

LAW OFFICES OF
BLUE CAPITAL LAW FIRM, P.C.

A Professional Corporation
Attorneys at Law
www.bluecapitallaw.com

PREQUALIFY FOR BANKRUPTCY

If you are considering bankruptcy protection but would like to know if you qualify, please complete the following questionnaire set forth below. Thereafter, please fax the fully completed form to our office at the **fax number of +1 949 954 5589** (Attn: Bankruptcy Counsel). Upon receipt of a completed questionnaire from you and after a thorough review thereof, we will contact you to discuss further, if we determine that you qualify.

While we will treat all submissions with utmost confidentiality, please do note that all submissions are still subject to the terms of our Private Policy (as set forth in our firm's website). You should also be fully aware that the submission of any documentation to our office shall not create nor constitute any form of attorney-client relationship whatsoever, until our office has, in fact, accepted you as a client and a legal engagement agreement has actually been entered into by both you and a duly authorized attorney from our office.

Please answer and complete the following fields:

Full Legal Name: _____

Preferred Contact Phone Number: _____

Preferred Email: _____

Street Address: _____

City: _____ County: _____

State: _____ Zip Code: _____

How long have you been living at the above address: _____

If you have lived at the above address for less than six (6) months, please provide your prior street address where you have lived for at least the prior six (6) months (from today's date):

Street Address: _____

City: _____ County: _____

State: _____ Zip Code: _____

REASONS WHY YOU ARE CONSIDERING BANKRUPTCY:

Are you facing a pending foreclosure sale? _____ ; if so, when? _____

How far behind are you with your mortgage payments? _____

INCOME TEST

In order to determine which Chapter of the Bankruptcy Code that you may qualify for, we will need to know a little about your and your spouse's income. Please answer the following questions:

Your **average MONTHLY GROSS (before taxes) income** for the last 6 months: \$ _____

What is your **average MONTHLY Net Income (after taxes and deductions)** for last 6 months:

\$ _____

ARE YOU MARRIED? _____ DIVORCED? _____ SEPARATED? _____

PLEASE PROVIDE YOUR SPOUSE'S INFO (IF YOU ARE MARRIED):

Your **average spouse's MONTHLY GROSS (before taxes) income** for the last 6 months: \$ _____

Your spouse's **average MONTHLY Net (after taxes and deductions) Income** for last 6 months:

\$ _____

Any other source of monthly income? If so, please list amount of : \$ _____

Source of additional monthly income: _____

How many children do you have? _____ Please provide their ages and sex: _____

Do they still live at home with you? Yes _____ No _____

Do you have any other dependents in your household? Yes _____ No _____

If so, please identify who they are: _____

What's the total number of persons living in your same household? _____

Do you have monthly child care expense? Yes ____ No ____; if Yes, \$_____ monthly amount

Do you have any student education expenses for children under 18? Yes _____ No _____

If Yes,\$ _____ monthly amount (for student education expense for children under 18 only)

Do you pay any health care expense (such as health care insurance) out of pocket?

Yes _____ No _____; if Yes, how much you pay or how much is deducted from your payroll check on a monthly basis: \$ _____

Are you required to pay any child support or alimony? _____ If so, how much? _____

Do you owe any **past due child support payments?** _____ If so, how much? _____

Do you owe any **past due income taxes?** _____

PRIOR BANKRUPTCIES:

Have you filed for bankruptcy before? Yes ____ No ____

If so, when: _____ (month and year) Where did you file: _____

Under what Chapter of the Bankruptcy Code? _____ Did you receive a discharge? Yes ____ No ____

AMOUNT OF SECURED & UNSECURED DEBTS

Your **estimated total amount of ALL of your SECURED DEBTS** (including mortgage loans and equity lines on your homes, investment & commercial properties, auto leases and car loans, etc.):

\$ _____

Your **estimated total amount of all of your UNSECURED debts** (such as, medical bills, credit cards, etc):

\$ _____

SCHEDULE OF REAL PROPERTY-OWNED

If you (and your spouse) own one or more real properties, please be sure to list of all of the housing and mortgage expenses associated with these additional home or investment properties:

REAL PROPERTY INFO	Estimated Fair Market Value (as of today)	Amount of Secured Debt (i.e., your loan)	Amount of Monthly Payment?	Amount of Rental Income, if any?
1st mortgage (Primary Residence)				
2nd mortgage (or HELOC) on Primary Residence				
Property taxes on Primary Residence				
Homeowner's Insurance on Primary residence				

