



STUDENT LOAN QUESTIONNAIRE

CLIENT INFORMATION

Name: _____
(First, Middle, Last)

Former Names (if any):

(First, Middle, Last)

(First, Middle, Last)

(First, Middle, Last)

Street Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____ Age: _____

Social Security Number (SSN): _____

Driver's License State: _____ Driver's License Number: _____

Home Phone: (_____) _____ Mobile Phone: (_____) _____

Work Phone: (_____) _____

Email: _____

Preferred Method of Contact: Home Phone Mobile Phone Work Phone
(Select One)

Email Text

The information contained in this Student Loan Questionnaire is true, accurate and complete to the best of my ability, and submitting this form is my consent to receive text messages at any and all telephone numbers provided (or which may be provided in the future).

Signature of Client



FAMILY INFORMATION

Marital Status:

Single Married Married, but separated Married, but cannot access spouse's income info

If **married**, provide the following:

Spouse Name: _____

Spouse Date of Birth: _____

Spouse Social Security Number (SSN): _____

Does your Spouse have Federal Student Loans too? Yes No Amount: \$ _____

Does your Spouse have Private Student Loans too? Yes No Amount: \$ _____

People Supported by Client:

How many children receive more than half of their support from you? _____

How many other people receive more than half of their support from you? _____
(Do **NOT** include spouse)

NOTE: Family and IRS dependent status are NOT relevant.
The only relevant factor is if child or person receives more than 50% of their support from Client.

Do your children or dependents have Federal Student Loans too? Yes No Amount: \$ _____

Do your children or dependents Private Federal Student Loans too? Yes No Amount: \$ _____



EMPLOYMENT INFORMATION

Employer Name: _____

Street Address: _____

City: _____

State: _____ Zip: _____

Type of Employer: Government Non-Profit Private/For-Profit
(Select One)

Type of Employment: Full Time Part Time Average # of Hours: _____/week
(Select One)

Term of Employment: Permanent Temporary Contract
(Select One)

Second Employer Name: _____

Street Address: _____

City: _____

State: _____ Zip: _____

Type of Employer: Government Non-Profit Private/For-Profit
(Select One)

Type of Employment: Full Time Part Time Average # of Hours: _____/week
(Select One)

Term of Employment: Permanent Temporary Contract
(Select One)

Would you continue working at this job if you did not have student loans to pay? Yes No I Don't Know

If you have any additional jobs, please let us know.



SPECIAL QUESTIONS FOR TEACHERS

Teachers may be eligible for special loan forgiveness programs. If you are (or were) a teacher, answer the questions below:

Are you currently (or have you been) a full-time teacher?

Yes No

Have you taught full-time for at least five (5) consecutive, complete academic years (with at least one of those years being AFTER the 1997-98 academic year)?

Yes No

Was your teaching service performed at an eligible school listed on the Teacher Cancellation Loan Income List? (www.tcli.ed.gov)

Yes No

Were any federal student loans originated before the end of your 5-year teaching service?

Yes No

SPECIAL QUESTIONS FOR GOVERNMENT AND NON-PROFIT EMPLOYEES

Employees working in the public and non-profit sectors may be eligible for special loan forgiveness programs. If you work in the public or non-profit sectors, answer the questions below:

Is your employer a governmental organization? Yes No

Is your employer tax-exempt under Section 501(c) (3) of the Internal Revenue Code Yes No

Is your employer a not-for-profit organization? Yes No

Is your employer a partisan political organization? Yes No

Is your employer a labor union? Yes No

Indicate the service(s) Client's employer provides:

- | | |
|---|---|
| <input type="checkbox"/> Emergency management | <input type="checkbox"/> Public Service for The Elderly |
| <input type="checkbox"/> Military Service | <input type="checkbox"/> Public Health |
| <input type="checkbox"/> Public Safety | <input type="checkbox"/> Public Education |
| <input type="checkbox"/> Law Enforcement | <input type="checkbox"/> Public Library Services |
| <input type="checkbox"/> Public Interest Legal Services | <input type="checkbox"/> School Library Services |
| <input type="checkbox"/> Early Childhood Education | <input type="checkbox"/> Other School Based Services |
| <input type="checkbox"/> Public Service for Individuals with Disabilities | <input type="checkbox"/> None of The Above |



DISABILITY INFORMATION

Are you currently disabled? Yes No Have you been declared disabled? Yes No

If yes, what is your disability rating? _____ % Date of disability: _____

Do you have a disability claim pending? Yes No

If you are disabled, please describe the extent of your disability:

