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MEMORANDUM

TO: Potential Client

FROM: Richard D. Sparkman, Attorney

RE: Instructions at Initial Interview

In order for us to complete your bankruptcy proceeding for filing with the court, it is necessary for you to provide us with the following information:

1. **Attorney's fees** of \$ _____ plus filing fee and costs of \$ _____ to be paid **IN CASH** (receipt will be provided) at or before your second appointment.
2. **Complete list of creditors** (including creditors you wish to continue to pay) with complete mailing addresses (CORRESPONDENCE ADDRESS - possibly from letters sent to you from the creditor in the last 60 days), account numbers, purpose (credit card, medical bill, mortgage, car loan, etc.) and total amount owed (see attached forms).
3. **Budget** (attached).
4. **Complete list of all furniture and appliances** (attached) with yard sale values. It is not necessary that you list everything in the house like your underwear and silverware. Simply provide us a list of major items of furniture and appliances. Out beside each item, list what you would expect to get for that item at a yard sale. You can lump all of your clothing together for probably \$300 - 500; all kitchenware for \$100; all yard tools \$100, etc. (The foregoing are simply examples of items you can "lump" together. Do not "lump" together living room suit, bedroom suit. I need you to itemize each item of furniture and appliances.) If you have expensive hobbies, collections, and such, you need to itemize those. (For example if the wife has expensive jewelry, she needs to itemize it. If the husband has expensive collection of hand tools or sports equipment, he needs to itemize it.)

5. You must supply the information Mr. Sparkman listed on your initial consultation agreement.
6. Please provide the information checked on the attached "Documents to be Provided to the Attorney".

Once you have completed the above information and have your fees available, then you need to call our office and coordinate your credit counseling session and schedule and appointment with Mary (639-6181 x221) to file your petition. You will need to tell her whether you will be filing a Chapter 7 or Chapter 13. Everyone who is filing the bankruptcy petition will need to come back for the second appointment.

RDS/mtd

Client Questionnaire For Non-Business Debtor
Section 1  Basic Information

Part A. Name and Address

Name: _____
Last First Middle

Telephone Number Home: _____ Work: _____

Have you used any other names in the past eight years? No Yes *If yes, list other names:*

Social Security Number: ____ - ____ - ____

Address: _____

City: _____ State: _____ Zip: _____

County: _____

Have you lived at this address for at least 180 days? 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 about your spouse:

Name: _____
Last First Middle

Has your spouse used any other names in the past eight years? No Yes *If yes, list other names:*

Social Security Number: ____ - ____ - ____

Address: *(if different from your 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

Has a bankruptcy case been filed by you or against you in the last 8 years? No Yes

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

Case Number: _____ Date filed: _____

Are there currently any bankruptcy cases pending against you, your business, your spouse, or your spouse's business? No Yes

If yes, name of debtor: _____ Relationship to you: _____

Case Number: _____ Date filed: _____ Judge: _____

In which district of which state was the case filed? _____

Exhibit "C" to the Voluntary Petition

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, please attach a list and description of the property.)

Debtors Who Reside as Tenants of Residential Property

If you rent your home, does a landlord hold a judgement against you? No Yes

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

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Section 5 Current Income

Marital Status:

- Married
- Single
- Divorced
- Separated
- Widowed

List all dependents of you and your spouse, their ages, and their relationship to you:

Name	Age	Relationship

Part A. Debtor's Income

1. What is your occupation? _____
2. Name and address of your employer:

3. How long have you been employed there? _____
4. What is the gross amount of your paycheck, before taxes/other deductions are taken out? \$ _____
5. How often do you get paid? once a week
 every two weeks twice a month
 once a month other _____

Complete the below questions with your estimate of monthly averages.

6. Do you receive overtime pay outside of your salary? If so, how much per month? \$ _____
7. How much is taken out of each paycheck for taxes and social security? \$ _____
8. How much is taken out for insurance? \$ _____
9. How much for union dues? \$ _____
10. Are there other deductions? If so, what are they and how much? _____

Do you receive

- a) income from business operations outside of your regular paycheck listed above? If so, what is the business and how much do you receive per month?
- b) income from real estate property? If so, how much per month? No Yes \$ _____
- c) interest or dividends? If so, how much per month? No Yes \$ _____
- d) alimony or family support payments for your use or for the care of your dependents? If so, how much per month? No Yes \$ _____
- e) social security or other forms of monetary government assistance? No Yes \$ _____
- f) retirement or pension money? No Yes \$ _____

Do you have any other sources of income not listed?

Part B. Joint Debtor's Income

1. What is your spouse's occupation? _____
2. Name and address of your spouse's employer:

3. How long employed there? _____
4. What is the gross amount of your spouse's paycheck, before taxes/other deductions? \$ _____
5. How often does your spouse get paid? once a week
 every two weeks twice a month
 once a month other _____

Complete the below questions with your estimate of monthly averages.

6. Does your spouse receive overtime pay outside of your salary? How much per month? \$ _____
7. How much is taken out of each paycheck for taxes and social security? \$ _____
8. How much is taken out for insurance? \$ _____
9. How much for union dues? \$ _____
10. Are there other deductions? If so, what are they and how much? _____

Does your spouse receive

- a) income from business operations outside of the regular paycheck listed above? If so, what is the business and how much does your spouse receive per month?
- b) income from real estate property? If so, how much per month? No Yes \$ _____
- c) interest or dividends? If so, how much per month? No Yes \$ _____
- d) alimony or family support payments for spouse's use or for care of dependents? If so, how much per month? No Yes \$ _____
- e) social security or other forms of monetary government assistance? No Yes \$ _____
- f) retirement or pension money? No Yes \$ _____

Does your spouse have any other income not listed?