REAL PROPERTY INFO	Estimated Fair Market Value (as of today)	Amount of Secured Debt (i.e., your loan)	Amount of Monthly Payment?	Amount of Rental Income, if any?
1st mortgage on 2ND home/investment property				
2nd mortgage (or HELOC) on 2ND home/investment property				
Property taxes on 2ND home/investment property				
Homeowner's Insurance on 2ND home/investment property				
1st mortgage on 3RD home/investment property				
2nd mortgage (or HELOC) on 3RD home/investment property				
Property taxes on 3rd home/investment property				
Homeowner's Insurance on 3rd home/investment				

REAL PROPERTY INFO	Estimated Fair Market Value (as of today)	Amount of Secured Debt (i.e., your loan)	Amount of Monthly Payment?	Amount of Rental Income, if any?
1st mortgage on 4TH home/investment property				
2nd mortgage (or HELOC) on 4TH home/investment property				
Property taxes on 4TH home/investment property				
Homeowner's Insurance on 4TH home/investment property				

MONTHLY EXPENSES

PLEASE LIST ALL OF YOUR USUAL MONTHLY EXPENSES.

FINANCIAL INFORMATON	Monthly Payment (or equivalent monthly payment)
Monthly Rent or Mortgage (for primary home only)	
Maintenance on home	
Auto loan payment(s)	
Other loans (personal, student, etc.)	
Credit cards (total minimum payments)	
Utilities—gas	
Utilities—electricity	
Utilities—water	
Utilities—trash	
Utilities—sewer/propane/other	
Telephone—home	
Telephone—cell	
Cable TV	
Internet	
HOA Fees	
Child care	
School tuition / Education Expense (for children under 18 only)	
Child support	
Alimony	

Vehicle—gas	
Vehicle—maintenance	
Insurance—health (if not deducted from paycheck)	
Insurance—car (monthly premiums)	
Insurance—life other (term or whole life insurance—monthly premiums) & Monthly Healthcare Expense	
Food & Groceries/toiletries	
Spending money	
Cost for elderly care or for a disabled	
Other—specify (i.e., medical bills)	

ANY LEASES (INCLUDING APARTMENT LEASES, CAR LEASES, ETC.)

Name of Leasing Company	Type of Lease (auto, rental, commercial, etc.)

Have you transferred or sold anything of value (more than \$1,000) to any person or party within the last four (4) years? Yes _____ No _____

If so, please describe: _____

Do you have any ownership interests in any businesses? Yes _____ No _____

Are you current with all of your income tax filings? Yes _____ No _____

Are you expecting any tax refund? Yes _____ No _____

If so, how much tax refund are you expecting? \$ _____ Refund and the refund is for what income tax year filing? _____

Do you have any equity ownerships in any companies, LLCs or partnerships?

Yes _____ No _____

Have you started any businesses in the last six years? Yes _____ No _____

If so, please describe: _____

Do you have a family trust or living trust? Yes _____ No _____

Have you set up any irrevocable trust in the last four (4) years? Yes _____ No _____

Are you currently involved in any lawsuits? Yes _____ No _____

After the above-referenced questions have been answered (with all fields completed), please print, sign the acknowledgement and fax the completed form to the fax number of +1 949 954 5589 (Attention: Bankruptcy Counsel) for further consideration.

****PLEASE ALSO FAX YOUR PAYSTUBS AND YOUR SPOUSE'S PAYSTUBS FOR THE LAST 30 DAYS, ALONG WITH THIS COMPLETED QUESTIONNAIRE TO 949 954 5589, SO THAT WE CAN PERFORM AN INCOME, MEANS ANALYSIS FOR BK QUALIFICATION.****

ACKNOWLEDGEMENT

I/We, the undersigned, hereby acknowledge that our submitting the completed bankruptcy questionnaire to Blue Capital Law Firm, P.C. (the "Firm"), shall NOT create any kind of attorney-client relationship between the undersigned and the Firm, until and only until the Firm has actually accepted the undersigned as a client and until the undersigned have actually entered into a legal retainer agreement with the Firm. I/We, the undersigned, hereby have read and fully accept the terms of the Private Policy (as provided on the Firm's website), which terms thereof shall apply to the submission of this completed questionnaire.

DULY ACKNOWLEDGED BY:

Signature

Date

Print full legal name: _____

Preferred Contact Number: _____