Are you receiving SSDI? Yes No Are you receiving VA Disability? Yes No

Are you receiving private disability? Yes No

Were you disabled when you received the student loans? Yes No

Do you suffer from any chronic illness(es) that prevents you from working or limits your ability to work: Yes No

If yes, please describe your chronic illness(es):

Are able to work for pay? Yes No With Limitations

If no or with limitations, please describe:

Do you have a treating medical professional, who is familiar with your disability? Yes No

Type of medical professional: Medical Doctor Physician's Assistant Osteopath

Psychiatrist Psychologist Social Worker

Chiropractor Other: _____

Medical Professional Contact Information:

Name: _____

Street Address: _____

City: _____

State: _____

Zip: _____

Telephone Number: _____

Email: _____



SPECIAL INSTRUCTIONS REGARDING DISABILITY DISCHARGE

Total and Permanent Disability Discharge

If you are totally and permanently disabled, this may be shown in one of three ways:

1. Documentation from the U.S. Department of Veterans Affairs (VA) showing that the VA has determined that borrower is unemployable due to a service-connected disability.
2. Certification from a medical professional that you are totally and permanently disabled.
3. A Social Security Administration (SSA) notice of award for SSDI or SSI benefits stating that borrower's next scheduled disability review will be within five to seven years from the date of borrower's most recent SSA disability determination. This document is called a Benefits Planning Query (**BPQY**). There are two ways to obtain copy of your BPQY:
 - a. We can obtain the **BPQY** for you. Please sign **two copies** of Form SSA-3288 Consent for Release of Information. **The cost for this additional service is \$250.00.**
 - b. You can get a copy of your **BPQY, for FREE:**

Step 1: Gather one or two forms of identification that provide your date of birth and social security number (Driver's License, Photo ID, Social Security Card, etc.).

Step 2: Go to your local Social Security Administration office and ask for a BPQY form number SSA-2459. (We can provide a sample).

OR

Call the Social Security Administration at 1-800-772-1213 between 7 a.m. and 7 p.m. and ask them to mail your BPQY to you.

Step 3: Check to see that the information you are given says "Benefits Planning Query" and that your name is at the top.



INCOME INFORMATION

INSTRUCTIONS: If annual taxable income has not decreased significantly since last tax return, enter the Adjusted Gross Income amount (AGI) from your last tax return.

Please provide a copy of your last two tax returns.

Married Filing Jointly - enter household Adjusted Gross Income (AGI)
Married Filing Separately or *Head of Household* - must provide spouse's AGI

Current Adjusted Gross Income: \$ _____

Did AGI change significantly from last year? Yes No

Did actual income change significantly from last year? Yes No

Married borrowers, filing separately ONLY

Spouse's Current Adjusted Gross Income: \$ _____

Did AGI change significantly from last year? Yes No

Did actual income change significantly from last year? Yes No

Itemization of Income

If your income is substantially different from the AGI on your last tax return please complete:

| Taxable Income | | | |
|--------------------------|------------------------|--------|---|
| Income Type | Monthly Average Amount | | Please Provide The Following Proof: |
| | Borrower | Spouse | |
| 1. Employment Income | \$ | \$ | 2 most recent pay stubs (Dated within past 90 days) 1040-ES worksheet if self-employed |
| 2. Worker's Compensation | \$ | \$ | Award letter or pay stub (Dated within past 90 days) |
| 3. Unemployment Benefits | \$ | \$ | Award letter or pay stub (Dated within past 90 days) |
| 4. Alimony | \$ | \$ | Divorce decree |
| 5. Other Taxable Income | \$ | \$ | Evidence of source and amount |
| Non-Taxable Income | | | |
| 6. Child Support | \$ | \$ | Divorce decree or Support Order |
| 7. Social Security | \$ | \$ | Benefit statement (BPQY) |
| 8. Other Non-Taxable | \$ | \$ | Evidence of source and amount |
| 9. Support from Others | \$ | \$ | Name and Relationship: |
| 10. Support from Others | \$ | \$ | Name and Relationship: |



STUDENT LOAN STATUS AND COLLECTION ACTIVITY

Payment Status:

- Are you currently repaying your student loans? Yes No
If yes, check all of the repayment plans in which you are enrolled:

| | | | |
|-------------------|--------------------|----------|--------------------|
| Standard | Graduated Standard | Extended | Graduated Extended |
| Income Contingent | Income Based | PAYE | REPAYE |
| Not Sure | | | |

- What is your total monthly payment: \$ _____
- Are you in a forbearance or deferment agreement? Yes No
- Are you behind on your payments? Yes No
If yes, how far behind are you? >30 days <30 Days <180 Days <270 Days Not Sure
- Are your loans in default? Yes No Not Sure

NOTE: Client will need to be out of default before seeking to enroll in any income driven repayment plan. Consolidation or rehabilitation can remove a borrower from default status, as might a Chapter 13 bankruptcy.

