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CONFIDENTIAL DEBT RELIEF PLANNING PRE-INTERVIEW WORKSHEET FOR OUR VALUED CLIENTS

This is easier than it looks. Please complete as much of this as you can so we can give you the best possible guidance when you meet with us. The information you put together here will help us, and will help you make the plans that will allow you to TAKE BACK CONTROL OF YOUR LIFE.

SECTION A. PERSONAL INFORMATION

You:	Name:	Soc Sec #:
Your Spouse:	Name:	Soc Sec #:

Some basic background information: (Please answer following questions by checking the correct box to left. Use space below, another sheet or space on back to provide any details.)

Yes (explain on back)	No	Not sure (bring any documents you have)	
Y:[]	N:[]	?:[]	1. Have you used any other names or a trade name in the last 8 years? (If so, list below)
Y:[]	N:[]	?:[]	2. Have you owned a business that you worked for or managed, at any time in the last six years?
Y:[]	N:[]	?:[]	3. Have you been in bankruptcy in the last 8 years (including cases which were dismissed)?
Y:[]	N:[]	?:[]	4. In the last 6 years, have you sold or transferred anything with a value per single item over \$2000? (other than normal monthly payments of loans or sales in the ordinary course of business)
Y:[]	N:[]	?:[]	5. In the last 4 years, have you made total gifts to any one person of more than over \$2000.00 in money or property? (Don't count regular church contributions)
Y:[]	N:[]	?:[]	6. Have you moved any time in the last 6 months?
Y:[]	N:[]	?:[]	7. Have you lived outside New Jersey at any time in the last 3 years?

Please explain any answers other than "No" below or on the back of this page (please bring documents if available with you to our meeting)

SECTION B. CURRENT BUDGET & INCOME

This may be the most important part of this worksheet for you. (See our website for an Excel spreadsheet you can use)

Please bring your 3-4 most recent paystubs and last years tax returns, plus any W-2's or 1099's

DEBTOR AND FAMILY INFORMATION				
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Separate Expenses <input type="checkbox"/>				
Occupation:	Spouse's Occupation:			
Employer's Name:	Employer's Name:			
How Long Employed There?	How Long Employed There ?:			
2d employer if applicable	2d Employer if applicable			
PEOPLE IN YOUR HOUSEHOLD				Do you support this person? (Y/N)
Name	Age	Relationship	Working?	
MONTHLY INCOME		HUSBAND	WIFE	
		Pay Period: <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Semi-monthly <input type="checkbox"/> Monthly	Pay Period: <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Semi-monthly <input type="checkbox"/> Monthly	
1. AVERAGE GROSS PER PAYCHECK BEFORE DEDUCTIONS		\$	\$	
2. AVERAGE NET PAY PER PAY PERIOD:		\$	\$	
3. Net Income from Operating a Business, Profession or Farm		\$	\$	
4. Net Income from Rental Property		\$	\$	
5. Interest and Dividends		\$	\$	
6. Pension and Retirement Income		\$	\$	
7. Alimony, Child Support Regularly Received		\$	\$	
8. Social Security		\$	\$	
9. Unemployment or Disability Payments		\$	\$	
10. Other government assistance (incl SNAP or Food Stamps,)		\$	\$	
11. Regular contributions by anyone else to your household		\$	\$	
TOTALS (2-11 ABOVE)		\$	\$	
Do you expect any changes of more than 10% expected in next 12 months? [] yes. (Describe on back) [] NO.				

Your Basic Monthly Living expenses:

Please take the time to fill this out carefully. It may be the most important step you take on the road to financial recovery. (Please try to be conservative but realistic. In converting weekly amounts to monthly, multiply with weekly figure by 4.3 or 13/3) Do not include items already deducted from your salary. If you are a separated husband and wife but considering filing bankruptcy jointly, please copy this sheet and fill it out separately for each of you)

