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

*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. WE SUGGEST STARTING WITH SECTIONS A & F.*

### SECTION A. PERSONAL INFORMATION

<b>You:</b>	Name:	Soc Sec #:
<b>Your Spouse:</b>	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.)

<b>Yes</b> (explain on back)	<b>No</b>	<b>Not sure</b> (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? ( <b>other than</b> normal monthly payments of loans or sales in the ordinary course of business)
Y:[ ]	N:[ ]	?:[ ]	5. In the last 4 years, have you made any gifts to anyone of more than over \$1000.00 in money or property to family members or friends?
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. REAL ESTATE YOU OWN.**

<b>Yes</b> (explain on back)	<b>No</b>	<b>Not sure</b> (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)

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

**HAVE YOU SOLD OR TRANSFERRED ANY REAL ESTATE IN THE PAST 6 YEARS?**  NO  YES

If so, please bring closing statement, documents and deeds, if available.

**Section C: 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 <a href="http://www.kbb.com">www.kbb.com</a> 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?	Who owns it:	
		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 <a href="http://www.kbb.com">www.kbb.com</a> 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 D. OTHER PROPERTY**

Where do you have money or property on deposit (stocks, securities, savings, credit union or checking accounts, CD's, landlord or security deposits) now? (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
		<b>Boats, motors or accessories</b>
		<b>Livestock, poultry, <u>pets</u> and other animals</b>
		<b>Farming equipment, supplies and implements</b>
		<b>Office equipment, furnishings, or supplies</b>
		<b>Machinery, fixtures, power or hand tools or other equipment</b>
		<b>Inventory</b> (things you hold for sale to others)
		<b>Patents, copyrights, trademarks, franchises, or other similar rights</b>
		<b>Antiques, collectibles or collections with resale value</b> (e.g. stamp, baseball, card collections)
		<b>Has anyone died leaving you a POSSIBLE inheritance, property, or life insurance?</b>
		<b>Safety deposit boxes</b> (if so, where is it and what's in it?)
		<b>Annuities</b> (bring recent statements)
		<b>Life insurance with cash value</b> (Bring recent statements & policy documents)
		<b>Term Life insurance</b> (no cash value)
		<b>Pensions, 401K's, 403B's or profit sharing plans</b> (bring recent statements)
		<b>IRA's or KEOGH Plans</b> (Bring recent statements & plan documents, if available)
		<b>Stocks, bonds, or mutual funds NOT part of an IRA, pension or profit sharing plan.</b> (Please bring recent statements)
		<b>Any other kind of investment.</b>
		<b>Does anyone else owe you money (even if not collectible)?</b> (Bring any legal papers, accident reports, loan documents or other documents you think are helpful)
		<b>Do you have a claim against someone else because of losses or injuries to you or your family?</b> (Bring any legal papers, accident reports or other documents you think are helpful)
		<b>Do you have anything else of value not listed above?</b> (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.)

<b>Yes</b> (explain on back)	<b>No</b>	<b>Not sure</b> (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:**

Give your best estimate of the total yard sale value (20-30% of replacement cost if in good condition):

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

Average age of furniture: \_\_\_\_\_

Most recent purchases with price paid: \_\_\_\_\_

Anything of antique or collectible value?=> [ ]yes. (List on back). [ ] 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:** List the most valuable items you have individually; you can list "costume" jewelry as one item

Item	Owner (H, W)	When purchased and orig cost	Value today if known

Do you have any other jewelry with gems? [ ]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 E. YOUR DEBTS:

Question	Yes ( <u>bring documents you have</u> )	No	Not sure
14. 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? <b>(Bring in divorce papers and any separation or property settlement agreements if less than 5 years ago)</b>			
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 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?			

## Section F. 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 checked="" type="checkbox"/> Separated <input checked="" 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 ?:			
Address:	Address:			
PEOPLE IN YOUR HOUSEHOLD				
Name	Age	Relationship	Working?	Do you support this person? (Y/N)
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	
<b>EARNINGS PER PAY PERIOD</b>	<b>GROSS PAY BEFORE DED'NS:</b>			
Estimated Overtime per Pay Period				
<b>PAYROLL DEDUCTIONS PER PAY PERIOD</b>	Payroll Taxes and Social Security			
	Insurance			
	Union Dues			
	Pension, 401K etc:			
Other Deductions:				
<b>NET PAY PER PAY PERIOD:</b>				
Regular Income from Business, Profession or Farm				
Income from Real Property				
Interest and Dividends				
Pension and Retirement Income				
Alimony Received				
Soc. Sec./Govt. Assist., explain:				
Other Monthly Income:				
Regular contributions by anyone else to your household expenses				
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.** Please fill in all monthly figures in right hand column. Use middle column to help work out that monthly figure, or to provide additional information requested. 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)

Item		Monthly amount
Rent or mortgage	Check if it includes: [ ] real estate taxes [ ] insurance	
Second mortgage		
Real Estate taxes ( <b>only</b> if you pay them yourself, do not include if taxes incl. in mtg payment)		
Condominium, Homeowners Association, or Common Area Association dues or fees		
Gas or oil for heat or hot water		
Electricity		
Water/sewer (remember to divide quarterly payments by 3)		
Telephone		
Cable and Internet service		
Alarm central station charges or other expenses required for personal and family safety		
Home repairs and maintenance	Amount spent annually:	Monthly amount (yrly/12):
Food and misc household	Weekly average spent:	Monthly figure (wkly x 4.3):
Clothing	Annual average spent:	Monthly amount (yrly/12):
Auto expenses:	# of cars:	
FUEL COSTS: Car 1: \$ _____ Per week Car 2: \$ _____ Per week	Fuel cost total per week for all cars:	Monthly figure (wkly x 4.3):
<i>[Tip: Allot \$10-15 per month or \$120-180/year for tires. Don't forget oil changes and routine maintenance.]</i>	Repairs per year, each car::	Monthly amount (yrly/12 x # cars):
Tolls and parking per month		
Monthly payments on auto loans or lease payments: # of cars:		
Other regular and recurring transportation costs incl unreimbursed business travel		
Health insurance (DO NOT INCLUDE if taken out of salary)		
Monthly average for other medical not covered by insurance (eg co-pays, medications, dental)		

Auto insurance	Amount per year:	Monthly amount (yrly/12):
Life insurance (not taken out of salary)		
Other insurance (not taken out of salary)		
Entertainment		
Child care	Weekly amount:	Monthly amount (weekly x 4.3):
* Student loan payments:		
* Payments to IRS or state etc. for past due taxes you owe		
Business expenses (if applicable): (please supply recent financial statement)		
Normal operating expenses		
Estimated tax payments		
Other reg business expenses		
Total business expenses (total above three items)		
* Child support or alimony you must pay		
* Disability insurance (if not listed as a payroll deduction)		
* Health savings account contributions, not listed as payroll deductions		
* Non-mandatory contributions to retirement accounts (including loan repayment)		
* Costs of care for elderly, chronically ill, or disabled family members		
* Costs of protection from family violence		
* Education expense for your children under 18. (How many such children? _____ )		
* Court ordered payments not listed as payroll deductions		
* Education necessary to maintain employment		
* Education for a physically or mentally challenged child		
TOTAL of all the above expenses		\$

Describe any special circumstances that explain why your expenses might be unusually high: