, Records, CDs, DVDs, Collectibles				
6. Clothing (you do not need to list every item individually, we are looking for liquidation value or what it would cost to replace items at Goodwill prices)				
7. Furs & Jewelry (including costume jewelry & watches)				

8. Sports, Photographic, & Hobby Equipment; Firearms				
9. Interest in insurance policies that have cash or loan values and term policies, even if policy's provided by employer				
10. Annuities				
11. Interests in Education IRA, as defined in 26 USC § 530(b)(1)				
12. Interests in Pension or Profit Sharing Plans (including 401k plans or pension plans with employer, whether vested or not)				
13. Stock and interest in business (including your own business, as well as any investments that are part of your employment package)				
14. Interests in partnerships/joint ventures				
15. Bonds (including savings, municipal, or any other type of bond)				
16. Accounts Receivables (including judgments against other parties and business accounts with unpaid balances owed to you)				
17. Alimony/Child Support to which you are entitled				
18. Other liquidated debts owed to you (including tax refunds)				
19. Equitable or future interests in life estates				

20. Interests in estate of decedent or life insurance plan of trust (including if you are entitled to an inheritance or may be entitled to in the next 6 months, even if you have not received funds or do not know how much you will receive)				
21. Other contingent/unliquidated claims (including tax refunds, personal injury claims [whether you've consulted an attorney/filed a lawsuit or not] or the right to sue for breach of contract)				
22. Patents, Copyrights, Intellectual Property, including Domain Names				
23. Licenses, Franchises				
24. Customer List or Other Compilation				
25. Automobiles, Trucks, Trailers, & Accessories (For each vehicle, list: year, make, model, miles, Kelley Blue Book value, lien holder [if any], debt owed [if any], monthly payment [if any], # of remaining payments [if any], and when it was purchased)				
26. Boats, Motors, & Accessories (See #25 - Automobiles for information needed)				
27. Aircraft & Accessories (See #25 - Automobiles for information needed)				

28. Office Equipment & Supplies				
29. Machinery, Fixtures, Etc for business use				
30. Inventory				
31. Animals (yes, this includes the beloved cat, hamster, bird, goldfish, and other domestic pets)				
32. Crops - growing or harvested				
33. Farming Equipment & Implements				
34. Farm Supplies, Chemicals, Feed				
35. Other Personal Property (of any kind not already listed)				

Section 3 ~ Current Income

It is imperative that you bring your last 6 months of pay stubs or other evidence of income from ALL sources (i.e. employment, social security, retirement, VA disability, etc, or if self-employed, a cash flow statement for the last 6 months that shows business income and expenses).

Marital Status:

Married Single Divorced Separated Widowed

List all dependants of you and your spouse (including children, other family members living with you, or other people you support that may or may not be living with you)

Name	Age	Relationship

Part A. Your Income

1. Occupation: _____

2. Employer Name & Address: _____

3. How long employed there: _____

4. Gross amount of paycheck, before taxes & other deductions are taken: \$ _____

5. How often do you get paid?

Weekly Twice a month (i.e. 1st & 15th)
 Every 2 weeks (i.e. every other Friday)
 Once a month Other: _____

Part B. Spouse's Income

2. Occupation: _____

2. Employer Name & Address: _____

3. How long employed there: _____

4. Gross amount of paycheck, before taxes & other deductions are taken: \$ _____

5. How often does your spouse get paid?

Weekly Twice a month
 Every 2 weeks
 Once a month Other: _____

Complete the questions below with your estimate of *monthly averages*.

1. Do you receive overtime pay?
 If yes, how much per month? \$ _____

1. Does your spouse receive overtime pay?
 If yes, how much per month? \$ _____

2. How much is taken out each pay period for:

Taxes/Social Security \$ _____

Insurance \$ _____

Union Dues \$ _____

2. How much is taken out each pay period for:

Taxes/Social Security \$ _____

Insurance \$ _____

Union Dues \$ _____

3. Are there other deductions? If so, what are they and how much? _____

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4. Do you receive:

4. Does your spouse receive:

a) Income from business operations outside of the paycheck above? If so, what business & how much monthly? \$ _____

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b) Income from real property?
How much monthly? \$ _____

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How much monthly? \$ _____

c) Interest/Dividends?
How much monthly? \$ _____

c) Interest/Dividends?
How much monthly? \$ _____

d) Alimony/Child Support?
How much monthly? \$ _____

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How much monthly? \$ _____

e) Social Security/Other Government Assistance?
How much monthly? \$ _____

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How much monthly? \$ _____

f) Retirement/Pension?
How much monthly? \$ _____

f) Retirement/Pension?
How much monthly? \$ _____

Do you have any other source of income not listed?

Does your spouse have any other source of income not listed?

Are you or your spouse expecting any **increase or decrease** in salary in the next year? If so, explain.

Section 4 ~ Current Expenses

Please call the utility company and see what the monthly payment would be on the budget plan.

Do you and your spouse maintain separate households? ___No ___Yes (if yes, fill one page out for your household and another for your spouse's)

The following questions ask for your expenses *each month*. If you are unsure of the amount you pay each month, but know the amount for a different period (weekly, daily, every 2 months, etc) write in the amount and frequency that you pay.

Indicate how much you pay for each item each month:

1. Rent/Mortgage \$ _____

Does this amount include real estate taxes? ___No ___Yes

Does this amount include insurance? ___No ___Yes

2. Electricity/Heating \$ _____

3. Water/Sewage \$ _____

4. Telephone Service \$ _____

5. Other Utilities (cell, cable, internet, garbage, security, etc)
_____ \$ _____
_____ \$ _____
_____ \$ _____

6. Home Maintenance/Repairs/Upkeep \$ _____

7. Food \$ _____

8. Clothing \$ _____

9. Laundry/Dry Cleaning \$ _____

10. Medical/Dental Expenses \$ _____

11. Transportation (not including car payments) \$ _____

12. Entertainment, Recreation, Newspapers, Magazines \$ _____

13. Charitable Contributions \$ _____

14. Insurance not deducted from paycheck
a) Homeowners/Renters \$ _____
b) Life \$ _____
c) Health \$ _____
d) Auto \$ _____
e) Other: _____ \$ _____

15. Taxes not deducted from paycheck

Taxes: _____ \$ _____

16. Installment payments (Car, furniture, etc [specify])

_____ \$ _____
_____ \$ _____
_____ \$ _____

17. Alimony/Maintenance/Support paid to others \$ _____

18. Payments for support of dependents not living at home \$ _____

19. Expenses from operation of business \$ _____

Additional Expenses:

20. Mandatory payroll deductions not already listed

_____ \$ _____
_____ \$ _____

21. Court ordered payments/fines

_____ \$ _____
_____ \$ _____

22. Education necessary to maintain employment \$ _____

23. Education for children under 18 years \$ _____

24. Education for physically/mentally challenged child \$ _____

25. Childcare \$ _____

26. Disability Insurance (if not listed on line 14) \$ _____

27. Health Savings Accounts \$ _____

28. Care for elderly, chronically ill, or disabled family members \$ _____

29. Protection from family violence \$ _____

30. Non-mandatory contributions to retirement accounts
(including loan repayment) \$ _____

31. Other expenses not listed above

_____ \$ _____
_____ \$ _____
_____ \$ _____