



Law Offices of Kenneth H Dramer

Law Offices of Kenneth H. Dramer P.C.
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Hello Potential Future Client,

Before retaining our firm, our first step is to analyze your situation in terms of assets and income as well as the current balances owed and other relevant information. By completing and returning this preliminary information sheet to our law firm you are agreeing and granting us permission to review your file for bankruptcy qualification. We will keep your information confidential but we want to make it clear that by completing and returning this information sheet to our office along with your household's proof of income, you are NOT retaining our law firm, and as such, NO ATTORNEY-CLIENT relationship will be formed until retained.

Once completed, the attached information can either be scanned and emailed back to info@dramerlaw.com or faxed back toll free to 1-888-777-2170. Alternatively it can be mailed back to the address above in our header (mailed in information will take longer to process). **Be sure to send this completed sheet back to us along with your HOUSEHOLD'S most recent proof of any income.** Please note if you are married and plan to file bankruptcy individually without your spouse, we will still need proof of your spouse's income to see if you will qualify. Bankruptcy is determined by household income not only by the income of the person filing. We need to see the following:

- ❖ If working and your income (or spouse's income) is exactly the same each pay period we will need only 1 pay stub;
- ❖ If your income (or your spouse's income) varies even if by as an amount as little as \$5 each pay period, we will need 60 days of pay stubs;
- ❖ If you (or your spouse) are not working please send a benefit statement or award letter if on some type of fixed income;
- ❖ If you are a business owner or have any other form of income other than w2, we will need a 6 month Profit & Loss statement.

Once we receive the necessary information, we will assign a case representative to you who will have an attorney analyze your information and prepare our recommendations for your specific situation. Our law firm takes pride in the level of client service we offer. You will deal with the same person each time so you will be able to build a one-on-one relationship with a member of our staff that understands your personal situation and needs. This eliminates you having to deal with a different person each time you call and having to re-explain your situation every time. After making our recommendations, there is no obligation to retain our services, however, should you decide to, our fee structure is extremely affordable and we can arrange for our fee to be paid over time.

If you have any questions about anything, please feel free to contact us for a **FREE CONSULTATION at 1-888-314-1722**. We look forward to the opportunity to serve you.

Sincerely

Kenneth H. Dramer Esq.
Managing Partner
The Law Offices of Kenneth H. Dramer P.C.

Our Law Firm is a professional corporation with corporate headquarters in New York. If retained, for cases outside of New York, our Law Firm will request assistance from one of our contracted affiliate attorneys located throughout the country. An associated attorney will be compensated through our Law Firm according to the work performed, in full compliance with both states' rules concerning division of legal fees between attorneys and the applicable rules of professional conduct. This will be at no additional cost to you within the scope of our client agreement. It is in this way we are able to assist people with student loans in many states throughout the country.

BANKRUPTCY PRE-QUALIFICATION QUESTIONNAIRE

Name and Address of Debtor

Name: _____ Birth Date _____ SS# _____

Please list other names used:

Telephone Numbers: Home: _____ Cell: _____

Primary Residence Address: _____

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

How long have you lived at this address? _____ If less than 2 years, list previous address below:

Address: _____

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

Dates of Occupancy: From ___/___/___ through ___/___/___

If you have a different mailing address, please list:

Mailing Address: _____

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

Name and Address of Spouse –

If filing jointly OR you and your spouse maintain separate households please complete the ENTIRE section below.
If married and living together but are filing individual bankruptcy please enter ONLY YOUR SPOUSE's name below.

Name: _____ Birth Date _____ SS# _____

Please list other names used:

Telephone Numbers: Home: _____ Cell: _____

Primary Residence Address if different than Debtor's above _____

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

How long have you lived at this address? _____ If less than 2 years, list previous address below:

Address: _____

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

Dates of Occupancy: From ___/___/___ through ___/___/___

If you have a different mailing address, please list:

Mailing Address: _____

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

Marital Status and Dependents

Please select your current Marital Status:

Single Married Divorced Separated Widowed Common Law Unknown

Please list all dependents of you and your spouse with their age and relationship to you that is claimed on your taxes *(if applicable)*.

