

CLIENT WORKBOOK



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PLEASE SAVE A COPY TO YOUR DESKTOP.**

**DO NOT BEGIN FILLING OUT THE FORM UNTIL IT IS
SAVED TO YOUR COMPUTER.**

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THANK YOU!

Date: _____

CLIENT WORKBOOK



www.millermillerlaw.com

DOCUMENT SUBMISSION AND WORKBOOK QUESTIONS

In order to proceed with the filing of your case, we will need your completed workbook, as well as all documents requested at your initial consultation.

Documents may be submitted to documents@millermillerlaw.com.

Have questions related to this workbook or document submission?

documents@millermillerlaw.com

414-316-3555

PAYMENTS AND PAYMENT PLANS

Questions related to making a payment or payment plans?

payments@millermillerlaw.com

414-316-3550

Client Questionnaire for Filer(s)
Section 1 – Basic Information

Part A. Name and Address

Name: _____
Last First Middle

Telephone Number Home: _____ Cell: _____

Work: _____ Spouse Cell: _____

Have you used any other names in the past eight years? ☐ No ☐ Yes If yes, list other names:

Social Security Number: _____ - _____ - _____ Birth Date _____

(Have you ever used a different social security number other than the one listed above?
If yes, please provide that number _____ - _____ - _____)

Address: _____

City: _____ State: _____ Zip: _____

County: _____

Have you lived at this address for at least six months? ☐ No ☐ Yes

Have your lived at the address for at least two years? ☐ No ☐ Yes

If you answered no to either of the questions above, please list your previous address:

Address: _____

City: _____ State: _____ Zip: _____

County: _____

If you have a different mailing address, please list:

Mailing Address: _____

City: _____ State: _____ Zip: _____

Have you operated any business in the past 8 years as a Corporation, LLC, C Corp or S Corp?

If so, please list name(s) of businesses _____

Are you a Sole Proprietor of a full or part-time business?

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Description of Business _____

Part B. Name and Address of Spouse

Name: _____
Last First Middle

Has your spouse used any other names in the past eight years? ☐ No ☐ Yes If yes, list other names:

Social Security Number: _____ - _____ - _____ Birth Date _____

(Have you ever used a different social security number other than the one listed above?
If yes, please provide that number _____ - _____ - _____)

Address: (If different from your address): _____

City: _____ State: _____ Zip: _____ County: _____

If your spouse has a different mailing address, please list:

Mailing Address: _____

City: _____ State: _____ Zip: _____

Part C. Have you Filed Bankruptcy in the Past?

Have you filed a bankruptcy in the last 8 years? ☐ No ☐ Yes

If yes, please state the case number, date the bankruptcy was filed and type of bankruptcy

Case Number	Date of Filing	Type of Bankruptcy

Exhibit "C" to the Voluntary Petition

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? No Yes (If yes, please attach a list and description of the property.)

Do You Rent?

If yes, please provide the name and address of the landlord:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Please provide us with the nearest relative or friend not living with you in the event we can not reach you directly.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone#: _____ Cell Phone: _____

Section 2 ♣ Property

Part A. Real Estate (Schedule A)

List all real estate which you own or a joint owner of, even if you still owe money on the property, including Timeshares

Address and description of property(s)	Owned by Whom?	Fair Market Value	Your % ownership or \$ amount if you and spouse are not sole owners	Name of Mortgage Holder	Balance Due on Mortgage	Mortgage Payment per Month

HOUSEHOLD GOODS

Description	Number of Items	*Fair Market Value	Balance Owed
Beds	_____	_____	_____
Night Stands	_____	_____	_____
Dressers	_____	_____	_____
Armoire	_____	_____	_____
Desks	_____	_____	_____
Dining Table & Chairs	_____	_____	_____
End Table	_____	_____	_____
Living Rm Chairs	_____	_____	_____
Loveseats	_____	_____	_____
Sofa	_____	_____	_____
Entertainment Center	_____	_____	_____
Lamps	_____	_____	_____
Living Rm Chairs	_____	_____	_____
Loveseats	_____	_____	_____
Sofa	_____	_____	_____
Entertainment Center	_____	_____	_____
Lamps	_____	_____	_____
Bookcase	_____	_____	_____
Curio Cabinet	_____	_____	_____
Rugs	_____	_____	_____
Paintings	_____	_____	_____
Piano	_____	_____	_____
Kitchen Chairs	_____	_____	_____
Dishes	_____	_____	_____
Pots/Pans	_____	_____	_____
China	_____	_____	_____
Flatware	_____	_____	_____

*Fair market value is the price a person could obtain by selling the asset in the current resale market. (Not the replacement cost of the value your personally would place on the item.

