

# INFORMATION SUMMARY

THIS QUESTIONNAIRE MUST BE COMPLETED IN FULL.  
IF THE ANSWER IS NOT APPLICABLE, **PLEASE USE "N/A"**.

**Complete and return this questionnaire to our office with the additional information as noted below. This information is used to prepare your documents, and an appointment to sign-off the documents will be booked when the questionnaire and attachments are remitted.**

To be remitted with the completed forms:

- Photo identification such as BCDL, BCID, Passport, Landed Immigrant (we will copy)
- All credit cards (if filing bankruptcy)
- Initial CASH deposit in the amount of **\$165 for bankruptcy** or **\$470 for consumer proposal**
- Copy of last personal income tax return filed and if available, Notice of Assessment
- Copy of current and prior month's pay stubs, or other confirmation of income/deductions
- Copies of any security documents, such as Mortgages, Chattel Mortgages, Line of Credit, Sales Contracts, Leases, or Loans
- Any documents regarding ongoing legal action(s) that you are involved in, such as Writs, Judgments, Garnishees, Wage Assignments, Marriage Settlements, Child Support Agreements etc.
- Copy of registration for all vehicles/ boats(ICBC registration OK)
- Documentation for "paper" assets such as: Life Insurance Policy, RSP, WOF, GIC/Term Deposit, RESP, Canada Savings Bonds, Investments, Shares, stocks, bonds, etc.
- Statements / invoices to support creditor balances (current credit card statements etc.)
- If self-employed – Sole Proprietor: financial statements (General Ledger preferred) of current year for all businesses in operation. For inactive business provide copy of Final General Ledger/Tax return information.
- If self-employed – Limited Company: financial statements (General Ledger preferred) of current year for all businesses owned, plus copy of T2 Corporate return from last year filed with CRA.

**Preferred appointment day/time:** \_\_\_\_\_

\*\*\*\*\*

**C.E. Craig & Associates Inc.**

Trustee in Bankruptcy  
204-2736 Quadra Street  
Victoria, BC V8T 4E6

Phone: (250) 386-8778, Fax: (250) 386-6864  
Email: [admin@cecraig.com](mailto:admin@cecraig.com)

**Sign-up Booked:** \_\_\_\_\_

**Retainer \$** \_\_\_\_\_ **Receipt #** \_\_\_\_\_ **By** \_\_\_\_\_

**Admin. Type:** SA   OA   Div II (CP)   NOI   Div I

**Joint estate? Yes / No**      **Related estate (spouse/joint debtor?):** \_\_\_\_\_

Retainer and fee schedules; Effective May 2010 (HST)

**Bankruptcy (Summary Administration)**

*Bankruptcy is a legislated repayment plan wherein the trustee realizes upon your non-exempt assets, surplus income as calculated using Federal Guideline amounts, and personal tax refunds. The total amount collected by the trustee will vary from file to file. The trustee's fees, taxes, and costs will be paid out of these funds.*

*However, in the event that your assets/income/tax refund are insufficient to cover the trustee's costs, you, the bankrupt, will be responsible for payment to the trustee in the amount of a minimum of \$1,785, or portion of this amount not covered by assets.*

*In General, minimum payments are as follows, yet may be adjusted if assets redeemed or tax refunds received:*

Note: Tax refunds may be applied to fees only, but not to surplus income payable or repurchase of non-exempt assets.

**1<sup>st</sup> time bankrupt:** Retainer \$165, plus 9 monthly payments of \$180 for a total of \$1,785.00

**2<sup>nd</sup> time bankrupt:** Retainer \$200, plus 18 monthly payments of \$100 for a total of \$2,000.00

*Your individualized and detailed payment plan will be outlined at your signing appointment.*

**Bankruptcy (Ordinary Administration)** realization of non-exempt assets and/or surplus income will exceed \$15,000

Retainer \$500 due upon remittance of forms and scheduling of signing appointment.

As the trustee anticipates realizing over \$15,000 from non-exempt assets/surplus income, the costs will be paid out of the funds received and held in the estate.