Name	Age	Relationship
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*****Please send your proof of income back along with this questionnaire*****

Debtor's Employer Information

Employment Status: Employed Unemployed Retired Other

If Unemployed since when _____ Any Unemployment Benefits No Yes If Yes, please list under "Other Sources of Income"

If Employed - How long employed with current job: _____

If 2 jobs - How long employed with second job: _____

Occupation/ Job title _____

Occupation/ Job title _____

Name & Address of current employer: _____

Name & Address of current Employer _____

Joint Debtor's (Spouse's) Employer Information

Employment Status: Employed Unemployed Retired Other

*****Please note we will need your spouse's proof of income even if you are filing an individual bankruptcy*****

If Unemployed since when _____ Any Unemployment Benefits No Yes If Yes, please list under "Other Sources of Income"

If Employed - How long employed with current job: _____

If 2 jobs - ow long employed with second job: _____

Occupation/ Job title _____

Occupation/ Job title _____

Name & Address of current employer: _____

Name & Address of current Employer _____

Other Sources of Income - Please list source & amount. Please provide proof or your case cannot be reviewed.

Prior and/or Pending Bankruptcy Cases

Have you filed a bankruptcy case in the last 8 years? No Yes **If yes** continue, Date Filed: _____

Case Number: _____ District & State case was filed _____

Result Debts Discharged Case dismissed without debts discharged Other _____

Housing situation:

Rent **Own** **Other (explain)** _____

If you rent please provide the name and address of the landlord:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

List all lawsuits to which you are a plaintiff (include any and all lawsuits)

List all lawsuits to which you are a defendant (include any and all lawsuits)

List all property you have transferred to another party within the past 2 years.

Describe all property which has been attached, garnished, foreclosed, or seized in the past year.

List all bank accounts or safe deposit boxes that have been closed within the past year. (Include Bank and branch address, type of account, last 4 digits of the account #, amount in the account when closed, and the date account was closed)

Are you currently or have you within the past 2 years engaged in a business as an officer, director, managing executive, or person in control of a corporation, a partner of a partnership (other than a limited partner), or a sole proprietor or self employed? No Yes **If "Yes"** there will be additional questions and information we will require.

Real Estate - This includes your main residence (house, condo or apartment), rental property, burial plot, undeveloped land and farm land. Do You Own Any Real Estate No Yes **If "No"** please skip to next page. **If "Yes"** continue below.

If you own **multiple real estate investments - before completing this page**: print 2 copies of this page from the email you received, or make a copy of this page, or request we send you another copy - in order to provide details for your additional property.

Property Address (If Different then Primary) _____

City _____ State _____ Zip _____ County _____

Type of Property _____ Owned by Husband, Wife, Joint or Community _____

If you are not the only owner (on the deed **NOT** the mortgage loan) please enter the % of the property you own? _____

Estimated Property Value _____ Source of Valuation _____ Date of Valuation _____

Are there any loans against this property No Yes (if **"No"** skip to next page) **If "Yes"** how many loans? 1 2 Continue Below

List the following for **EACH** loan:

Name of **First** Lender _____

Address _____ City _____ State _____ Zip _____

Account # _____ Date loan incurred _____ Outstanding Balance _____ Monthly payment _____

Responsible party name(s) _____

Does payment including taxes and/or insurance? No Yes **if "No"** list: Monthly Taxes _____ Monthly Insurance _____

Have you missed any payments? No Yes **If "Yes"**, approximately how many months behind _____ Past due amount _____

Have you received notice of foreclosure? No Yes **If "Yes"** has sale date been set? No Yes **If "Yes"** when _____

BE SURE TO SEND ANY INFORMATION REGARDING SALE DATE BACK TO LAW FIRM ALONG WITH COMPLETED QUESTIONNAIRE

Name of **Second** Lender _____

Address _____ City _____ State _____ Zip _____

Account # _____ Date loan incurred _____ Outstanding Balance _____ Monthly payment _____

Responsible party name(s) _____

Does payment including taxes and/or insurance? No Yes **if "No"** list: Monthly Taxes _____ Monthly Insurance _____

Have you missed any payments? No Yes **If "Yes"**, approximately how many months behind _____ Past due amount _____

Have you received notice of foreclosure? No Yes **If "Yes"** has sale date been set? No Yes **If "Yes"** when _____

BE SURE TO SEND ANY INFORMATION REGARDING SALE DATE BACK TO LAW FIRM ALONG WITH COMPLETED QUESTIONNAIRE

Owned or Financed Vehicles, Trailers, RVs, Motorcycles, ORVs, Boats, Aircrafts, etc.

If you have additional vehicles, please either print 2 copies of this page from the email you received, make a copy of this page, or request that we send you another copy, in order to provide details for your additional vehicles.