Your Home		Monthly amount
Rent or mortgage payments for house or lot for your primary residence		\$
<i>If not included in the figure above:</i>		
Real Estate taxes		\$
Condominium or Homeowners Association fees		\$
Property, homeowners or renter's insurance		\$
Additional mortgage payments for your home such as home equity loans		\$
Electricity, heat natural gas		\$
Water, sewer, garbage collection (divide quarterly payments by 3)		\$
Telephone, cell phone, Internet, cable and satellite services		\$
Alarm central station charges or other expenses required for personal and family safety		\$
Other utilities		\$
Home repairs and maintenance	Amount spent annually: \$	Monthly amount (yrly/12): \$
Food and housekeeping supplies	Weekly average spent: \$	Monthly figure (wkly x 4.3): \$
Childcare		\$
Additional costs for education of children		\$
Additional costs for children or family members with disabilities		\$
Clothing, laundry and dry cleaning	Annual average spent: \$	Monthly amount (yrly/12): \$
Personal care products and services		\$
Monthly out of pocket average for medical expenses not covered by insurance (eg co-pays, medications, dental)		\$
Entertainment, clubs, recreation, newspapers, magazines and books		\$
Charitable contributions and regular religious donations		\$

Transportation Costs		
Title and registration	Per year: \$	Monthly: \$
FUEL COSTS: Car 1: \$ _____ Per week Car 2: \$ _____ Per week	Fuel cost total per week for all cars:	Monthly figure (wkly x 4.3):
Auto Repair costs: Oil changes per year: \$ _____ Tuneups and reg. maintenance per year: \$ _____ Tires (allott \$120-150 per year per car)..... \$ _____ Other repairs..... \$ _____		Monthly amount (yrly/12):
ANNUAL COSTS TOTAL..... \$ _____		\$ _____
Tolls and parking per month		\$
Monthly payments on auto loans or lease payments:		Car 1: \$ _____ Car 2: \$ _____
Other regular and recurring transportation costs incl un-reimbursed business travel		\$
Insurance		
Auto insurance	Annual premium: \$	Monthly amount (yrly/12): \$
Health insurance (not taken out of salary)		\$
Life insurance (not taken out of salary)		\$
Disability insurance (not taken out of salary)		\$
Taxes (do not include real estate taxes or taxes deducted from pay. Remember to include estimated taxes if you get paid without a payroll tax deduction)		\$
Installment or lease payments not included above		\$
Alimony, maintenance or support not deducted from pay		\$
Other payments to support others not living with you		\$
* Student loan payments:		\$

* Payments to IRS or state etc. for past due taxes you owe		\$
* Education, training, license etc required for employment		\$
Other real property expenses not listed above		
	Mortgage or rental payments	\$
	Real estate taxes	\$
	Property, homeowners or renter's insurance	\$
	Maintenance, upkeep and repair costs	\$
	Homeowner or association fees	\$
Other Business expenses (if applicable):		
	Normal operating expenses	
	Estimated tax payments	
	Other reg business expenses	
Total business expenses (total above three items)		
TOTAL of all the above expenses		\$

Describe any special circumstances that explain why your expenses might be unusually high or might change in the future (eg car loan paid off)

SECTION C. REAL ESTATE YOU OWN.

<u>Yes</u> (explain on back)	<u>No</u>	<u>Not sure</u> (bring any documents you have)	
Y:[]	N:[]	?:[]	8. Do you own your home?
Y:[]	N:[]	?:[]	9. Do you own other real estate besides your home? (Including timeshares, co-ops or condos)
Y:[]	N:[]	?:[]	10. Have you sold any real estate in the past 5 years?

If the answer to both 8 and 9 is no, proceed to the next section. Otherwise, please list all real estate below. **Please bring, if you have them:** Real Estate listing agreements, appraisals or broker estimates of market value; Deeds and closing statements for recent sales or refinances. For mortgages: recent statements or year end notices showing balances due & any foreclosure papers.

Home or property #1: Address:

Do you own 100%? [] yes [] no	Market value (AS IS): \$ <small>Please bring real estate assessments, appraisals or other proof of value you may have</small>
<u>MORTGAGE #1:</u> Lender Name: (Bring payoff, monthly statement or escrow statement, if available) Are you current on payments? Yes: [] No: [] If no, how far behind are you?	Payoff balance: Payment per month: \$ Check here if foreclosure started==> [] <small>(Bring papers with you)</small>
<u>MORTGAGE #2:</u> Lender Name: (Bring payoff, monthly statement or escrow statement, if available) Are you current on payments? Yes: [] No: [] If no, how far behind are you?	Payoff balance: Payment per month: \$ Check here if foreclosure started==> [] <small>(Bring papers with you)</small>
Are Real Estate Taxes past due? [] No. If yes, how much is due now? \$ _____	
Are there condo assn or other association dues for this property? [] Yes [] No. If so, past due amount: _____	
Is this property rented? [] Yes [] No. What is the monthly rent? _____	

