



## QUESTIONNAIRE

This questionnaire is designed to provide us with the information required to determine the best course of action available to you. Please provide as much information as you can. Once completed and returned, we will schedule a formal interview in which we will advise you of the options available to you and how each of those options would affect you.

### PERSONAL DATA

SURNAME	ALL GIVEN NAMES (please attach a copy of your Birth Certificate)	ALIAS
RESIDENCE ADDRESS APT. NO.    STREET		CITY
MAILING ADDRESS (if different from residence address)		POSTAL CODE
SOCIAL INSURANCE NUMBER <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> </div>	CONTACT NUMBERS HOME: _____ BUSINESS: _____ FAX: _____ EMAIL: _____	
DATE OF BIRTH DAY    MONTH    YEAR <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> </div>	MARITAL STATUS    SINCE (approximate date) <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED ..... <input type="checkbox"/> DIVORCED ..... <input type="checkbox"/> SEPARATED ..... <input type="checkbox"/> WIDOW(ER) ..... <input type="checkbox"/> COMMON-LAW .	
OCCUPATION (when working)	NAME OF PRESENT EMPLOYER OR SOURCE OF INCOME	
ADDRESS OF PRESENT EMPLOYER		

SPOUSE'S SURNAME (include common-law)	ALL SPOUSE'S GIVEN NAMES	ALIAS
SPOUSE'S SOCIAL INSURANCE NUMBER <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> </div>		SPOUSE'S CONTACT NUMBERS HOME: _____ BUSINESS: _____ FAX: _____ EMAIL: _____
SPOUSE'S DATE OF BIRTH DAY    MONTH    YEAR <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> </div>		
SPOUSE'S OCCUPATION (when working)	SPOUSE'S PRESENT EMPLOYER OR SOURCE OF INCOME	
SPOUSE'S EMPLOYER'S ADDRESS		

### DEPENDANTS

List all dependants who live with you (excluding spouse):

FULL NAMES	RELATIONSHIP	DATE OF BIRTH				MONTHLY INCOME (if any)
		DAY	MONTH	YEAR	AGE	

If over 19, why dependant?

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# ASSETS

Please check appropriate items

**ESTIMATED PRESENT  
RE-SALE VALUE**

**OFFICE USE ONLY**

<input type="checkbox"/> CASH ON HAND AND IN BANK		
<input type="checkbox"/> FURNITURE <input type="checkbox"/> APPLIANCES <input type="checkbox"/> TV <input type="checkbox"/> VCR <input type="checkbox"/> STEREO		
<input type="checkbox"/> ANTIQUES <input type="checkbox"/> CHINA <input type="checkbox"/> SILVER <input type="checkbox"/> PAINTINGS		
<input type="checkbox"/> CASH VALUE OF LIFE INSURANCE POLICIES		
<input type="checkbox"/> RRSP <input type="checkbox"/> CANADA SAVINGS BONDS		
<input type="checkbox"/> SHARES <input type="checkbox"/> INVESTMENTS		
<input type="checkbox"/> CAMERA <input type="checkbox"/> VIDEO CAMERA		
<input type="checkbox"/> COMPUTER EQUIPMENT		
<input type="checkbox"/> MUSICAL INSTRUMENTS		
<input type="checkbox"/> CLOTHING		
<input type="checkbox"/> JEWELLERY		
<input type="checkbox"/> RECREATIONAL EQUIPMENT ( <input type="checkbox"/> bicycles <input type="checkbox"/> golf clubs <input type="checkbox"/> skis)		
<input type="checkbox"/> TOOLS		
<input type="checkbox"/> STAMP <input type="checkbox"/> COIN <input type="checkbox"/> SPORTS CARD COLLECTION		
<input type="checkbox"/> BUSINESS ASSETS		
<input type="checkbox"/> ACCOUNTS RECEIVABLE		
<input type="checkbox"/> OTHER ASSETS		