Note: Surplus income is payable in addition to amounts received for non-exempt assets and tax refunds.

**Consumer Proposal (incl. of HST)**

Month 1 \$470.00 (retainer, due upon remittance of forms and scheduling of signing appt)

Month 2 \$470.00 (30-days from filing)

*If accepted by the creditors at the expiration of the 45-day period, or accepted at a meeting of creditors, then;*

Month 3 \$420.00 (60-days from filing)

Month 4 \$420.00 (90-days from filing)

Month 5 \$\_\_\_\_\_ start of monthly instalments as outlined in the consumer proposal

Note: Counselling fees of \$85 plus **GST/HST** per session (2 sessions total) are payable at time of counselling.

**Notice of Intention/Division I Proposal (Corporate filing, or if Personal, debts over \$250,000)**

**Retainer of \$2000** - Payment of \$500 due upon remittance of forms and scheduling of signing appointment. \$500 then payable within 30-days of filing. Upon Court Approval of the Proposal, the remaining \$1000 is due. The amounts paid constitute part of the trustee fees / taxes / costs as outlined in a Proposal.

**PERSONAL INFORMATION**

First Name: \_\_\_\_\_ Middle Name(s): \_\_\_\_\_  
Last Name: \_\_\_\_\_ Title: Mr. Mrs. Miss Ms. Dr.  
Date of Birth YY/MM/DD \_\_\_\_ \_\_\_\_\_ S.I.N \_\_\_\_\_  
Gender: M / F Also Known As: \_\_\_\_\_  
Status: Married Divorced Separated Common-Law Single Date of change in status \_\_\_\_\_  
Language: English / French / both Employment type: \_\_\_\_\_  
Number of persons in household: \_\_\_\_\_ Household number under 18 yrs old: \_\_\_\_\_

**Causes of Insolvency (time period / events that occurred to generate the debt and why unable to service):**

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

Address: \_\_\_\_\_ RR#/Postal Station \_\_\_\_\_  
City: \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_  
Cellular: ( ) \_\_\_\_\_ Pager ( ) \_\_\_\_\_  
Email: \_\_\_\_\_ Bus/Work ( ) \_\_\_\_\_

At this address since: \_\_\_\_\_  
Mailing Address (if different from residence) \_\_\_\_\_  
Present Employer: \_\_\_\_\_ and / or: EI, Disability, Social Assistance, Retired  
Employed Since: \_\_\_\_\_  
Address of Employer: \_\_\_\_\_ City \_\_\_\_\_ Prov \_\_\_\_\_  
Self Employed in Last Five Years? Yes / No. If Yes, fill in details on following pages.

**PRIOR BANKRUPTCY or CONSUMER PROPOSAL**

Have you been bankrupt before?  Yes  No Have you filed a Proposal before?  Yes  No

**If yes, complete the following and provide a copy of your Discharge Certificate or Certificate of Compliance:**

Date of Bankruptcy/Proposal: \_\_\_\_\_ City / Province: \_\_\_\_\_  
Name of Trustee: \_\_\_\_\_ Discharge Date: \_\_\_\_\_

\*\*\*\*\*

Spouse First Name: \_\_\_\_\_ Spouse Middle Name(s): \_\_\_\_\_  
Spouse Last Name: \_\_\_\_\_ Title: Mr. Mrs. Miss Ms. Dr.  
Date of Birth YY/MM/DD \_\_\_\_\_ S.I.N \_\_\_\_\_  
Gender: M / F Also Known As: \_\_\_\_\_  
Status: Married Divorced Separated Common-Law Single Date of change in status \_\_\_\_\_  
Language: English / French / both Employment/Occupation \_\_\_\_\_  
Same address as debtor? Yes / No If no, address/phone: \_\_\_\_\_  
Employer: \_\_\_\_\_

**PERSONAL INCOME TAX INFORMATION**

\*\*\*\*\*

Last taxation year filed: \_\_\_\_\_ Please circle result *refund / balance owing*. How much \$ \_\_\_\_\_