Property #2: Address:

Do you own 100%? [] yes [] no	Market value (AS IS): \$ Please bring real estate assessments, appraisals or other proof of value you may have
<u>MORTGAGE #1:</u> Lender Name: (Bring payoff, monthly statement or escrow statement, if available) Are you current on payments? <i>Yes</i> : [] <i>No</i> : [] If no, how far behind are you?	Payoff balance: Payment per month: \$ Check here if foreclosure started==> [] (Bring papers with you)
<u>MORTGAGE #2:</u> Lender Name: (Bring payoff, monthly statement or escrow statement, if available) Are you current on payments? <i>Yes</i> : [] <i>No</i> : [] If no, how far behind are you?	Payoff balance: Payment per month: \$ Check here if foreclosure started==> [] (Bring papers with you)
<p>Are Real Estate Taxes past due? [] No. If yes, how much is due now? \$ _____</p> <p>Are there condo assn or other association dues for this property? [] Yes [] No. If so, past due amount: _____</p> <p>Is this property rented? [] Yes [] No. What is the monthly rent?</p>	

DO YOU OWN OTHER REAL ESTATE? [] NO [] YES.

If so, please copy and fill out the above sheet for each property

Section D: AUTOMOBILES, TRUCKS, TRAILERS, AND OTHER VEHICLES:

CAR/TRUCK #1: Is it leased? [] **Paid off?** []

Make, model, & year: Describe any needed repairs, mechanical problems or body damage	Odometer miles: Payoff amount:	What do you think it's worth today?: (check www.kbb.com for trade-in values)
If loan or lease on it, name of bank or leasing company:	Monthly payment amount:	I want to [<input type="checkbox"/>] keep this car/truck [<input type="checkbox"/>] surrender it [<input type="checkbox"/>] not sure
Are you current on payments? Yes:[<input type="checkbox"/>] No:[<input type="checkbox"/>] If no, how far behind are you?	Whose name is on title?	
		Who drives this car/truck?

CAR/TRUCK #2: Is it leased? [] **Paid off?** []

Make, model, & year: Describe any needed repairs, mechanical problems or body damage	Odometer miles: Payoff amount:	What do you think it's worth today?: (check www.kbb.com for trade-in values)
If loan or lease on it, name of bank or leasing company:	Monthly payment amount:	I want to [<input type="checkbox"/>] keep this car/truck [<input type="checkbox"/>] surrender it [<input type="checkbox"/>] not sure
Are you current on payments? Yes:[<input type="checkbox"/>] No:[<input type="checkbox"/>] If no, how far behind are you?	If not leased, whose name is on title?	
		Who drives this car/truck?

Please bring: any statements showing balance due on any loan; loan or lease papers for any cars with unpaid loan or lease against them.

Do you have any other cars, trucks, trailers, tractors, off-road vehicles or ATV's? []yes []No.

Are there any cars or vehicles in your name but which are "really" someone else's?..... []yes []No.

Section E. BANK ACCOUNTS STOCKS OR BONDS

Where do you have money or property on deposit now (stocks, securities, savings, credit union or checking accounts, CD's, landlord or security deposits) **DO NOT INCLUDE IRA's PENSIONS OR PROFIT SHARING PLANS** (Bring in the 2-3 latest statement you have available for each account):

<u>Bank or brokerage co. etc.</u>	<u>Acct number/account type</u>	<u>Owned by</u>	<u>Current value/balance</u>

Have you closed any such accounts in the past 2 years? [] yes. Info on back. [] NO.

DO YOU OWN OR HAVE ANY OF THE FOLLOWING:

YES	NO	ITEM
		Boats, motors or accessories
		PETS, Livestock, poultry and other animals
		Farming equipment, supplies and implements
		Office equipment, furnishings, or supplies
		Power or hand tools, machinery, or other equipment
		Inventory (things you hold for sale to others)
		Patents, copyrights, trademarks, franchises, or other similar rights
		Antiques, collectibles or collections with resale value (e.g. stamp, baseball, card collections)
		Has anyone died leaving you a POSSIBLE inheritance, property, or life insurance?
		Safety deposit boxes (if so, where is it and what's in it?)
		Annuities (bring recent statements)
		Life insurance with cash value (Bring recent statements & policy documents)
		Term Life insurance (no cash value)
		Firearms, cameras or sports equipment
		Pensions, 401K's, 403B's or profit sharing plans (bring recent statements)
		IRA's or KEOGH Plans (Bring recent statements & plan documents, if available)
		Stocks, bonds, or mutual funds NOT part of an IRA, pension or profit sharing plan. (Please bring recent statements)
		Artwork
		Does anyone else owe you money (even if not collectible)? (Bring any legal papers, accident reports, loan documents or other documents you think are helpful)
		Do you have a claim against someone else because of losses or injuries to you or your family? (Bring any legal papers, accident reports or other documents you think are helpful)
		Do you have anything else of value not listed above? (Fill out info on back or bring papers)