VEHICLES / EQUIPMENT	YEAR	MAKE	ESTIMATED PRESENT RE-SALE VALUE	
<input type="checkbox"/> CARS				
<input type="checkbox"/> TRUCKS				
<input type="checkbox"/> VANS				
<input type="checkbox"/> TRAILERS				
<input type="checkbox"/> BOATS				
<input type="checkbox"/> MOTORS				
<input type="checkbox"/> SNOWMOBILES				
<input type="checkbox"/> MOTORCYCLES / DIRT BIKES				
<input type="checkbox"/> ALL TERRAIN VEHICLES				
<input type="checkbox"/> TRACTOR MOWERS				

REAL ESTATE	STREET ADDRESS	ESTIMATED PRESENT RE-SALE VALUE	
<input type="checkbox"/> HOUSE			
<input type="checkbox"/> MOBILE HOME			
<input type="checkbox"/> RAW LAND			
<input type="checkbox"/> RECREATIONAL PROPERTY			
<input type="checkbox"/> RENTAL PROPERTIES			

# BUSINESS

Have you been self-employed, owned or had an interest in a business in the last 5 years?

Yes  No **IF NO, PROCEED TO NEXT PAGE**

The business was ... (choose one):

- Proprietorship?
- Incorporated (Limited Company)?
- Partnership?

Name of business:

Type of business:

Location of business:

Approximate month and year business started:

Closed:

Exact location of business / payroll records:

Name and address of your accountant:

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**IF PARTNERSHIP**, name partners:

- 1)
- 2)
- 3)

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**IF A LIMITED COMPANY**, indicate who holds the following positions and the amount of shares held:

Percentage of Shares Held

President

Secretary / Treasurer

Other

Total Shares Issued:

Does the business owe any of the following debts?	Account #	Approx. Amount Owed
Payroll Deductions <input type="checkbox"/> Yes <input type="checkbox"/> No		
G.S.T. <input type="checkbox"/> Yes <input type="checkbox"/> No		
W.C.B. <input type="checkbox"/> Yes <input type="checkbox"/> No		
P.S.T. <input type="checkbox"/> Yes <input type="checkbox"/> No		
Wages to Employees <input type="checkbox"/> Yes <input type="checkbox"/> No		
Rent <input type="checkbox"/> Yes <input type="checkbox"/> No		

Does the business own any assets, or owe any debts not listed previously?  Yes  No

If yes, please provide the details:

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Are there any unfiled G.S.T. returns?  Yes  No

If yes, please provide the details:

# INCOME TAX INFORMATION

For what year was your last tax return filed? \_\_\_\_\_  
 (Please provide a copy of your last Income Tax Return filed, if available)

Have you cashed any RSPs in the last year?  Yes  No

LIST ALL sources of income for the past two years, showing approximate dates started and ending

SOURCE OF INCOME INCLUDE EMPLOYER NAME (EI, WCB, SOCIAL ASSISTANCE)	MAILING ADDRESS OF INCOME SOURCE	DATE JOB OR <u>OTHER</u> <u>SOURCE OF INCOME</u>	
		STARTED	ENDED
<b>APPLICANT</b>			
<b>SPOUSE</b>			

Do you pay alimony and/or maintenance?  Yes  No

If yes, please provide the following details:

1) Name: \_\_\_\_\_ Address: \_\_\_\_\_

Monthly Amount: \$ \_\_\_\_\_ Last payment date: \_\_\_\_\_

Are payments up to date?  Yes  No If no, how many months in arrears? \_\_\_\_\_

2) Name: \_\_\_\_\_ Address: \_\_\_\_\_

Monthly Amount: \$ \_\_\_\_\_ Last payment date: \_\_\_\_\_

Are payments up to date?  Yes  No If no, how many months in arrears? \_\_\_\_\_

Was the Order or Agreement made prior to May 1, 1997?  Yes  No

Do you claim these payments on your income tax return?  Yes  No

Please attach a copy of Court Order or Agreement

**INCOME AND EXPENSES**

**NET MONTHLY INCOME**

Net Salary (Net take home pay)	\$ _____
Pensions	
Spousal Income	
Family Allowance (Child Tax Credit or Family Bonus)	
Alimony / Child Support	
Employment Insurance Benefits	
Social Assistance	
Worker's Compensation	
Rental Income	
Other Income (please specify)	
<b>TOTAL NET MONTHLY INCOME</b>	<b>\$ _____</b>