**Dependents that rely on you for financial support (include spouse if applicable):**

Name	Relationship	Date of Birth	Address (only if different)	Income since January 1

**List all types, sources and amount of income from January 1<sup>st</sup>:**

Income Type (employed, EI, Pension, Disability, Assistance, Support)	Income Source	City/Province (if employed)	Start date	End Date	Income since January 1

Emergency Contact  
(name/address/phone): \_\_\_\_\_

IF PREVIOUSLY MARRIED, Is there a written separation agreement/divorce order?  Yes  No  
 Are you presently required to pay alimony or child support?  Yes  No Monthly amount:\$ \_\_\_\_\_  
 If yes, name of former spouse and date of separation: \_\_\_\_\_

Have you made any marriage settlement of property or other assets within the last five years?  
 Yes  No If yes, please provide details: \_\_\_\_\_

**DISPOSITION OF PRIOR ASSETS**

\*\*\*\*\*

**In the last 12-months, have you, either in Canada or elsewhere;**

Sold, disposed of, transferred, redeemed/cashed in any property/asset?  Yes  No If yes, provide details

Made payments in excess of the regular payments/paid off a creditor?  Yes  No If yes, provide details

Had any property seized, or wages/bank accounts garnished?  Yes  No If yes, provide details

Do you expect to receive any monies or property not related to your normal income, such as insurance funds, litigation payout, inheritance, gifts, lottery or other windfalls?  Yes  No If yes, please provide details:

**Within the last 5-years, and more than 12-months ago, while being indebted/insolvent, have you:**

Sold, disposed of, or redeemed property/assets in excess of \$5,000  Yes  No If yes, provide details:

Sold or disposed of, or transferred Real Estate/bare land  Yes  No If yes, provide details

Made any gifts / transferred property to relative or others (over \$5,000)  Yes  No If yes, provide details:

Provide copy of documentation (from conveyance lawyer) detailing the sale value, payouts, costs, and net realization to you, of any Real Estate/Land disposed of within the last five years.

## BUSINESS / SELF EMPLOYMENT INFORMATION

**All accounting records of the business are to be turned over to Trustee.**

*If listing more than one business, state details on a separate page for each.*

Type of Business (please circle):    *Limited Company*    *Sole Proprietorship*

Business Partners:  Yes  No    If yes, provide details of all business partners in the last 5 years:

Name	Contact information	Time period

**Business Details:**

Legal Name		Trade Name (DBA)	
Charter		Nature of business	
Registration No.		Business No.	
Inception date		Fiscal Year End	
No. of employees (include yourself)		Months in operation	

Is the business insolvent?                     Yes  No

Is the business inactive?  Yes  No

Personal guarantee for business?     Yes  No If yes, please provide details below:

Occupation		Debtor is a Director	<input type="checkbox"/> Yes <input type="checkbox"/> No if No
Ownership %		Director (if not debtor):	
Shares (number)		Type of share	Public or Private
Operation start date		Operation end date	

Business contact information: Address: \_\_\_\_\_

RR# / Station \_\_\_\_\_ City: \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Home Phone: (    ) \_\_\_\_\_ Fax: (    ) \_\_\_\_\_

