

BANKRUPTCY INTAKE QUESTIONNAIRE

Appt Date:

Appt. Time:

Attorney:

1. Personal Info:

YOU

SPOUSE

Name (first, middle, last):		
Other Names Used:		

Street Address:		
City, State, Zip:		
Mailing Address (if different)		
City, State, Zip:		

Email address:		
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Home Phone:		
Cell Phone:		

How long have you lived in Oregon?		
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Social Security Number:		
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Has a bankruptcy case been filed by you or against you in the last 8 years? Yes No

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: Yes No

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

Case Number: _____ Date Filed: _____

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

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: Yes No

(If yes, please attach a list and description of property)

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

Landlord Information:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____