**MONTHLY LIVING EXPENSES**

Alimony / Child Support Payments	\$ _____
Child Care	
Health Related Expenses	
Fines / Penalties Being Paid	
Employment Related Expenses	
Rent / Mortgage	
Property Taxes	
Electricity	
Heating / Gas	
Telephone	
Cable	
Vehicle Purchase Payment	
Vehicle Lease Payment	
Vehicle Repairs and Operating Costs	
Public Transportation Costs	
Car Insurance	
Groceries / Meals Eaten Out	
Clothing	
Cigarettes	
Entertainment	
<b>TOTAL MONTHLY LIVING EXPENSES</b>	<b>\$ _____</b>

OFFICE USE ONLY

**N.B. IF THE ANSWER TO ANY OF THE FOLLOWING QUESTIONS IS YES,  
PLEASE GIVE DETAILS ON THE LAST PAGE OF THIS FORM**

1) Have you co-signed or guaranteed a debt for anyone, which remains unpaid?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2) Has anyone co-signed or guaranteed a debt for you, which remains unpaid?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3) Have you been Bankrupt before or previously made a proposal to creditors pursuant to The Bankruptcy and Insolvency Act?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, what year?	What province?	
Name of Trustee:		
Did you receive a Discharge? <b>(Attach a copy of Discharge Order)</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4) Are you under a Provincial Government Orderly Payment of Debts Order (O.P.D.)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5) Are you restricted from disposing of any of your assets due to a matrimonial action or court order?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6) Within the last 5 years have you:		
a) Sold, disposed of, or transferred any real estate?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b) Made any gifts to relatives or others in excess of \$500?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7) Within the last 12 months have you:		
a) Sold, disposed of, or transferred any of your assets (including RSPs)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b) Made payments in excess of the regular payments to any one creditor?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
c) Had any assets seized by a creditor?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8) Have you consulted another Bankruptcy Trustee?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9) Have you consulted a lawyer about your financial difficulties?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
10) Are you suing anyone?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Who?		
For what amount? \$		
11) Do you expect to receive an inheritance, insurance settlement, severance pay WCB settlement, or other settlement in the next 12 months?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Amount expected: \$		
12) Do you have any debts arising from:		
- Fine or penalty imposed by Court?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
- Recognizance, Bail Bond, Fraud, Embezzlement, Misappropriation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
- Student Loans which are less than 10 years old?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
- Damages relating to assault charges?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
- Employment Insurance or Social Assistance overpayment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
- Defalcation while acting in a Trust capacity?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
- Obtaining property by false pretenses or fraudulent misrepresentation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
13) Are you <u>presently</u> being garnished by a creditor? (In order for a garnishee to be stopped, we will require a copy of the garnishing order)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
14) Are you presently subject to any maintenance enforcement?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
15) Have you obtained any credit in the last three months?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
16) When did you first become aware of your insolvency?		

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Please provide details of all items marked "YES" on page 7:

Item #	

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Please briefly describe what events have caused your financial difficulties:

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Please advise who referred you to our office (so that we may thank them) or how you located our name:

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I hereby certify that the information contained in this questionnaire is true and complete in every respect and fully discloses the state of my affairs.

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Date Completed

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Signature

It is often easier for us to advise you of the best course of action if we are aware of the issues which are the most important to you. A response to these questions is optional.

Please rank the following issues in order of their importance to you:

1. Retaining my home \_\_\_\_\_
2. Retaining my vehicle \_\_\_\_\_
3. Minimizing the damage to my credit rating \_\_\_\_\_
4. Repaying as much of my debts as possible \_\_\_\_\_
5. Obtaining a fresh start regardless of the consequences \_\_\_\_\_