Bankruptcy Status:

- Are you in an active bankruptcy? Yes No
If yes, provide the following:

Bankruptcy Jurisdiction: _____ Case Number: _____

Filing Date: _____ Chapter: 7 11 12 13

NOTE: Client will need the bankruptcy court's permission to make changes to the student loans. If not, the bankruptcy could be dismissed.

Collection Actions:

- Are your wages being garnished? Yes No
- Are or have your Social Security, Veteran's or other benefits been garnished? Yes No
- Has your tax refund been seized? Yes No

NOTE: If Client's wages are being garnished, Client must first resolve the wage garnishment with the debt collector before proceeding. Bankruptcy automatically stays the wage garnishment.



- **Are your federal student loans subject to a lawsuit or judgment?** Yes No

When were you sued? _____ Where was the lawsuit filed? _____

Who was the lawyer for the student loans company? _____

Did you have a lawyer? Yes No Name: _____

- Is the suit still going on? Yes No **List any court deadlines and hearing dates:**

NOTE: If your student loan lender is suing you or has obtained a judgment, we must first resolve the lawsuit/judgment before proceeding, including by filing bankruptcy, which automatically stops any lawsuits.

Debt Collection

- Has a debt collector ever contacted you about your student loans? Yes No
- Has any debt collector:
 - Sent you inappropriate, unfair or inaccurate letters? Yes No
 - Made inappropriate, unfair or inaccurate telephone calls? Yes No
 - Visited you personally? Yes No
 - Contacted anyone other than you or a co-debtor about your student loans? Yes No
 - Contacted you using a false name? Yes No
 - Threatened to sue you, garnish your wages, or damage your credit score? Yes No

If yes, please provide details about that contact:

Student Loan Settlement

- Have you sought help from any other attorney regarding your student loans? Yes No
- Have you sought help from any debt settlement company for your student loans? Yes No

*If **Yes to either**, please provide the name, address, and contact information:*

How much did you pay? \$ _____

When were you enrolled in this program? _____

NOTE: We will need copies of all contracts, letters, emails, promotional materials, etc., to determine whether to pursue recovery of these amounts.



BANKRUPTCY DISCHARGE EVALUATION

Your answers to these questions apply to all of your student loans, federal and private. However, if you are not having difficulty paying certain loans, or if your answer to a question is different for a specific loan, you should note that in your response.

- Are you currently having difficulty making monthly payments on your student loans?

Yes No

If yes, please describe the problems:

- Do you have a disability or chronic injury that affects your ability to work or increase your income?
This does not require that you are completely disabled.

Yes No

If, yes, please describe:

- Do any of your dependents have a disability or chronic injury that affects your ability to work or increase your income?

Yes No

If, yes, please describe:



- Were you able to complete your education or program and get a degree or certificate?

Yes No

If no, please describe how not getting a degree or certificate affects your ability to find work or increase your income:

- Did you get a degree or certificate from a school that is now closed?

Yes No Not Sure

If applicable, please describe how the school closing affects your ability to find work or increase your income:

- Are you currently working in the field or occupation that you received your education or training in?

Yes No

If no, please explain what has prevented you from working in your field or occupation:



- If you are currently employed, do you believe your financial situation will improve in the future so that you will not have difficulty making payments?

Yes No Not Sure

Explain why you think you think your situation will or will not improve:

- Please describe any other reasons why you believe you will not be able to make payments on your student loans in the future?



INFORMATION ABOUT EFFORTS TO REPAY STUDENT LOANS

- Have you been able to make any payments on your federal student loans?

Yes No

If no, please describe why you have not been able to make any payments:

If yes, provide an estimate of the total amount you have paid on your federal student loans including any tax refund or benefit offsets, garnished wages, or other involuntary payments:

- Did you attempt to contact the servicers of your federal loans, or the Department of Education, about any payment options, such as a payment plan, forbearance, deferral, or income driven repayment plan?

Yes No

If yes, please provide any details you can about the efforts you made:

- Has a student loan servicer or collector ever attempted to contact you about your federal loans?

Yes No

If yes, please describe what you were told and how you responded:



- Did you ever apply for or enroll in an income driven repayment plan for your federal loans, such as the such as an Income-Contingent Repayment Plan (ICR), Income-Based Repayment Plan (IBR), and Pay as You Earn Plan (PAYE), Revised Pay as You Earn Repayment Plan (REPAYE)?