(Please answer following questions by checking the correct box to left. Use space below, another sheet or space on back to provide any details.)

Yes (explain on back)	No	Not sure (bring any documents you have)	
Y:[]	N:[]	?:[]	10. Does anyone else have control or possession of any of your money or property?
Y:[]	N:[]	?:[]	11. Is your name on anyone else's bank accounts or other accounts holding money or property?
Y:[]	N:[]	?:[]	12. Have you transferred any property into any trusts in the last 10 years?
Y:[]	N:[]	?:[]	13. Have you put money into an education IRA or 529 educational plan in the last 24 months?

Household furnishings, household goods and appliances:

Average age of furniture: _____ Anything of antique or collectible value?=> []yes. [] **No.**

Is there anything which today you think you could sell for more than \$550? [] yes [] No.

If yes, please list on back.

Have you paid more than \$1500 for any furniture, appliances or electronic equipment in the past 3 years?

[] Yes [] No.

If yes, please list on back what you bought, when and what you paid.

Do you have any of the following? (Check all that apply to you)

[] Piano

[] Grandfather clock

[] original art or sculpture

[] Musical instruments

[] Home theatre system

[] coin, baseball card or other collectibles

Jewelry: Do you have any jewelry with gems, real gold, silver, or platinum? [] Yes [] No (if so, describe them on the back.

What would all your jewelry cost you to replace today? _____

Do you have any appraisals? [] Yes [] No. If so, please provide them

Has any of your jewelry been sold in the last 3 years? [] Yes [] No. If yes, please provide any receipts you may have.

Has any of your jewelry or valuables been lost or stolen in the last 3 years? [] Yes [] No.

If yes, please provide any insurance or loss claims, police reports etc if you have them.

Section F. YOUR DEBTS:

Question	Yes (<u>bring documents you have</u>)	No	Not sure
14. If you previously owned a business that hired people, do you owe wages, salary or benefits to present or former employees?			
15. Do you, or a company you managed, owned or controlled, owe any payroll or employee taxes? (FICA, FUTA, unemployment, worker's compensation, withholding etc)(Bring notices or returns if available)			
16. Do you owe on any student loans (yours or someone else's)?			
17. Do you owe past due taxes (state or federal) BESIDES REAL ESTATE TAXES? (Including income taxes, sales taxes etc) (Bring notices and tax returns), If so,			
18. Has anyone paid you money for work which has not been done, or for services or items which have not been supplied?			
19. Do you owe any fines, penalties or surcharges as a result of a traffic tickets, driving or motor vehicle violation?			
20. Do you owe any other fines or penalties to any state, local or other government agency?			
21. Have you guaranteed anyone else's payment of any debt (including guarantees for a business)?			
22. In the past 2 years, has any of your money or property been levied on, seized or repossessed by a creditor, sheriff or court officer?			
23. Do you pay any loans or creditors by a payroll deduction?			
24. Were you involved in any lawsuits in the last 12 months?			
25. Do you owe anyone else alimony, spousal support or child support? (Even if you are current or paying without a court order)			
26. Are you separated or divorced? (Bring in divorce papers and any separation or property settlement agreements if less than 5 years ago)			
26A. Do you have any unpaid debts or unfulfilled obligations from any divorce judgment or other settlement?			
26B. Does your spouse owe you anything under any divorce judgment or other settlement?			
27. Have you borrowed money from family members, business associates or friends in the past 3 years?			
28. In the last 12 months, have you paid down, paid off or satisfied any debts to family members, close friends or business associates?			
29. Has anyone claimed you hurt or injured them?			
30.. Have you used any credit cards for cash advances in the last 3 months?			
31. How much have you charged on your credit cards in the last 3 months? What for?			

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