Cellular: (    ) \_\_\_\_\_ Pager (    ) \_\_\_\_\_

Email: \_\_\_\_\_ Bus/Work (    ) \_\_\_\_\_

**BUSINESS / SELF EMPLOYMENT INFORMATION CONTINUED**

PST No. \_\_\_\_\_

PST period last filed \_\_\_\_\_

GST No. \_\_\_\_\_

GST period last filed \_\_\_\_\_

HST No. \_\_\_\_\_

HST period last filed \_\_\_\_\_

Payroll No. \_\_\_\_\_

Payroll period last filed \_\_\_\_\_

What capital did you invest: \$ \_\_\_\_\_

Current \$ of shareholder loan: \_\_\_\_\_

Did you borrow this capital?  Yes  No If yes, from whom? \_\_\_\_\_

Name/contact for bookkeeper/accountant: \_\_\_\_\_

Last T2 (corporate return) or T1 (Sole Prop.) tax year filed: \_\_\_\_\_

Name/Address of business bank account: \_\_\_\_\_

Account # / present balance of account: \_\_\_\_\_

**Current assets of the business/location of assets:**

Are any assets secured by a creditor?  Yes  No If yes, what / by who \_\_\_\_\_

**Assets disposed of in the last 12-months:**

Current debt total of Ltd. Company: \_\_\_\_\_

Are your books and records up to date?  Yes  No If no, to what date? \_\_\_\_\_

Are draws from business included in a T4?  Yes  No

Are draws shown in cashbook?  Yes  No

Are any relatives employed by business?  Yes  No If yes, who: \_\_\_\_\_

Are any relative's creditors of business?  Yes  No If yes, who: \_\_\_\_\_

Are any relatives customers of business?  Yes  No If yes, who: \_\_\_\_\_

Does payroll show all employees/details?  Yes  No If NO, why: \_\_\_\_\_

Were T4 slips issued for last year?  Yes  No If NO, why: \_\_\_\_\_

If business closed, T4 slip issued to date?  Yes  No If NO, why: \_\_\_\_\_

If business closed, ROE issued?  Yes  No If NO, why: \_\_\_\_\_

Are source deductions up to date?  Yes  No If NO, to what date? \_\_\_\_\_

Are any wages outstanding?  Yes  No If yes, to whom: \_\_\_\_\_

**PERSONAL ASSETS – inventory worksheet**

*( List estimated value of items in your possession AT GARAGE SALE / AUCTION PRICES.)*

**Furniture, Appliances, Household Effects (exempt up to \$4,000):**

Beds	\$	Table/chairs	\$	Desks	\$
Dressers	\$	Microwave	\$	Computer	\$
Night Tables	\$	Small appliances	\$	Stereo	\$
Cedar chest	\$	Stove	\$	Television	\$
Chesterfields	\$	Refrigerator	\$	Video Camera	\$
Lazy-Boy	\$	Dishwasher	\$	VCR/DVD	\$
Loveseat	\$	Washer	\$	Electronics	\$
Area rugs	\$	Dryer	\$	Games (over \$25)	\$
End tables	\$	Freezer	\$	Antiques	\$
Coffee tables	\$	Air conditioner	\$	Sculptures	\$
Lamps	\$	Vacuum	\$	Fine Art/Paintings	\$
Book case(s)	\$	Patio furniture	\$	Fine China/Crystal	\$
Dining room set	\$	Lawn mower	\$	Cameras	\$
Hutch/Highboy	\$	Tools	\$	Silver	\$

**Total Household goods estimated value \$ \_\_\_\_\_**

Tools of the Trade (exempt up to \$10,000, please list in detail):

\_\_\_\_\_

**Total Tools of Trade estimated value \$ \_\_\_\_\_ \***

**Personal Effects (Please list in detail):** *(estimate value calculated at garage sale, pawn shop, or bailiff sale prices)*

Piano		Stamp Collection		Gold Jewellery	
Other musical instruments		Coin Collection		Jewellery (silver/gems/pearls)	
		Other Collection		Precious metals (gold/silver)	

*Detailed description, including year purchased and \$ amount, make and model (If insufficient space, attach separate detailed inventory to forms):*

\_\_\_\_\_

**Total Personal effects estimated value \$ \_\_\_\_\_ \***

**Sports / recreational equipment::**

Pool Table/Foosball		Camper/Trailer		Sailboat	
Exercise equipment		Camping equipment		Boat/Trailer/motor	
Ski/Snowboard		Other gear		Canoe/Kayak	
Bicycle / trailer					

*Detailed description, including year purchased and \$ amount, make and model (If insufficient space, attach separate detailed inventory to forms):*

\_\_\_\_\_

**Total sport/recreation estimated value \$ \_\_\_\_\_ \***

**Carry over the TOTAL estimated values to summary of assets listing (next page)**

**SUMMARY OF PERSONAL ASSETS** - If any assets are in the possession of a third party, or the location of asset is not your residence, then include this information in the detail description column.