Description	Number of Items	*Fair Market Value	Balance Owed
Silverware	_____	_____	_____
Microwave	_____	_____	_____
Vacuum	_____	_____	_____
Stove	_____	_____	_____
Refrigerator	_____	_____	_____
Freezer	_____	_____	_____
Dishwasher	_____	_____	_____
Dryer	_____	_____	_____
Washing Machine	_____	_____	_____
Grill	_____	_____	_____
Patio Furniture	_____	_____	_____
Snow blower	_____	_____	_____
Lawnmower	_____	_____	_____
TOTAL		\$ _____	

Other Personal Goods:

Please list the fair market value of the following items:

Clothing \$ _____ Electronics \$ _____

Books, music or movie DVDs, CDs, games, collectibles \$ _____

Jewelry including wedding rings, watches, and costume jewelry \$ _____

*Fair market value is the price a person could obtain by selling the asset in the current resale market. (Not the replacement cost of the value your personally would place on the item.

Part B. Personal Property

For each type of property listed below, indicate whether you own any property of that category, and if you do, fill in the remaining information.

Type of Property	Yes/No	Description	Filer 1, Filer 2, Joint or Community	Value
1. Automobiles, trucks, trailers, motorcycles Include year, make, model and mileage				
2. Boats, motors, and accessories Include year, make, model and mileage				
3. Cash on hand (in pocket, purse, wallet or home)				
4. Checking/Savings Account, Certificates of deposit, other bank accounts. Include name of bank(s) and balance(s) <i>Please list all accounts</i>				

Type of Property	Yes/No	Description	Filer 1, Filer 2, Joint or Community	Value
5. Security deposits held by landlord or utility companies.				
6. Sports equipment, camera or hobby equipment, firearms				
7. Interest in Term life Insurance policy. Specify beneficiary				
8 Interest in Whole life Insurance policy. Specify face value, current cash value and beneficiary				
9. Annuities				
10. Interests in an Education IRA, as defined in 26 USC sec. 530(b)(1)				

Type of Property	Yes/No	Description	Filer 1, Filer 2, Joint or Community	Value
11. Interests in pension or profit sharing plans, 401ks, 403b or other retirement plans. List where the account is held				
12. Interest in Business(es) Specify ownership				
13. Bonds				
14. Monies owed to you by another person				
15. Alimony/child support to which you are entitled to receive				
16. Anticipated tax refunds				

Type of Property	Yes/No	Description	Filer 1, Filer 2, Joint or Community	Value
17. Are you to inherit any property?				
19. Are you an heir or beneficiary for anyone?				
20. Patents, copyrights, other intellectual property				
21. Pets				
22. Customer list and mailing lists				
23. Licenses, franchises				

Type of Property	Yes/No	Description	Filer 1, Filer 2, Joint or Community	Value
24. Office equipment and supplies for business use				
25. Machinery, fixtures etc. for business				
26. Inventory for business				
27. Farm Animals				
28. Crops-growing or harvested				
29. Farming equipment and implements				
30. Farm supplies, chemicals fee				
31. Other personal property of any kind not listed.				

