



# LAW OFFICE OF DONALD C. NEMEC

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Client Name: \_\_\_\_\_ Date: \_\_\_\_\_

## **Client Questionnaire – Bankruptcy: Mid-Case Update**

Please fill out this questionnaire and return it as soon as possible. It is important that you answer each question fully. It is imperative that you be candid!

You should answer all questions relevant to your case. If a question does not apply to your particular situation, please indicate by marking the question "N/A." If the answer to any question requires more space than has been provided on the form, please complete your answer on a separate sheet. Refer to the question number to which your answer applies and attach your answer to this questionnaire.

Your responses to these questions will help to organize your case and will save you money on attorney's fees in trying to gather and assemble information after the case is in progress. Since your answers are being made to an attorney, you are assured of confidentiality and are protected by the attorney-client privilege.

### **NOTICE OF CONFIDENTIALITY**

THE INFORMATION IN THIS DOCUMENT IS SUBJECT TO THE ATTORNEY-CLIENT PRIVILEGE, AS PROVIDED IN THE TEXAS RULES OF EVIDENCE. HOWEVER, IF A PROFESSIONAL, INCLUDING AN ATTORNEY OR AN EMPLOYEE OF AN ATTORNEY, HAS CAUSE TO BELIEVE THAT A CHILD HAS BEEN ABUSED OR NEGLECTED OR MAY BE ABUSED OR NEGLECTED OR THAT A CHILD IS A VICTIM OF AN OFFENSE UNDER SECTION 21.11 OF THE TEXAS PENAL CODE, AND THE PROFESSIONAL HAS CAUSE TO BELIEVE THAT THE CHILD HAS BEEN ABUSED AS DEFINED BY SECTION 261.001 OR 261.401 OF THE TEXAS FAMILY CODE, OR IF THE PROFESSIONAL HAS CAUSE TO BELIEVE THAT AN ADULT WAS A VICTIM OF ABUSE OR NEGLECT AS A CHILD AND THE PROFESSIONAL DETERMINES IN GOOD FAITH THAT DISCLOSURE OF THE INFORMATION IS NECESSARY TO PROTECT THE HEALTH AND SAFETY OF ANOTHER CHILD OR AN ELDERLY OR DISABLED PERSON AS DEFINED BY SECTION 48.002 OF THE TEXAS HUMAN RESOURCES CODE, THE PROFESSIONAL SHALL MAKE A REPORT NOT LATER THAN THE FORTY-EIGHTH HOUR AFTER THE HOUR THE PROFESSIONAL FIRST SUSPECTS THAT THE CHILD HAS BEEN OR MAY BE ABUSED OR NEGLECTED OR IS A VICTIM OF AN OFFENSE UNDER SECTION 21.11 OF THE TEXAS PENAL CODE OR THAT THE ADULT WAS A

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VICTIM OF ABUSE OR NEGLECT AS A CHILD AND THAT THE DISCLOSURE IS NECESSARY. THE REPORT SHALL BE MADE TO THE APPROPRIATE AGENCY.

THE CONTENTS OF THIS DOCUMENT CONSTITUTE ATTORNEY WORK PRODUCT, ARE CONFIDENTIAL AND ARE NOT TO BE DISCLOSED TO THIRD PERSONS OTHER THAN THOSE TO WHOM DISCLOSURE IS MADE IN FURTHERANCE OF THE RENDITION OF PROFESSIONAL LEGAL SERVICES.

**Privacy Policy Regarding Social Security Numbers:** Social Security numbers will be divulged only when necessary during the course and within the scope of our employment. The firm collects them from various sources, including income tax returns as well as the client. They are used to identify parties for a number of purposes, including determination of wages, preparation of orders to withhold wages for child support and reports filed with the state of Texas, and obtaining information about retirement benefits. Only employees of the firm who have a need to know will have access to this personal information. Every step is taken to protect the client's privacy. This information is kept secure within the office of the firm in file folders and file drawers, until the file information is retired and the file is removed to a locked, off-site storage facility. Client information will eventually be shredded.

**Information Requested**

**I. MORTGAGE:**

1. Are you current on **post-bankruptcy** monthly mortgage payments?  Yes  No
2. Number of months are you behind: \_\_\_\_\_
3. Total amount you are behind: \$ \_\_\_\_\_
4. Has there been **any** change in your required monthly mortgage payment since filing your case (this includes changes in escrow payments paid directly to lender)?  Yes  No
5. Mortgage Creditor Name: \_\_\_\_\_
6. Current Monthly Payment: \$ \_\_\_\_\_
7. Total Principal Balance as of today: \$ \_\_\_\_\_

**II. CURRENT INCOME:**

(Please complete spouse information even if spouse is not a named debtor in your case.)

