

**CHRIS MAHRE, PC. ATTORNEY AT LAW  
BANKRUPTCY QUESTIONNAIRE**

*(Providing this information ahead of time is not **mandatory**, but will save significant time at the Initial Consultation)*

Who referred you to Chris Mahre, P.C. Attorney at Law? If not referred by someone in particular, how did you find out about our service? \_\_\_\_\_  
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**PART 1 – GENERAL INFORMATION**

Client's full name: \_\_\_\_\_  
Preferred Legal name for documents: \_\_\_\_\_  
Current Address: \_\_\_\_\_  
City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Number: \_\_\_\_\_ Work Number: \_\_\_\_\_  
Cell Number (if applicable): \_\_\_\_\_  
E-Mail Address (if applicable): \_\_\_\_\_  
U.S. Citizen? Yes \_\_\_\_\_ No \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Employer Address: \_\_\_\_\_  
City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Employer Telephone No.: \_\_\_\_\_  
Total Monthly Income: \$ \_\_\_\_\_  
Approx: Monthly Expenses: \$ \_\_\_\_\_  
Have you declared Bankruptcy before? \_\_\_\_\_ Yes \_\_\_\_\_ No.  
If Yes, when \_\_\_\_\_ What Chapter: \_\_\_\_\_  
Number of Children in Household: \_\_\_\_\_

**Please fill out information on spouse if applicable**

Spouse's Full Name: \_\_\_\_\_  
Preferred Legal name for documents: \_\_\_\_\_  
Current Address: \_\_\_\_\_  
City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Number: \_\_\_\_\_ Work Number: \_\_\_\_\_  
Cell Number (if applicable): \_\_\_\_\_  
E-Mail Address (if applicable): \_\_\_\_\_  
U.S. Citizen? Yes \_\_\_\_\_ No \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Employer Address: \_\_\_\_\_  
City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Employer Telephone No.: \_\_\_\_\_  
Total Monthly Income: \$ \_\_\_\_\_  
Approx: Monthly Expenses: \$ \_\_\_\_\_  
Have you declared Bankruptcy before? \_\_\_\_\_ Yes \_\_\_\_\_ No.  
If Yes, when \_\_\_\_\_ What Chapter: \_\_\_\_\_  
Number of Children in Household: \_\_\_\_\_