Section 4 ♣ Unexpired Leases and Contracts (schedule G)

List below any leases or contracts that are still current such as residential lease, cell phones, car lease(s), business leases and service or business contracts

Nature and Description of Contract	Name and Address of other party or parties	Date contract expires

Section 5 ♣ Current Income

Marital Status

☐ Married

☐ Single ☐ Divorced

☐ Separated ☐ Widowed

Part A. Filer's Income

1. What is your occupation? _____
 2. Name and address of your employer:

 3. How long have you been employed there? _____
 4. What is the gross amount of your paycheck before taxes/other deductions are taken out \$ _____
 5. How often do you get paid? ☐ once a week
☐ every two weeks ☐ twice a month ☐ once a month
 6. Do you receive overtime pay outside of your salary?
If so, how many hours per wk/month _____
 7. Are there other deductions? If so, what are they and how much? _____
- Do you receive?
- a) Income from real estate property?
If so how much per month? \$ _____
 - b) Interest or dividends? \$ _____
 - c) Alimony or family support payments for you or the care of your dependents? \$ _____
 - d) Social security, disability or other forms of Government assistance? \$ _____
 - e) Foodshare \$ _____
 - f) Retirement or pension money \$ _____
 - g) Unemployment compensation? \$ _____ weekly
 - h) Part-time job? \$ _____
Name and Address of Employer _____
 - i) Income from business operations? \$ _____

Part B. Joint Filer's Income

1. What is your occupation? _____
 2. Name and address of your employer:

 3. How long have you been employed there? _____
 4. What is the gross amount of your paycheck before taxes/other deductions are taken out \$ _____
 5. How often do you get paid? ☐ once a week
☐ every two weeks ☐ twice a month ☐ once a month
 6. Do you receive overtime pay outside of your salary?
If so, how many hours per wk/month _____
 7. Are there other deductions? If so, what are they and how much? _____
- Do you receive?
- a) Income from real estate property?
If so how much per month? \$ _____
 - b) Interest or dividends? \$ _____
 - c) Alimony or family support for you or the care of your dependents? \$ _____
 - d) Social security, disability or other forms of Government assistance? \$ _____
 - e) Foodshare \$ _____
 - f) Retirement or pension money? \$ _____
 - g) Unemployment compensation? \$ _____ weekly
 - h) Part-time job? \$ _____
Name and Address of Employer _____
 - i) Income from business operations? \$ _____

Other sources of income: Please circle: VA Benefits, Family contributions, gambling winnings, Commission, Bonuses, SPIFFS, Contest winnings, State W-2

Are you or your spouse expecting any increase or decrease in salary next year? If so, please explain.

Section 6 ♣ Current Expenses

Do you and your spouse maintain separate households? ☐ No ☐ Yes If so, fill one page out for your household and another for your spouse's.

List all dependents of you and your spouse, their ages and relationship to you

Age	Relationship	Does the dependent live with you?

The following questions ask for your expenses each month. If you are unsure of the amount you pay each month, but know the amount for a different period (per week, per day, every 2 months etc) write in the amount and the frequency that you pay the amount.

Indicate how much you pay for each item each month....

1. Your rent or your home's first mortgage \$ _____
 - 1a. Real Estate Taxes (If not escrowed) \$ _____
 - 1b. Property, Homeowner's or renter's insurance \$ _____
 - 1c. Home maintenance, repair and upkeep expenses \$ _____
 - 1d. Homeowner's association or condominium dues \$ _____
2. Additional mortgage payments for your home \$ _____
3. Utilities
 - 3a. Electricity, heat, natural gas \$ _____
 - 3b. Water, sewer, garbage collection \$ _____
 - 3c. Telephone, cell phone, internet, satellite and cable services \$ _____
 - 3d. Other Specify _____ \$ _____
4. Food and housekeeping supplies \$ _____
5. Childcare and children's education costs (children under 18) \$ _____
6. Clothing, laundry and dry cleaning \$ _____
7. Personal care products and services \$ _____
8. Medical and dental expenses (out-of-pocket expenses) \$ _____
9. Transportation (gas and monthly expenses, bus fare) \$ _____
10. Entertainment, recreation, newspapers, magazines, books or Netflix \$ _____
11. Charitable contributions and religious donations \$ _____