Type of Property	Do you own this type of property?	Description	Value of Property	If filing Jointly: Owned by Husband, Wife, Joint or Community?
Type of Property Automobiles, Trucks, Trailers, Boats, Aircraft , Motors and accessories	<input type="checkbox"/> Leased <input type="checkbox"/> Financed <input type="checkbox"/> Owned Outright If Leased or Financed: 1. Amount Owed (<i>total balance owed</i>): 2. Creditor Name and Address: 3. Date loan was incurred: _____ 4. Account Number _____ 5. Monthly Payment _____ 6. Number of payments remaining _____ 7. Have you missed any payments <input type="checkbox"/> No <input type="checkbox"/> Yes 8. If “Yes” past due amount _____ 9. Repossession imminent <input type="checkbox"/> No <input type="checkbox"/> Yes If “Yes” please provide documentation received	Make: Model Year Mileage / Hours Condition <input type="checkbox"/> Great <input type="checkbox"/> Good <input type="checkbox"/> Poor	Is there a codebtor or cosigner on this loan? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, provide name and address:	
Type of Property Automobiles, Trucks, Trailers, Boats, Aircraft , Motors and accessories	<input type="checkbox"/> Leased <input type="checkbox"/> Financed <input type="checkbox"/> Owned Outright If Leased or Financed: 1. Amount Owed (<i>total balance owed</i>): 2. Creditor Name and Address: 3. Date loan was incurred: _____ 4. Account Number _____ 5. Monthly Payment _____ 6. Number of payments remaining _____ 7. Have you missed any payments <input type="checkbox"/> No <input type="checkbox"/> Yes 8. If “Yes” past due amount _____ 9. Repossession imminent <input type="checkbox"/> No <input type="checkbox"/> Yes If “Yes” please provide documentation received	Make: Model Year Mileage / Hours Condition <input type="checkbox"/> Great <input type="checkbox"/> Good <input type="checkbox"/> Poor	Is there a codebtor or cosigner on this loan? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, provide name and address:	

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. For property acquired for personal or family use, the value is the price a retail merchant would charge for a property of that kind, considering the age and condition of that property.

Type of Property	Do you own this type of property?	Description	Value of Property If it were sold now In current used condition	If filing Jointly: Owned by Husband, Wife, Joint or Community?	Office Use Only Exemptions?
Cash on hand – this is the amount you keep outside the bank (this include spending cash you typically keep in your wallet/purse)	<input type="checkbox"/> No <input type="checkbox"/> Yes				
Checking/Savings Account, Certificates of deposit, other bank accounts, Safe Deposit Boxes	<input type="checkbox"/> No <input type="checkbox"/> Yes				
Security deposits held by utility companies, landlord	<input type="checkbox"/> No <input type="checkbox"/> Yes				
Household goods, furniture, including audio, video, and computer equipment	<input type="checkbox"/> No <input type="checkbox"/> Yes				
Books, pictures, art objects, records, compact discs, collectibles	<input type="checkbox"/> No <input type="checkbox"/> Yes				
Clothing	<input type="checkbox"/> No <input type="checkbox"/> Yes				
Furs and jewelry	<input type="checkbox"/> No <input type="checkbox"/> Yes				
Sports, photographic, hobby equipment, firearms	<input type="checkbox"/> No <input type="checkbox"/> Yes				

Type of Property	Do you own this type of property?	Description	Value of Property If it were sold now In current used condition	If filing Jointly: Owned by Husband, Wife, Joint or Community?	Office Use Only <i>Exemptions?</i>
Life Insurance Policies	<input type="checkbox"/> No <input type="checkbox"/> Yes	Name of Company <input type="checkbox"/> Whole / Universal <input type="checkbox"/> Term Cash Surrender Value _____			
Annuities, IRA's, 401k, ERISA, or Keogh	<input type="checkbox"/> No <input type="checkbox"/> Yes				
Interests in an education IRA, as defined in 26 USC § 530(b)(1)	<input type="checkbox"/> No <input type="checkbox"/> Yes				
Stocks or Bonds or any other interest in any business	<input type="checkbox"/> No <input type="checkbox"/> Yes				
Interests in partnerships/joint ventures	<input type="checkbox"/> No <input type="checkbox"/> Yes				
Accounts receivable	<input type="checkbox"/> No <input type="checkbox"/> Yes				
Alimony/family support to which you are entitled	<input type="checkbox"/> No <input type="checkbox"/> Yes				
Other liquidated debts owed to you, <u>including tax refunds</u>	<input type="checkbox"/> No <input type="checkbox"/> Yes	Explain			
Equitable or future interests or life estates	<input type="checkbox"/> No <input type="checkbox"/> Yes				