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

Section 5A Current Monthly Income

Fill in your monthly income for the categories below in the column labeled "Month 1." If your income for one of the below categories varies from month to month, complete the below chart by entering in your income for all six months.

	Month 1 (last month) /	Month 2 (2 months ago) /	Month 3 _/_	Month 4 _/_	Month 5 _/_	Month 6 _/_	Office Use Only
Gross wages, salary, tips, bonuses, overtime, commissions.							
Income from operation of business: a. Gross Income - b. Expenses = c. Net Income.							
Rent and other real property income: a. Gross Income - b. Expenses = c. Net Income.							
Interest, dividends, and royalties.							
Pension and retirement income (<i>NOT Social Security</i>).							
Regular contributions from others to the household expenses, including child support.							
Unemployment Compensation.							
Social Security income.							
Other sources not already mentioned. Specify:							

Section 6 Current Expenses

Do you and your spouse maintain separate households? No Yes. If so, 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 (per week, per day, every 2 months, etc.), write in the amount and the frequency that you pay the amount.

Indicate how much you pay for each item each month...

- 1. your rent or your home mortgage \$ _____
 Does that amount include real estate taxes? No Yes
 Does it include property insurance? No Yes
- 2. electricity and heating \$ _____
- 3. water and sewage \$ _____
- 4. telephone service/long distance \$ _____
- 5. Do you have any other utility bills? If so, what, and how much per month?
 _____ \$ _____
 _____ \$ _____
 _____ \$ _____
- 6. home maintenance, including repairs and general upkeep \$ _____
- 7. food \$ _____
- 8. clothing \$ _____
- 9. laundry and dry cleaning \$ _____
- 10. medical and dental expenses \$ _____
- 11. transportation (not including car payments) \$ _____
- 12. entertainment, recreation, newspapers, magazines \$ _____
- 13. charitable contributions \$ _____
- 14. insurance not deducted from paycheck
 a) homeowner's or renter's insurance \$ _____
 b) life insurance \$ _____
 c) health insurance \$ _____
 d) auto insurance \$ _____
 e) other insurance _____ \$ _____
- 15. taxes not deducted from paycheck \$ _____
- 16. installment payments for 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 (707(b) Expenses)**
- 20. mandatory payroll deductions not already listed _____ \$ _____
 _____ \$ _____
 _____ \$ _____

- 21. court ordered payments not already listed _____ \$ _____
_____ \$ _____
_____ \$ _____
- 22. education necessary to maintain employment \$ _____
- 23. education for a physically or mentally challenged child \$ _____
- 24. childcare \$ _____
- 25. disability insurance (if not listed on line 14) \$ _____
- 26. health savings accounts \$ _____
- 27. care for elderly, chronically ill, or disabled family members \$ _____
- 28. protection from family violence \$ _____
- 29. education expense for your children under 18 \$ _____
- 30. non-mandatory contributions to retirement accounts (including loan repayment)
_____ \$ _____
_____ \$ _____
- 31. other expenses not listed above _____ \$ _____
_____ \$ _____
_____ \$ _____
_____ \$ _____

CLIENT'S LIST OF HOUSEHOLD GOODS

Description of Property	Market Value
Clothing and personal effects	
Jewelry, furs	
Stove	
Refrigerator	
Microwave	
Small kitchen appliances	
Freezer	
Washing machine	
Dryer	
Kitchen table and chairs	
Stools	
China, silver, and other kitchenware	
Living Room	
Sofa	
Love seat	
End tables	
Lamps	
Coffee table	
Miscellaneous living room furniture	
Den Furniture	
Sofa	
Love seat	
Chairs	
End tables	
Lamps	
Coffee table	

Description of Property	Market Value
Miscellaneous den furniture	
Dining Room	
Table and chairs	
Hutch	
Butler tables	
Miscellaneous dining room furniture	
Master Bedroom	
Bed	
Dresser	
Chest of drawers	
End tables	
Lamps	
Miscellaneous master furniture	
Bedroom 2 furniture	
Bed	
Dresser	
Chest of drawers	
End tables	
Lamps	
Miscellaneous bedroom 2 furniture	
Bedroom 3 furniture	
Bed	
Dresser	
Chest of drawers	
End tables	
Lamps	

Description of Property	Market Value
Miscellaneous bedroom 3 furniture	
Bedroom 4 furniture	
Bed	
Dresser	
Chest of drawers	
End tables	
Lamps	
Miscellaneous bedroom 4 furniture	
Entertainment	
<input type="checkbox"/> Televisions (Plasma ____, LCD ____, HDTV ____)	
<input type="checkbox"/> Stereo <input type="checkbox"/> Radios	
<input type="checkbox"/> VCRs <input type="checkbox"/> Video camera	
<input type="checkbox"/> CD players <input type="checkbox"/> DVD players	
<input type="checkbox"/> Gameboy/Playstation/XBox Nintendo	
Computer equipment, IPODS, etc.	
Property Used in a Business	
Inventory for business	
Office equipment and supplies used in business	
Crops, farm equipment, supplies, etc.	
Musical Instruments	
<input type="checkbox"/> Piano <input type="checkbox"/> Organ	
Band instruments	
Guitars	
Drums	
PA, sound system, amplifiers	

Description of Property	Market Value
Recreational Equipment	
Fishing Equipment	
Golf Clubs	
Exercise equipment	
Wood working equipment/Hand tools/Mechanic tools	
Collections	
Coin/stamp collections	
Doll/figurine collections	
Antiques/art/paintings	
Guns	
Other collections	
Other Items	
Air conditioner (window)	
Lawn mower	
Yard tools	
Animals	

The following is a list of all above property purchased within the last 90 days:

The following property is in my possession but belongs to someone else:

The following property belongs to me but is in someone else's possession:

DATED: _____

Signature _____ Signature _____