12. Insurance not deducted from paycheck	
a) Life insurance	\$ _____
b) Health Insurance	\$ _____
c) Auto insurance	\$ _____
d) Other Insurance Specify _____	\$ _____
13. Taxes Do not include taxes deducted from your pay or included in line 1a	\$ _____
14. Installment payment or lease payment	
14a. Car payments for Vehicle 1	\$ _____
14b. Car payments for Vehicle 2	\$ _____
14c. Other Specify _____	\$ _____
14d. Other Specify _____	\$ _____
15. Alimony, maintenance, support paid to others (not deducted from pay)	\$ _____
16. Payments for support of dependents not living at home	\$ _____
17. Other real property expenses not included in lines 1 & 2 of this form	\$ _____
17a. Mortgages on other property	\$ _____
17b. Real estate taxes	\$ _____
17c. Property, homeowner's or renter's insurance	\$ _____
17d. Maintenance, repair and upkeep expenses	\$ _____
17e. Homeowner's association or condominium dues	\$ _____
18. Other Specify _____	\$ _____
_____	\$ _____
_____	\$ _____
19. Pet care	\$ _____
20. Banking fees/postage	\$ _____
21. Gym/Health Club membership	\$ _____
22. Health Savings accounts (not deducted from paycheck)	\$ _____
23. Care for elderly, chronically ill or disabled family members	\$ _____
24. Protection from family violence	\$ _____
25. Non-mandatory contributions to retirement accounts (including loan repayments)	\$ _____
26. Other expenses not listed above	\$ _____
_____	\$ _____
_____	\$ _____

Section 3 ♣ Debts

List below all the debts that you owe, or that creditors claim that you owe.

Type of Debt	1.Creditor Name and address 2. Account number, if any	Amount Owed	Do you dispute this debt?	When did you make your last payment?
Home loans/mortgages				
Car loans				
Other bank loans				

Type of Debt	1.Creditor Name and address 2. Account number, if any	Amount Owed	Do you dispute this debt?	When was the last time you used this debt?
Personal loans including Payday Loan				
Student Loans				
Major credit card debts (Am Ex, Discover, MasterCard, VISA)				
Other credit card debts (stores, gas etc)				
Unpaid utility bills				

Type of Debt	1.Creditor Name and address 2. Account number, if any	Amount Owed	Do you dispute this debt?	
Unpaid medical bills				
Unpaid alimony or child support	Name, address and phone no. for anyone that Child Support is owed			
Unpaid taxes				

Section 7 ♣ Statement of Financial Affairs

If you are filing jointly with your spouse, include information about both you and your spouse. Information should be separated by spouse including Non-Filing Spouse.

If you have no information to report for a question, check the "NONE" box.

1. Prior address of debtor

List all addresses you have lived at in the past three years excluding your current address.

☐ None

<u>Address</u>	<u>Your name at the Time</u>	<u>Dates of Occupancy</u>
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2. Spouses and Former Spouses

List the name and current address of former spouses within the past eight years.

☐ None

Name(s)

Did they live with you in Wisconsin during the time you were married? Yes _____ No _____

3. Income from employment or operation of business

State your gross income from any employment or operation of business.

☐ None

<u>Period</u>	<u>\$ Amount</u>	<u>Source</u>	<u>Husband</u>	<u>Wife</u>
January 1 of this year through present				

Last year, (January 1 – December 31, 2015)

Last year, (January 1 – December 31, 2014)

4. *Income other than from employment or operation of business (Rental, unemployment, Social Security, Disability, gambling, withdrawals from retirement accounts, foodshare, child support)*

☐ *None*

<i>Period</i>	<i>\$ Amount</i>	<i>Source</i>	<i>Husband</i>	<i>Wife</i>
<i>January 1 of this year through present</i>				

Last year, (January 1 – December 31, 2015)

Last year, (January 1 – December 31, 2014)

5. *Payments to creditors*

☐ *None*

- a. *Have you paid any person, family, friends or creditor a total of \$600.00 or more during the 90 days before filing for bankruptcy?*

<i>Name of Creditor</i>	<i>Dates of Payments</i>	<i>Amount Paid</i>
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- b. *If your debts are related to your business operations have you paid a total of \$5,465.00 or more to any single creditor in the past 90 days?*

☐ *None*

<i>Name of Creditor</i>	<i>Dates of Payments</i>	<i>Amount Paid</i>
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6. *Lawsuits, garnishments and attachments*

- a. *In the past year have you sued anyone, been sued, had wages garnished or been named in any other administrative hearing (i.e. worker's comp, divorce, tax warrant)*

☐ *None*

<i>Name and Case Number</i>	<i>Nature of Proceeding</i>
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7. *Within the past year before filing for bankruptcy, was any of your property repossessed, foreclosed, garnished, removed seized, or levied?*
☐ None

<i>Name and Address of Creditor</i>	<i>Date of Repossession, Foreclosure, Transfer or Return</i>	<i>Description and value of Property</i>
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8. *Setoffs*

Within the 90 days before filing for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt?
☐ None

<i>Name and Address of Creditor</i>	<i>Date of Setoff</i>	<i>Amount of Setoff</i>
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9. *Assignments and Receiverships*

Within the past one year before filing for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?

