

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

*A Professional Corporation*  
Attorneys at Law  
[www.bluecapitallaw.com](http://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 +1 949 271 5788 (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:

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**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:

\$ \_\_\_\_\_

What is the **MONTHLY** average payroll tax deductions (for State and Federal—see your paystubs:

\$ \_\_\_\_\_ Federal Tax Deductions From Your Paycheck (**average monthly**)  
(be sure to include Social Security)

\$ \_\_\_\_\_ State Tax Deductions From Your Paycheck (**average monthly**)

**YOUR SPOUSE:**

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:

\$ \_\_\_\_\_

WHAT IS YOUR SPOUSE'S **MONTHLY** average payroll tax deductions  
(for State and Federal—see your spouse paystubs):

\$ \_\_\_\_\_ Federal Tax Deductions From Your Paycheck (**average monthly**)  
(be sure to include Social Security)

\$ \_\_\_\_\_ State Tax Deductions From Your Paycheck (**average monthly**)

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

**Source of additional monthly income:** \_\_\_\_\_

How many children do you have? \_\_\_\_\_

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: \_\_\_\_\_

State the total size of your household (numerical figure): \_\_\_\_\_

Do you owe any child support or alimony? Yes \_\_\_\_\_ No \_\_\_\_\_

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: \$ \_\_\_\_\_

### **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:

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

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

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

## MONTHLY EXPENSES

PLEASE LIST ALL OF YOUR USUAL MONTHLY EXPENSES.

<b>FINANCIAL INFORMATON</b>	<b>Monthly Payment</b> <b>(or equivalent monthly payment)</b>
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	

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

**CREDIT CARD, MEDICAL BILLS, COLLECTIONS AND OTHER DEBT INFORMATION**

NAME OF CREDITOR	TOTAL BALANCE	MINIMUM REQUIRED MONTHLY PAYMENT

When was the last time that you have used your credit cards? \_\_\_\_\_

For what purpose for the credit cards use? \_\_\_\_\_

Have you taken any cash-advances or used convenience checks from your credit cards? Yes or No

If so, when? \_\_\_\_\_; and for what amount? \$ \_\_\_\_\_



**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 \_\_\_\_\_

**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 +1 949 271 5788 (Attention: Bankruptcy Counsel) for further consideration.**

### **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: \_\_\_\_\_