ITEM	Detail description	Value as of today	Secured ? By who	
Cash on Hand / in bank				
<b>Physical assets:</b>	<b>As described on the worksheet (prior page)</b>			
Household Goods				
Tools of the Trade				
Personal Effects				
Sports/Recreational equip.				
<b>Financial/Paper assets:</b>	<b>Institution / acct-policy #</b>			
Life Insurance				
RSP contributions in last 12 months				
RSP / RIF contributions over 12 months ago				
Canada Savings Bonds				
GIC / Term Deposits/WOF				
RESP				
Shares in Ltd. Company				
Stocks / Bonds				
Investments / Mutual funds				
Accounts Receivable	<i>Provide a separate list of with names, addresses and amounts owing to you.</i>			
<b>Vehicles:</b>	<b>Year, make and VIN</b>			
Car / truck /van				
Car / truck / van				
Motorcycle / dirt bike				
ATV				
Motor home/RV				
<b>Real Property:</b>	<b>Civic address &amp; PID</b>			
House / condo /strata home				
Cottage/ski condo (vacation)				
Bare land / lot				
<b>Other assets:</b>	<b>Any other assets not otherwise noted</b>			

*Provide copies of all relevant documentation including vehicle/boat registration, insurance policies, appraisals, share certificates, etc.*

**The above list of assets includes all assets located anywhere in the world, and the assigned values are the truest values to the best of my belief.**

Dated at the City of \_\_\_\_\_, in the Province of British Columbia, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

DEBTOR \_\_\_\_\_ Witness \_\_\_\_\_

**LIABILITIES / DEBTS – If insufficient space, continue list on separate paper and attach.**

**Secured Creditors - (Mortgage/Property tax, Chattel Mortgage, Conditional Sales Contract, car loans/leases)**

Joint or Co-signed Yes / No	Creditor / address	Ref / Acct Number	Payout balance	Date secured	Asset secured

**Preferred and “Super Priority” Creditors (Business Only)** Wages, Source Deductions, CPP, Business Related Rent, Farmers, Fishermen, Aqua culturist)

Creditor / address	Ref / Acct Number	Balance Due	GSA/Lien? Yes / No	Asset encumbered

Are any debts joint debts with another person?  Yes  No If Yes, provide details:  
 \_\_\_\_\_  
 \_\_\_\_\_

Are any of your debts co-signed by a person?  Yes  No If Yes, provide details:  
 \_\_\_\_\_  
 \_\_\_\_\_

Are you a co-sign for the debts of another person(s)?  Yes  No If Yes, provide details:  
 \_\_\_\_\_  
 \_\_\_\_\_

Are you a Personal Guarantor for debts of a Limited Company?  Yes  No If Yes, provide details:  
 \_\_\_\_\_  
 \_\_\_\_\_

**Do any of your debts arise from:**

- |   |  |
|---|--|
| Fine/Penalty imposed by Court (restitution) <input type="checkbox"/> Yes <input type="checkbox"/> No    | Fraud <input type="checkbox"/> Yes <input type="checkbox"/> No                           |
| Recognizance of bail bond <input type="checkbox"/> Yes <input type="checkbox"/> No                      | Embezzlement / Misappropriation <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Obtaining property by false pretences <input type="checkbox"/> Yes <input type="checkbox"/> No          | Fraudulent misrepresentation <input type="checkbox"/> Yes <input type="checkbox"/> No    |
| Defalcation while acting in fiduciary capacity <input type="checkbox"/> Yes <input type="checkbox"/> No |  |

**If you have answered yes to any of the above questions, provide full details to trustee’s office.**



## STATEMENT OF INCOME & EXPENSES (INCOME AFTER MANDATORY DEDUCTIONS)

Check or circle appropriate income schedule:

Income schedule debtor: \_\_\_ Monthly \_\_\_ 15<sup>th</sup> and 30<sup>th</sup> \_\_\_ Every two weeks.