Yes _____ No _____

10. *Gifts*

- a. *Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?*

☐ None

<i>Name and Address of Recipient</i>	<i>Relationship to you, if any</i>	<i>Description and value of Gift</i>
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- b. *Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity?*

☐ None

<i>Name and Address of Recipient</i>	<i>Relationship to you, if any</i>	<i>Description and value of Gift</i>
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11. Losses

Within 1 year before filing for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling?

☐ None

<i>Description and Value of Property</i>	<i>Description of Circumstances and Amount covered by insurance, if any</i>	<i>Date of Loss</i>
_____	_____	_____

12. Payments related to debt counseling and bankruptcy.

- a. List all payments made to an attorney, credit counseling or any other person who you sought consultation within the past year.

☐ None

<i>Name and Address of Payee</i>	<i>Date of Payment</i>	<i>Name of Person Who Paid</i>	<i>Amount of Money/Description and value of Property</i>
_____	_____	_____	_____

13. Other transfers (Including sale of your property)

- a. List all other property, other than property transferred in your ordinary course of business or financial affairs transferred either absolutely or as a security within the past two years.

☐ None

<i>Name and Address of Transferee & Relationship to you</i>	<i>Date of Transfer</i>	<i>Description & value of Property</i>
_____	_____	_____

- b. List all property you transferred within 10 years prior to filing of your bankruptcy to a self-settled trust, or a similar device of which you are the beneficiary.

☐ None

<i>Name of Trust or Similar Device</i>	<i>Date of Transfer</i>	<i>Description & value of Property</i>
_____	_____	_____

14. *Closed financial accounts*

Have any of your bank accounts or any other financial accounts been closed within the past year?

☐ *None*

<i>Name and Address of Institution</i>	<i>Type and No. of Account & Final Balance</i>	<i>Amt and Date of Closing of Acct.</i>
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15. *Safe Deposit Boxes*

Have you had a Safe Deposit box within the last year?

☐ *None*

<i>Name and Address of Bank</i>	<i>Name & Address of those with access to box</i>	<i>Description of Contents</i>
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16. *Have you stored property in a storage unit or place other than your home within one year before filing for bankruptcy?*

☐ *None*

<i>Storage Facility name</i>	<i>Who else had access</i>	<i>Description of Contents</i>
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17. *Property held for another person*

List any property you borrowed from, are storing for, or hold in trust for someone. (i.e. car)

☐ *None*

<i>Name and Address of Owner</i>	<i>Description & Value of Property</i>	<i>Location of Property</i>
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18. *Within the four years before you filed for bankruptcy, did you own a business or have any connections to any business?*

☐ *None*

<i>Name</i>	<i>Taxpayer I.D. Number (EIN)</i>	<i>Address</i>	<i>Nature of Business</i>	<i>Beginning and End Dates of Operation</i>
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19. *Books, records and financial statements*

a. *List all bookkeepers and accountants who, within the **two years** immediately preceding the filing of this bankruptcy case, kept or supervised the keeping of books of account and records.*

☐ *None*

<i>Name and Address</i>	<i>Dates of Services Rendered</i>
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20. *Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.*

☐ *None*

<i>Name and Address</i>	<i>Dates of Services Rendered</i>
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21. *Personal Injury Claims*

*Do you have any personal injury claims, workers compensation claims pending or other claims against anyone what so ever? **If so, please have your Personal Injury Attorney provide us with the date and a brief description of the accident and the total amount of special damages (medical bills, lost wages) sustained from this accident, the status of the case and if there is a permanent injury and the anticipated settlement amount.***

☐ *None*

22. *Do you anticipate receiving any inheritance within the six months after the filing of your bankruptcy?*

☐ *None*