Yes No

If yes, please describe the efforts you made to apply or enroll:

If no, please describe why you were unable to apply or enroll:

- Did you ever apply for a federal loan consolidation?

Yes No

If yes, please describe whether you were able to consolidate, what loans you consolidated, etc.:



- If your federal loans ever went into default, did you take any steps to get out of default, such as through a loan rehabilitation or consolidation?

Yes No

If yes, please describe any efforts you took or attempted to take:

If no, please describe why you were unable to get out of default:

- Did you ever seek any help with your federal student loans, such as from a credit counselor, student loan organization, attorney, legal aid office?

Yes No

If yes, please describe and identify who you sought help from:



- Please describe any other efforts you made to try to pay your federal student loans, including any efforts to get a better paying job, increase your income, or reduce your expenses:

- Please let us know any additional information about your student loans and your life story that you think is at all important and would like us to know:



SPECIAL INSTRUCTIONS REGARDING LOAN CANCELLATIONS

Review the available cancellations below. If you believe any of these discharges apply, complete questions below:

False Certification of Ability to Benefit Discharge

If you didn't have a high school diploma or GED when you enrolled and the school did not properly assess or certify your ability to benefit from the education paid for with the loan.

False Certification - Disqualifying Status Discharge

When the school certified Client's eligibility, but because of a physical or mental condition, age, criminal record, or other reason Client is disqualified from employment in the occupation in which borrower was being trained.

False Certification - Unauthorized Signature Discharge

The school signed Client's name on the application or promissory note without authorization or the school endorsed Client's loan check or signed borrower's authorization for electronic funds transfer without borrower's knowledge. Does NOT apply if the

proceeds of the loan were delivered to Client or applied to charges owed by borrower to the school.

Closed School Discharge

If Client attended a school that closed while enrolled or if Client withdrew 120 days before the school's closure.

Unpaid Refund Discharge

Client withdrew from school, but the school didn't pay a refund that it owed to the U.S. Department of Education or to the lender, as appropriate. Only the amount of the unpaid refund will be discharged.

Client Defense to Repayment

The school, through an act or omission, violated state law directly related to Client's federal student loan or to the educational services for which the loan was provided.

Discharge Due to Death

If original borrower or the student borrower in a Parent PLUS loan has died.

LOAN CANCELLATIONS DUE TO IMPROPER LENDING PRACTICES

False Certification of Ability to Benefit Discharge

- Did you sign **private** student loans before you were 18? Yes No Not Sure
- Do you have a high school diploma or a GED? Yes No
If you do have a diploma or GED, when was it earned and awarded? _____
- Did you enroll in any school(s) before you had your diploma or GED? Yes No
If so, did the school give you any kind of test before you enrolled? Yes No

If the school gave you any tests, please provide all the details you can about the test, how it was administered, including the number of times you took it:

False Certification - Disqualifying Status Discharge

- When you enrolled in school, were you disqualified from employment in the occupation for which you were training due to physical or mental condition, age, criminal record or other reason? Yes No
If **yes**, please explain:

False Certification - Unauthorized Signature Discharge

Are any of the student loans not yours or that you did not sign for them? Yes No Not Sure
If **yes**, please explain:

Closed School Discharge

- Did any of your schools close while you attended or shortly after that? Yes No
If **yes**, please describe, including whether you completed the program through a "teach out" or a transfer of credits to another school:



Unpaid Refund Discharge

- Did you withdraw from any schools before completing your program? Yes No

If yes, please provide more information about your withdrawal:

- Did you receive a refund? Yes No Not Sure

Client Defense to Repayment

- Did any of your schools make any false promises or statements to you? Yes No

If yes, please describe the promises/statements and why they were false?

- Did you experience any other problems with the school(s) you attended? Yes No

If yes, please describe:

Discharge Due to Death

- Has the original borrower died? Yes No

If yes, please provide the original borrower's name and date of death:

- Is the loan a Parent PLUS loan where the student has died? Yes No

If yes, please provide the student borrower's name and date of death:



MEDICAL, CREDIT REPORT & INFORMATION DATABASE AUTHORIZATION

I authorize the Law Offices of John T. Orcutt, P.C., to: (1) Speak with and obtain documents from any medical professional; (2) Obtain a copy of my credit report from Equifax, Experian and/or Transunion, (3) Search any public or private information databases to obtain information relating to my case, including, without limitation, Registers of Deeds, tax information databases, student loan information databases, etc.; and (4) To speak with or correspond with creditors **This information will be kept strictly confidential.**

| | |
|-----------------------------------|--|
| My Full Name: | |
| Other Names I Have Been Known By: | |
| Street Address: | |
| City, State, ZIP Code: | |
| Former Street Address: | |
| Former City, State, ZIP Code: | |
| Birth Date (Month/Day/Year): | |
| Social Security Number: | |
| Telephone Number: | |
| Employer: | |
| Signature: | |