	<b>Debtor</b>	<b>Spouse</b>
<b>Gross Monthly Wages</b>	\$ _____	\$ _____
<b>Estimated overtime (if any)</b>	\$ _____	\$ _____
<b>Payroll Deductions:</b>		
a. Payroll taxes, FICA, Medicare	\$ _____	\$ _____
b. Insurance	\$ _____	\$ _____
c. Retirement / 401-K	\$ _____	\$ _____
d. Retirement / 401-K Loans	\$ _____	\$ _____
c. Union dues	\$ _____	\$ _____
d. Child Support	\$ _____	\$ _____
e. Other ( _____ )	\$ _____	\$ _____
<b>TAKE HOME PAY PER MONTH</b>	\$ _____	\$ _____

**List Any Other Source of Income & Specify the Amount and Source of Income:**

Regular income from operation of business or profession or farm	\$ _____	\$ _____
Income from rental property	\$ _____	\$ _____
Interest and dividends	\$ _____	\$ _____

Alimony, maintenance, or child support payments payable to you for your use or that of your children (Specify: \_\_\_\_\_) \$ \_\_\_\_\_ \$ \_\_\_\_\_

Social Security or other government assistance (Specify: \_\_\_\_\_) \$ \_\_\_\_\_ \$ \_\_\_\_\_  
(Includes money to you and / or your children)

Unemployment \$ \_\_\_\_\_ \$ \_\_\_\_\_  
"Food Stamps," AFDC, etc. \$ \_\_\_\_\_ \$ \_\_\_\_\_  
Pension or retirement income \$ \_\_\_\_\_ \$ \_\_\_\_\_

Contribution from others living in your home \$ \_\_\_\_\_ \$ \_\_\_\_\_  
Other monthly income: \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

**(Please specify what kind of income)**

**TOTAL OTHER INCOME** \$ \_\_\_\_\_ \$ \_\_\_\_\_

**Any Expected Increase or Decrease in any Income? (please explain)**

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**III. MONTHLY CURRENT EXPENSES**

Complete this schedule by estimating the average monthly expenses for you and your family. Prorate any payments made bi-weekly, quarterly, semi-annually, or annually to show the **monthly** rate.

Check this box if a joint petition is filed and debtor's spouse maintains a separate household. If so, you will need to complete and label a separate schedule of expenditures.

**Rent or home mortgage payments:** \$ \_\_\_\_\_

**Lot Rent:** \$ \_\_\_\_\_

Does your mortgage company pay your property tax?  Yes  No

Does your mortgage company pay your homeowners insurance?  Yes  No

**Utilities:**

Electricity, heat, natural gas \$ \_\_\_\_\_

Water, sewer, garbage collection \$ \_\_\_\_\_

Telephone, cell phone, Internet, satellite, and cable services \$ \_\_\_\_\_

Other. Specify: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_

**Food and housekeeping supplies** \$ \_\_\_\_\_

**Childcare and children's educational costs** \$ \_\_\_\_\_

**Clothing, laundry, and dry cleaning** \$ \_\_\_\_\_

**Personal care products and services** \$ \_\_\_\_\_

**Medical and dental expenses** \$ \_\_\_\_\_

**Transportation.** Include gas, maintenance, bus or train fare. Do not include car payments. \$ \_\_\_\_\_

**Entertainment, clubs, recreation, newspapers, magazines, and books** \$ \_\_\_\_\_

**Charitable contributions and religious donations** \$ \_\_\_\_\_

**Insurance.**  
Do not include insurance deducted from your pay or property, homeowner's, or renter's insurance, if listed above or below.

Life insurance \$ \_\_\_\_\_

Health insurance \$ \_\_\_\_\_

Vehicle insurance \$ \_\_\_\_\_

Other insurance. Specify: \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_

**Taxes.** Do not include taxes deducted from your pay or included above or below. Specify:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_

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**Installment or lease payments:**

Car payments for Vehicle 1 \$ \_\_\_\_\_

Car payments for Vehicle 2 \$ \_\_\_\_\_

Other.  
Specify: \_\_\_\_\_  
\$ \_\_\_\_\_

Other.  
Specify: \_\_\_\_\_  
\$ \_\_\_\_\_

**Your payments of alimony, maintenance, and support that you did not report as deducted from your pay, above.** \$ \_\_\_\_\_

**Other payments you make to support others who do not live with you.**  
Specify: \_\_\_\_\_  
\$ \_\_\_\_\_

**Other real property expenses not included above**

Mortgages on other property \$ \_\_\_\_\_

Real estate taxes \$ \_\_\_\_\_

Property, homeowner's, or renter's insurance \$ \_\_\_\_\_

Maintenance, repair, and upkeep expenses \$ \_\_\_\_\_

Homeowner's association or condominium dues \$ \_\_\_\_\_

**Other.**  
Specify: \_\_\_\_\_  
\$ \_\_\_\_\_

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

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

**Debts of a non-filing spouse:**

1) \_\_\_\_\_ \$ \_\_\_\_\_

2) \_\_\_\_\_ \$ \_\_\_\_\_

3) \_\_\_\_\_ \$ \_\_\_\_\_

4) \_\_\_\_\_ \$ \_\_\_\_\_

**Alimony and Child Support paid to others . . . .** \$ \_\_\_\_\_

I pay \$ \_\_\_\_\_ per \_\_\_ Week \_\_\_ Every 2 weeks \_\_\_ Semi-Monthly \_\_\_ Monthly

**TOTAL EXPENSES \$**

**Regular expenses from operation of business (If Applicable) You will need to attach a detailed list of the expenses you incur monthly for your business.**

**IV. CHANGES IN ASSETS OR OTHER CHANGES TO BE MADE:**

On an additional sheet of paper, please describe any other changes you are aware of needing to be changed in your bankruptcy schedules. Provide details (e.g., Asset descriptions, creditor names, amounts, account numbers, etc.)

*Attach supplemental pages if you need to provide attorney with more information about any of these questions.*