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**Client Questionnaire**

1. Name: \_\_\_\_\_

Other Names used in the last 10 years: \_\_\_\_\_

\_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How long have you lived there? \_\_\_\_\_

Have you lived in Massachusetts at least 180 days? \_\_\_\_\_

Have you lived in Massachusetts at least 730 days? \_\_\_\_\_

2. Date of Birth: \_\_\_\_\_

3. Home Phone Number: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

E-mail address: \_\_\_\_\_

4. Are you currently employed? \_\_\_\_\_

If yes, where are you employed? \_\_\_\_\_

Nature of Work \_\_\_\_\_

What is your employers address? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How long have you worked there? \_\_\_\_\_

5. Are you married? \_\_\_\_\_

If yes, what is your spouse's name? \_\_\_\_\_

6. Have you ever filed for bankruptcy? \_\_\_\_\_

If yes, when? \_\_\_\_\_  
What Chapter? \_\_\_\_\_

7. Have you or your spouse used a credit card in the last 90 days? \_\_\_\_\_

8. Have you and your spouse filed all your tax returns? \_\_\_\_\_

9. Are you expecting a tax return this year? \_\_\_\_\_  
If so, how much? \$ \_\_\_\_\_

10. Have you charged any taxes or student loans to a credit card? \_\_\_\_\_

11. Have you cashed out a retirement account; have gambling winnings, sold stock or other assets in the last 2 years? \_\_\_\_\_

If so, what and for how much? \_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_

12. Do you have any stock, gambling, or casualty loses in the last 18 months?  
\_\_\_\_\_

If so, what and for how much? \_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_

13. Has anyone helped you pay your bills in the last 7 months? \_\_\_\_\_  
If yes, who and how much have they contributed? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

14. Do you expect to receive an inheritance in the next 180 days? \_\_\_\_\_

15. Have you your spouse ever been divorced? \_\_\_\_\_  
If so, when? \_\_\_\_\_

16. Have you transferred or sold any property in the last 5 years, such as a house, timeshare, car, boat, etc...? \_\_\_\_\_  
If so, what and to whom? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

17. Have you or your spouse had an estate plan created such as a will or trust?  
\_\_\_\_\_

**About your spouse:**

18. Date of Birth: \_\_\_\_\_
19. Is your spouse currently employed? \_\_\_\_\_  
If yes, where is s/he you employed? \_\_\_\_\_  
What is the employers address? \_\_\_\_\_
- 
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How long has s/he worked there? \_\_\_\_\_

20. Other names used by your spouse in the last 10 years: \_\_\_\_\_
- 

21. Has s/he ever filed for bankruptcy? \_\_\_\_\_  
If yes, when? \_\_\_\_\_  
What chapter? \_\_\_\_\_

**How did you hear about us?**

- |   |   |
|---|---|
| <input type="checkbox"/> Friend               | <input type="checkbox"/> Lawyers.com          |
| <input type="checkbox"/> Google               | <input type="checkbox"/> Nolo.com             |
| <input type="checkbox"/> Yahoo                | <input type="checkbox"/> Superpages.com       |
| <input type="checkbox"/> Bing                 | <input type="checkbox"/> Yellowpages.com      |
| <input type="checkbox"/> MSN                  | <input type="checkbox"/> Yellowbook.com       |
| <input type="checkbox"/> RKovacsLaw.com       | <input type="checkbox"/> Lawfirms.com         |
| <input type="checkbox"/> Local Newspaper      | <input type="checkbox"/> Yellow Book          |
| <input type="checkbox"/> Telegram and Gazette | <input type="checkbox"/> Verizon Yellow Pages |
| <input type="checkbox"/> AttorneyPages.com    | <input type="checkbox"/> Other: _____         |
| <input type="checkbox"/> Avvo.com             |   |

## INCOME

Gross Wages (before deduction) per Pay Period:

	<b>You</b>	<b>Spouse</b>
1. How often are you paid?	_____	_____
2. How much are you paid (gross) per pay period?	\$ _____	\$ _____
3. Estimate overtime per pay period:	\$ _____	\$ _____

Deductions per Pay Period:

4. Payroll taxes:		
Federal Taxes	\$ _____	\$ _____
Social Security (FICA)	\$ _____	\$ _____
Medicare	\$ _____	\$ _____
State Taxes	\$ _____	\$ _____
Local Taxes	\$ _____	\$ _____
Other	\$ _____	\$ _____
5. Insurance (deducted from your pay check)	\$ _____	\$ _____
6. Union dues	\$ _____	\$ _____
7. Other deductions:		
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
8. If self-employed, average Monthly business income	\$ _____	\$ _____
9. Income from real property	\$ _____	\$ _____
10. Interest and Dividends	\$ _____	\$ _____

11. Social security \$ \_\_\_\_\_ \$ \_\_\_\_\_
12. Other government assistance:  
 \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_
13. Pension or retirement income \$ \_\_\_\_\_ \$ \_\_\_\_\_
14. Alimony received \$ \_\_\_\_\_ \$ \_\_\_\_\_
15. Child support received \$ \_\_\_\_\_ \$ \_\_\_\_\_
16. Other income:  
 \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_
17. Contribution of other household members:  
 \_\_\_\_\_ \$ \_\_\_\_\_

18. If you anticipate an increase or decrease of any of the amounts above please list the amount and state the reason for the increase or decrease.

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## ASSETS

1. Bank Accounts – list all accounts whether now open or closed for the last 2 years

Type of Account	Location of Account	Current Value
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

2. Real Estate – list all real estate you now own or have owned in the last two years

Purpose (home or business)	Address	Mortgage	Date purchased
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

3. Automobiles

Year	Make and Model	Mileage	Loan	Date Purchased
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Were any of the above Automobiles purchased in the last 910 days? \_\_\_\_\_

4. Repossessed Automobiles in the last two years

Year	Make and Model	Mileage	Loan	Date Purchased
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

5. Home Furnishings – value of furniture per room of your house, please include value of appliances

Room	Approximate Value
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

6. Value of Household Books \$ \_\_\_\_\_

7. Value of Video and Music collection \$ \_\_\_\_\_

8. Collection:

Sports Cards	\$ _____
Stamp	\$ _____
Coins	\$ _____
Pictures	\$ _____

9. Other Collections:

_____	\$ _____
_____	\$ _____
_____	\$ _____

9. Value of clothing \$ \_\_\_\_\_

10. Value of jewelry \$ \_\_\_\_\_

11. Retirement Accounts

Type of Account (401k, 403b)	Location of Account	Value
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

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

12. Employment – List All Employment for the Last 1 Year

Name of Employer	Address	Average Income
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

13. Do you have a safety deposit box? \_\_\_\_\_  
If yes what is in it? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

14. Savings Bonds

Date Purchased	Face Value
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

15. Value of Medical Aides

Eye glasses	\$ _____
Hearing Aids	\$ _____
Dentures	\$ _____
Other	\$ _____
_____	\$ _____
_____	\$ _____

16. List all boats, airplanes, motorcycles, snowmobiles

Year	Make and Model	Mileage	Loan	Date Purchased
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____



17. Does anyone owe you money? If yes,

Name	Address	Amount	Reason
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

18. Have you sued anyone for any reasons in the last 10 years? If yes,

Name	Address	Amount	Reason
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

19. Can you sue anyone for any reasons? If yes,

Name	Address	Amount	Reason
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

20. List of pets

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21. List all other assets

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## EXPENSES

1. List all dependents living with you whose expenses are included below:

Name, date of birth, and relationship: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Indicate the average monthly expense for the following:

2. Rent/ Mortgage payment: \$ \_\_\_\_\_

Are real estate taxes included? \$ \_\_\_\_\_

Is property insurance included? \$ \_\_\_\_\_

If not, how much do you pay? \$ \_\_\_\_\_

3. Food \$ \_\_\_\_\_

4. Toiletries \$ \_\_\_\_\_

5. Cigarettes \$ \_\_\_\_\_

6. Alcohol \$ \_\_\_\_\_

7. Clothing \$ \_\_\_\_\_

8. Haircuts \$ \_\_\_\_\_

9. Laundry and Dry Cleaning \$ \_\_\_\_\_

10. Medical and Dental Expenses \$ \_\_\_\_\_

11. Entertainment, Clubs, Recreation, Newspapers, etc... \$ \_\_\_\_\_

12. Insurance:

Car \$ \_\_\_\_\_

Homeowner's or Renter's \$ \_\_\_\_\_

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

Disability \$ \_\_\_\_\_

Other: \_\_\_\_\_

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

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

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

13. Utility Expenses:

Heat/ Oil / Gas \$ \_\_\_\_\_

Electric \$ \_\_\_\_\_

Water/ Sewer \$ \_\_\_\_\_

Garbage \$ \_\_\_\_\_

Security \$ \_\_\_\_\_

Telephone	\$ _____
Cellular Phone	\$ _____
Pager	\$ _____
Television	\$ _____
Internet	\$ _____
Other	_____
_____	\$ _____
_____	\$ _____
_____	\$ _____

14. Medical/Dental:

Uninsured Prescriptions	\$ _____
Doctors visits	\$ _____
Medical insurance (Not deducted from your pay check)	\$ _____
Medical Equipment	\$ _____
Eyeglasses	\$ _____
Eye exams	\$ _____
Hearing Aids	\$ _____
Dental Visits	\$ _____
Orthodontists	\$ _____
Dentures	\$ _____

15. Transportation (other than monthly loan payment)

Gas/Oil	\$ _____
Repairs	\$ _____
Registration	\$ _____
Parking Fees/Tolls	\$ _____
Public Transportation	\$ _____

16. Charitable contributions \$ \_\_\_\_\_

17. Child Support Paid:  
(Child's name and amount)

_____	\$ _____
_____	\$ _____

18. Alimony Paid:  
(Ex-spouse's name and amount paid)  
\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_

19. Children Expenses:  
    School Activities \$ \_\_\_\_\_  
    School Lunches \$ \_\_\_\_\_  
    School Books \$ \_\_\_\_\_  
    Tuition \$ \_\_\_\_\_  
    School Uniforms \$ \_\_\_\_\_  
    Outside Activities \$ \_\_\_\_\_  
    Diapers \$ \_\_\_\_\_  
    Baby Formula \$ \_\_\_\_\_  
    Daycare \$ \_\_\_\_\_

20. Pet Care  
    Veterinary \$ \_\_\_\_\_  
    Food \$ \_\_\_\_\_  
    Other \$ \_\_\_\_\_

21. Other Expenses not listed elsewhere:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## LIABILITIES

1. Mortgage

Outstanding Balance \$ \_\_\_\_\_  
 Monthly Payment \$ \_\_\_\_\_

2. Car 1 \_\_\_\_\_

Outstanding Loan Balance \$ \_\_\_\_\_  
 Monthly Payment \$ \_\_\_\_\_

3. Car 2 \_\_\_\_\_

Outstanding Loan Balance \$ \_\_\_\_\_  
 Monthly Payment \$ \_\_\_\_\_

4. Car 3 \_\_\_\_\_

Outstanding Loan Balance \$ \_\_\_\_\_  
 Monthly Payment \$ \_\_\_\_\_

5. Credit Cards

Bank	Outstanding Balance	Most recent Cash Advance OR Balance Transfer	Most Recent Charge
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

6. Student Loans

Lender	Outstanding Balance
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

7. Loans from Family or Friends

Lender	Outstanding Balance
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

8. Personal Loans

Lender	Outstanding Balance
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

9. Have you purchased any new furniture in the last 1 year on store credit?

If so,

Date	Items Purchased	Store
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

10. List All Court Cases You Have Been a Party to for the Last 2 Years

Year	Type of Case	Outcome
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

11. List All Property That Has Been Reposed in the Last 2 Years

Type of Property	Date of Repossession	Any outstanding balance, If so, how much?
_____	_____	_____
_____	_____	_____
_____	_____	_____

12. Outstanding Medical Bills

Doctor	Amount
_____	\$ _____
_____	\$ _____
_____	\$ _____

13. Outstanding balance on utility bills

Company	Amount
_____	\$ _____
_____	\$ _____
_____	\$ _____

14. List Any Payment Made to a Creditor of More Than \$600 in the Last 90 Days

Date	Creditor	Amount
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

15. Any Other Liabilities – please describe

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**The information provided in this questionnaire is true and accurate to the best of my knowledge. I understand that if I file for bankruptcy Attorney Kovacs will use the above information to complete my initial filings with the Court. I also understand I have a duty to update Attorney Kovacs and the Court of any changes or corrections to the above information.**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name