Type of Property	Do you own this type of property?	Description	Value of Property If it were sold now In current used condition	If filing Jointly: Owned by Husband, Wife, Joint or Community?	Office Use Only <i>Exemptions?</i>
Interests in estate of decedent or life insurance plan or trust	<input type="checkbox"/> No <input type="checkbox"/> Yes				
Other contingent/unliquidated claims, including tax refunds, counterclaims	<input type="checkbox"/> No <input type="checkbox"/> Yes				
Patents, copyrights, other intellectual property, Licenses, franchises	<input type="checkbox"/> No <input type="checkbox"/> Yes				
Customer List or other compilation	<input type="checkbox"/> No <input type="checkbox"/> Yes				
Office equipment, supplies, Inventory	<input type="checkbox"/> No <input type="checkbox"/> Yes				
Machinery, fixtures etc. for business	<input type="checkbox"/> No <input type="checkbox"/> Yes				
Farm Animals / Animals owed for Breeding Profit	<input type="checkbox"/> No <input type="checkbox"/> Yes				
Crops: growing or harvested, Farming equipment and implements, Farm supplies, chemicals, feed	<input type="checkbox"/> No <input type="checkbox"/> Yes				
Other personal property of any kind not listed.	<input type="checkbox"/> No <input type="checkbox"/> Yes				

Current Expenses – fill this page out as a household if you are married regardless of whether or not you are filing an individual or joint bankruptcy. Do NOT list any expenses deducted from your pay.

Do you and your spouse live separately and maintain separate households No Yes.

Category	Monthly amount	Category	Monthly amount
HOUSING		MISCELLANEOUS	
Mortgage or Rent	\$	Clothing / Diapers	\$
Second mortgage	\$	Dry cleaning/laundry	\$
Property taxes	\$	Toiletries	\$
Home/ Renter's Insurance	\$	Cleaning supplies	\$
Lot rent/ association dues	\$	Pet care	\$
UTILITIES		School supplies	\$
Electricity	\$	Cigarettes/tobacco	\$
Gas or Oil	\$	Professional fees	\$
Water/sewer/trash	\$	Memberships	\$
Bundled Phone / TV / Internet	\$	Checking acct. fees	
Home Telephone (if not bundle)	\$	Health Club	\$
Cellular phone/pager	\$	Postage	\$
Cable TV (if not bundle)	\$	Daycare/babysitters	\$
Internet (if not bundle)	\$	Child Allowances	\$
INSURANCES		Union dues	\$
Health/Dental Insurance	\$	Hair cuts/care	\$
Auto Insurance	\$	Newspapers/books	\$
Accident/ Disability Insurance	\$	Make up	\$
Life Insurance	\$		\$
GROCERIES/MEALS		Tax preparation	\$
Food at home	\$	Legal fees	\$
Meals out	\$	Tuition	\$
Food at work	\$	RECREATION	
School lunches	\$	Sports fees/equipment	\$
TRANSPORTATION		Entertainment	\$
Car payments	\$	Video Rentals	\$
Gasoline	\$	Seasonal rec.	\$
Parking and tolls	\$	Travel/vacations	\$
Car wash	\$	HEALTH EXPENSES	
Public transportation	\$	Dental	\$
Car repairs/maintenance	\$	Medical	\$
LOANS/OTHER EXPENSES		Prescriptions	\$
Student loans			
IRS/State Tax arrangements	\$	Eye care	\$
Personal loans	\$	Counseling/Therapy	\$
Child support/Alimony	\$		
Church/charities	\$	Court Ordered	\$
Credit Cards	\$	Other	\$
Furniture Installment Loans	\$	Other	\$
Support of Family Members Not at home	\$	Other	\$
	\$	TOTAL INCOME	\$
		TOTAL EXPENSES	\$
			\$

*****Before filling out this page print extra copies if needed in order to list more than 8 creditors*****

Name of Creditor _____

Address _____

Account # _____

Balance due _____

Date Account Was Opened _____

Name of Creditor _____

Address _____

Account # _____

Balance due _____

Date Account Was Opened _____

Name of Creditor _____

Address _____

Account # _____

Balance due _____

Date Account Was Opened _____

Name of Creditor _____

Address _____

Account # _____

Balance due _____

Date Account Was Opened _____

Name of Creditor _____

Address _____

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Balance due _____

Date Account Was Opened _____

Name of Creditor _____

Address _____

Account # _____

Balance due _____

Date Account Was Opened _____