Income schedule spouse: \_\_\_ Monthly \_\_\_ 15<sup>th</sup> and 30<sup>th</sup> \_\_\_ Every two weeks.

Income schedule others: \_\_\_ Monthly \_\_\_ 15<sup>th</sup> and 30<sup>th</sup> \_\_\_ Every two weeks.

Spouse has refused to disclose income  Yes  No If yes, reduces Federal Guideline by 50%

MONTHLY INCOME			
Description	Debtor / Bankrupt	Other members of the family unit	
Net Employment Income	\$	\$	
Pensions	\$	\$	
Disability benefits / WCB	\$	\$	
Employment Insurance	\$	\$	
Social Assistance	\$	\$	
Child Tax Benefits / Universal Child Care	\$	\$	
Self –employment (net of expenses & taxes)	\$	\$	
GST/HST Credits and tax refunds	\$	\$	
Other:	\$	\$	
<b>TOTAL MONTHLY INCOME</b>	\$	\$	
<b>TOTAL MONTHLY INCOME OF THE FAMILY UNIT \$</b>			

MONTHLY NON-DISCRETIONARY EXPENSES			
Description	Debtor / Bankrupt	Other members of the family unit	Total
Alimony / spousal support	\$	\$	
Child Support & other ordered amounts	\$	\$	
Child Care (daycare only)	\$	\$	
Medical Condition Expenses / prescriptions	\$	\$	
Conditions of Employment (out of pocket expenses)	\$	\$	
Debts where stay lifted by the Court/Restitution Orders	\$	\$	
<b>Total Monthly Non-Discretionary Expenses</b>	\$	\$	
<b>Total Monthly Non-Discretionary Expenses of the Family Unit =\$</b>			
AVAILABLE MONTHLY INCOME OF THE DEBTOR (income minus non-discretionary expenses)			\$
AVAILABLE MONTHLY INCOME OF THE FAMILY UNIT (family income minus family non-discretionary)			\$

MONTHLY DISCRETIONARY EXPENSES: (Family Unit)			
Description	Total		Total
Rent / Mortgage	\$	Car Lease / Loan Payments	\$
Property Taxes / Condo fees	\$	Repair / Maintenance / Gas	\$
Heating - Gas / Oil	\$	Public Transportation	\$
Telephone	\$	Other Transportation cost (parking etc.)	\$
Cable / Internet / Phone (bundle)	\$	Vehicle Insurance	\$
Hydro	\$		\$
Water	\$	House Insurance	\$
Other Housing Expenses – garbage service	\$	Furniture / Contents Insurance	\$
Other Housing Expenses -	\$	Life Insurance	\$
Smoking	\$	Other Insurance Expenses	\$
Alcohol	\$	Other secured creditor	\$
Dining / Lunches / Restaurants	\$	Other Payments – spouse debts	\$
Entertainment / Sports	\$	Other Payments – emergency	\$
Gifts / Charitable Donations /Tithing	\$	Other	\$
Allowances	\$	Other	\$
Other Personal Expenses – cell phone	\$	Other	\$
Other Personal Expenses – pets	\$	Other	\$
Other Personal Expenses -	\$	Other	\$
Dental	\$	Other	\$
Other non-recoverable Medical Expense	\$	Other	\$
Vitamins / Supplements	\$	Other	\$
Food / Grocery / household	\$	Other	\$
Laundry / Dry Cleaning	\$	Other	\$
Grooming / Toiletries	\$	Other	\$
Clothing	\$	Bankrupt/Debtor Payment	\$
Other Living Expenses	\$		\$

**Total discretionary expenses: \$ \_\_\_\_\_**

**I hereby certify that the information contained in this form and in documents attached hereto are true, correct and complete in every respect and fully disclose the state of my income, assets and liabilities, located both here and anywhere in the world.**

Dated at the City of \_\_\_\_\_, in the Province of British Columbia, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

DEBTOR \_\_\_\_\_ Witness \_\_\_\_\_