For Office Use Only Below This Line

LAW FIRM CERTIFICATION FORM: The Law Offices of John T. Orcutt, P.C., certify that it has obtained a consumer credit report on the above-named person to assist it in determining if such person will be financially able to pay a prospective fee, and that information from this consumer report will not be used for any other purpose.

| | |
|----------------------------------|-----------------------------|
| | Date: |
| Staff Person's Signature & Title | Equifax Acct. No. 04/B01546 |



GOVERNMENT STUDENT LOANS

PLEASE FILL OUT THE FOLLOWING FORM FOR EVERY GOVERNMENT STUDENT LOAN YOU HAVE OR MIGHT HAVE

Attach latest bill or statement for each loan.

(If you need more pages, please ask.)

| | | | | |
|--|--|---|------------------------|--------------------|
| Name of Student Loan Servicer: | | Amount of Debt: \$ | Monthly Payment: \$ | Last payment date: |
| Mailing Address: (Include Zip code) | | Account Number: | | |
| When was this loan incurred: | | (Years) | | |
| | | From: | To: | |
| Original Lender: | | <u>Co-Signers:</u> | | |
| What school did you use the loan to attend? | | Did anyone co-sign this loan? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Did you use some or all of the loan for living expenses? | <input type="checkbox"/> Yes <input type="checkbox"/> No | Name and Address of co-signer: | | |
| If yes , please describe: | | Relationship to you: | | |
| Do you have copies of your loan documents? | <input type="checkbox"/> Yes <input type="checkbox"/> No | Do you care if the creditor goes after the Co-signer for payment? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Notes: | | | | |

NSLDS Data:

You will need to provide your federal student loan information from the National Students Loan Data System (NSLDS). This can be done one of two ways:

Option 1

Provide borrower's NSLDS text file (see attached instructions)

OR

Option 2

Provide borrower's FSA ID and Password.

Client's FSA ID: _____

FSA Password: _____

IMPORTANT: Client will NOT be able to proceed without providing NSLDS data.



PRIVATE STUDENT LOANS

PLEASE FILL OUT THE FOLLOWING FORM FOR EVERY PRIVATE STUDENT LOAN YOU HAVE OR MIGHT HAVE

Attach latest bill or statement for each loan.
(If you need more pages, please ask.)

| | | | | |
|--|--|---|--|--------------------|
| Name of Creditor: | | Amount of Debt: \$ | Monthly Payment: \$ | Last payment date: |
| Mailing Address: (Include Zip code) | | Account Number: | | |
| When was this loan incurred: | | (Years) | | |
| | | From: | To: | |
| Original Lender: | | Co-Signers: | | |
| What school did you use the loan to attend? | | Did anyone co-sign this loan? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Did you use some or all of the loan for living expenses? | <input type="checkbox"/> Yes <input type="checkbox"/> No | Name and Address of co-signer: | | |
| If yes , please describe: | | Relationship to you: | | |
| | | Can we talk with the Co-Signer? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Do you have copies of your loan documents? | <input type="checkbox"/> Yes <input type="checkbox"/> No | Do you care if the creditor goes after the Co-signer for payment? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Are you in a repayment plan? | <input type="checkbox"/> Yes <input type="checkbox"/> No | Are you in a forbearance or deferment? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Name of Creditor: | | Amount of Debt: \$ | Monthly Payment: \$ | Last payment date: |
| Mailing Address: (Include Zip code) | | Account Number: | | |
| When was this loan incurred: | | (Years) | | |
| | | From: | To: | |
| Original Lender: | | Co-Signers: | | |
| What school did you use the loan to attend? | | Did anyone co-sign this loan? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Did you use some or all of the loan for living expenses? | <input type="checkbox"/> Yes <input type="checkbox"/> No | Name and Address of co-signer: | | |
| If yes , please describe: | | Relationship to you: | | |
| | | Can we talk with the Co-signer? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Do you have copies of your loan documents? | <input type="checkbox"/> Yes <input type="checkbox"/> No | Do you care if the creditor goes after the Co-signer for payment? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Are you in a repayment plan? | <input type="checkbox"/> Yes <input type="checkbox"/> No | Are you in a forbearance or deferment? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |

