I M P O R T A N T

Instructions For Filling Out Client Intake Forms

Your Assets

Everything you have in your possession, from the coffee pot to the house you live in (and everything in between) is an asset. Even if you still owe money to a creditor, the asset you are paying for is still in your possession and its value must be disclosed when you are filing bankruptcy. Your attorney may be able to help you estimate the value of some property, but in most cases, values can be obtained by you from current mortgage statements, receipts and even bank records.

VERY IMPORTANT

The extra time you spend in providing detailed answers to the questions on these Client Intake Forms will prevent your case from being delayed. If you do not provide the answers, we will need to speak with you at a later time to obtain the information anyway. So please take the time now and do not allow your case to be delayed over a few unanswered questions.

Please provide COMPLETE addresses

Providing the complete names and addresses for every debt you owe (as well as the company collecting for this debt [if applicable]) is *extremely important.* Without this crucial information, the company you owe money to may not be properly notified by the court and the debt may not be eligible for discharge. Additionally, in some instances, it can even be considered "fraud" not to provide complete mailing addresses for all creditors because it denies a creditor the right to file a Proof of Claim or Motion for Relief from Stay in a timely manner and could even delay the discharge of your bankruptcy case.

What if you don't know the address of the company you owe money to?

If you or your attorney requested a credit report before filling out these Client Intake Forms, the credit report may or may not contain all the addresses you need to properly complete the debt sheets. You have the right to request one FREE credit report a year online at https://www.annualcreditreport.com/ This 3-in-1 report contains addresses and other detailed information not provided in other credit reports.

However to help you in locating addresses for creditors, the best place to start is to call the toll-free national information line at 1-800-555-1212 and see if a toll-free number is listed under the company's name. If not, you may need to look in your phone directory or do an online search from Google at http://www.google.com. which we found to be the fastest method of locating current name and address information for companies.

Listing the address of the original company you owe money to as well as the collection agency collecting on the debt is also just as important. By doing this, all parties concerned with the debt are notified by the court and it will greatly aide in deceasing all collection phone calls you may be currently receiving.

What do you do after you have retained an attorney but the credit collectors continue to call you?

Provide the credit collector with the name and telephone number of your bankruptcy attorney. If you have a case number you can provide that also. But do NOT provide any other information whatsoever. Allow your attorney to deal with the creditor. That is what you hired him or her for - to represent you.

Other Tips for Filling Out the Debt Sheets:

- Make sure all company names are spelled out. (For example, instead of writing "HSB" for a company name, write out the words "Home Secure Bank" or whatever the case may be.)

- Make sure the street address is readable and any abbreviations are spelled out.

- Make sure the city, state, and ZIP are included for all addresses. If the zip code is not known, it can be obtained online: http://www.usps.com.

- Make sure all the information for each creditor is completely filled in. Every piece of this information is important in preparing a detailed bankruptcy petition for you. If you do not know the exact date you made a debt, or charged on the account, a "year" is sufficient. The "year" can also be within a 2-year time frame. Not providing dates or years will delay the processing of your petition as we must contact you to obtain the information.

- For the "last date charged on this account" line, do not provide the last date you received a statement. We are only interested in the last date you *actually made a purchase* using this particular charge account.

Means Test Page

To meet the requirement of the changes in the bankruptcy law on October 17, 2005 - you are now required to pass a Means Test to determine if you are eligible to file a Chapter 7 or 13.

In order to make this determination, the court requires that you provide the amount of income you earned for the last 6 months. Even if your income has drastically increased or decreased recently, the amount of income you received is still disclosed on the Means Test. This information may or may not be the same for the form named "Income History for You Page" (see below.)

Income History for You

An often overlooked piece of vital information we need on the Income History for You form is your year-to-date income, plus the income you made in the last 2 years. This question appears right below your name on the form page. Your year-to-date income should appear on your recent paycheck stub. However, if you have had more than one employer this year, you will need to provide us with the TOTAL amount of income you made working for ALL employers.

In addition, if you also receive (or have received) another type of income (child support, unemployment, social security, pension, etc.) within the past 2 years, turn the page over (or use an additional sheet of paper) and provide the income for this year and the last 2 years for each separate type of income.

Social security income is not considered to be income under the bankruptcy law but your attorney still needs to have this information available in your file for reference purposes.

Statement of Affairs Form

Make sure that every box is answered with either a "yes" or "no" on the Statement of Affairs forms within this package. These pages serve as a written statement concerning your current financial condition. If a box is left unanswered, you will need to provide a written statement that specifically answers this question before your petition can be finalized. Please double-check and make sure you have answered every question on the form pages titled "Statement of Affairs."

In addition, if any question on the Statement of Affairs forms is answered "yes," it is extremely important that you fill in all the required information under the question you checked "yes" to. For instance, some people check "yes" to the item on the Statement of Affairs referring to previous addresses; however, they do not include the city, state and zip code of the address they lived at. Or, if a car has been repossessed, don't just call it a "car" but provide the make, model and year. It is important for you to be as detailed as possible when answering any question "yes." Also, if you run out of room, turn the paper over and write on the back. The higher level of detail you provide at this initial stage will greatly aide in moving your case along at a fast pace and prevent long delays and additional paperwork later down the road.

Motor Vehicles

Please remember to ALWAYS provide the make, model and year of your motor vehicle. We must obtain market values of all motor vehicles from the Blue or Black Book for the bankruptcy court. We need all the information on the vehicle, including the present mileage to obtain the correct market value. Example: 2001 Kia should be 2001 Kia Rio, or 2001 Kia Spectra, or whatever the case may be. Simply writing the word "car"

does not tell us anything and delays the filing of your bankruptcy petition.

Court Documents

If you have been involved in a court proceeding of any type within the past 12 months, including a foreclosure, wage garnishment, traffic tickets, other fines, lawsuits, judgments for debt collection, etc. -- we need to know the following information, which can be obtained directly from the court pleading you received in the mail:

- Court Heading -- (example: John Doe, Plaintiff -vs- Jane Doe, Defendant)
- Case Number
- Name and address of court where document was filed
- Date document was filed with the court
- Names and complete addresses of any attorneys or parties involved with the case (including the Plaintiff)
- Current status -- Has a hearing already taken place? If so, what was the result? If the hearing has not taken place and a decision has not been reached yet, provide the date of the court hearing and let us know if the case is still "pending."

You may find it easier to simply make a copy of the court document and include it with your Client Intake Forms when you return them to your attorney.

If you no longer have a copy of the court pleading that provides this information, you may be able to go online and get a copy. Go to a search engine like Google at http://www.google.com. Type in a search for your county (example: Franklin County Ohio). If your county is online, you can normally do a simple search by your last name and locate public records that may be helpful in locating the information needed for your bankruptcy petition.

Contracts

Contracts you have may include cell phones, a lease for an automobile or even a contract you entered into with another party to pay back a debt. Be sure to provide the following:

- The date or year the contract began;
- How many months the contract is for;
- How much you pay per month (installment payment);
- If you want to continue paying the contract or not assume the lease; and
- Any details about this contract (lease).

Summary

Thank you for taking the time to read these important instructions before filling out the Client Intake Forms. We understand that filing bankruptcy is not something people enjoy doing. In fact, we know this is a stressful time in your life. However, we want to make the experience as easy as possible. The only way we can do this is to obtain all the information that is needed for the attorney to represent you in court.

Thank you for taking the extra steps necessary to help us make this time in your life a little less stressful. And please do not hesitate to call our office if we can assist you in any way. We sincerely hope you are happy with our law firm and will want to recommend us to others.

Famous People who filed bankruptcy:

1871 - Phineas Taylor Barnum (Barnum and Bailey's Circus)
1872 - Mathew Brady (famous photographer)
1875 - Henry John Heinz (Heinz catsup developer)
1884 - Henry Ford (automobile manufacturer)
1892 - Milton Snavely Hershey (Hershey chocolate)
1894 - Mark Twain (famous writer)
1962 - Mickey Rooney (famous actor)
1988 - Jerry Lee Lewis (famous singer)
1991 - Johnny Unitas (famous quarterback)
1992 - Debbie Reynolds (famouse actress)
1992 - Wayne Newton (famous singer)
1993 - Kim Basinger (famous actress)
1996 - Burt Reynolds (famous actor)
1996 - MC Hammer (famous singer)
1999 - Sherman Hemsley (George Jefferson on the hit 1970s TV show)
2000 - Marjorie Margolies Mezvinsky (U.S. House of Representatives)

* Online Source: Thomson-West, an article by Laura J. Margulies of Laura J. Margulies & Associates LLC

GENERAL INFORMATION

Please fill out ALL the information requested in these forms. If a question or section does NOT apply to you, write "N/A" in the space. (N/A means "not applicable.") The more information you provide in these forms, the faster your bankruptcy petition can be prepared. There will be a delay if we need to verify or obtain more information concerning a specific asset, debt or creditor; so please provide as much detail as you can and fill in ALL the information requested on these forms. Thank you for taking the time to be thorough and complete, resulting in faster turnaround.

Name, First	Middle (spell out)	Last
Social Security Number		Date of Birth
Street Address		
City	State	Zip
County of Residence	Length of Time at This Address	
Home Phone	Other Phone	
Email address		

MAILING ADDRESS - If you would like any correspondence by the bankruptcy court to be sent to a different mailing address than the physical address you provided above (i.e, PO Box, etc.), please provide that address below:

INFORMATION ABOUT YOUR SPOUSE

SPOUSE, First Name	**Middle (spell out)**	**Last**
Social Security Number		**Date of Birth**
Address (if living separately)		
City	**State**	**Zip**

Have you resided in the same county for at least 180 days (6 months)? ☐ **Yes** ☐ **No**

If not, where have you resided? _____

Are you filing this bankruptcy petition with your spouse? ☐ **Yes** ☐ **No**

If "no" please check one: ☐ **Unmarried** ☐ **Spouse filing separately** ☐ **Other Reason**

Have you filed bankruptcy within the last eight (8) years? ☐ **Yes** ☐ **No**

If "yes" provide date(s): _____

Have you met the Debt Counseling requirement for your state? Please check one of the choices below:

☐ **Counseling not completed** ☐ **Received counseling within the past 180 days** ☐ **Request waiver**

☐ **Does not apply to my district**

GENERAL INFORMATION (continued)

☐ Check this box if you are a disabled veteran with debts incurred primarily during active duty or homeland defense.

D E P E N D E N T S

Name	Age	Relationship to You	Is this person/child living with you?
1. _____	_____	_____	☐ YES ☐ NO
2. _____	_____	_____	☐ YES ☐ NO
3. _____	_____	_____	☐ YES ☐ NO
4. _____	_____	_____	☐ YES ☐ NO

OTHER INFORMATION

Has either you or your spouse been known by any other name during the past 8 years? **☐ Yes ☐ No**
(Example: maiden name, last name from previous marriage, legal name change, etc.)
If yes, write the **NAME KNOWN AS** and **DATE(S) THIS NAME WAS USED** below:

Name Used _____ Dates Used _____ thru _____

Name Used _____ Dates Used _____ thru _____

Has your income significantly increased or decreased during the past six (6) months? If so, please provide details below:

_____

_____

_____

_____

_____

_____

_____

_____

CREDIT COUNSELING

The bankruptcy code requires that you obtain a Credit Counseling Certificate before you file bankruptcy. If not directed by your attorney, you can complete this requirement online at http://www.cricketdebt.com

NOTICE: IF YOU OWN A MOBILE HOME, PLEASE FILL OUT NEXT PAGE

YOUR REAL ESTATE

☐ Check this box if you have a homestead exemption that exceeds $125,000.00

PRINT OUT ADDITIONAL PAGES FOR EVERY SEPARATE PIECE OF REAL ESTATE THAT YOU OWN.

Check the type of real estate you own: ☐ House ☐ Condominium ☐ Vacant Lot ☐ Other

Name(s) on Deed _____

Address of Real Estate _____

Description of Real Estate: (example: 1,250 square foot home with 2 bedrooms, 2 baths, attached 2-car garage situated on 2 acres of ground with outbuildings.) _____

_____

Name of Mortgage Company _____

Address _____

City _____ State _____ Zip _____

Account Number _____ Date obtained this mortgage? _____

What are the monthly payments? $_____ What is the pay-off amount on this mortgage? $_____

Are you behind in payments? ☐ **YES** ☐ **NO** If so, what months? _____

What interest rate do you pay? _____ % Amount to catch up back payments? $_____

What year was your real estate last appraised? _____ What was the appraised value? $_____

Do you have a second mortgage on the real estate? ☐ **YES** ☐ **NO** Intention: ☐ **KEEP** ☐ **SURRENDER**

SECOND MORTGAGE INFORMATION (IF APPLICABLE)

Name of Mortgage Company _____

Address _____

City _____ State _____ Zip _____

Account Number _____ Date obtained this mortgage? _____

What are the monthly payments? $_____ What is the pay-off amount on this mortgage? $_____

Are you behind in payments? ☐ **YES** ☐ **NO** If so, what months? _____

What interest rate do you pay? _____ % Amount to catch up back payments? $_____

COLLECTION INFORMATION (IF APPLICABLE)

Name of Collector or Attorney _____

Address _____

City _____ State _____ Zip _____

Is this real estate in the process of foreclosure or replevin action? ☐ **YES** ☐ **NO**

If in collection, please provide a <u>copy</u> of the court documents you were served.

☐ Check this box if you have a homestead exemption that exceeds $125,000.00

YOUR MOBILE HOME

PRINT OUT ADDITIONAL PAGES FOR EVERY MOBILE HOMES THAT YOU OWN.

Name(s) on Title _____

Address of Mobile Home _____

Are the wheels completely removed from your mobile home and it is attached to the ground? ☐ **YES** ☐ **NO**

Does your mobile home sit in a mobile home park? ☐ **YES** ☐ **NO** What is the monthly lot rent? **$** _____

Does your mobile home sit on a piece of ground you own? ☐ **YES** ☐ **NO** Size of ground _____

Do you make separate payments for the ground your mobile home sits on? _____

If so, explain: _____

If you own the ground free and clear, what is the resell value for this piece of ground? _____

Description of Mobile Home: (example: 28x40 doublewide, 2 bedrooms, 1 bath, on wheels with skirting and steps and 1 outbuilding shed, situated in mobile home park.) _____

_____

Name of Mortgage Company _____

Address _____

City _____ State _____ Zip _____

Account Number _____ Date obtained this mortgage? _____

What are the monthly payments? **$** _____ What is the pay-off amount on this mortgage? **$** _____

Are you behind in payments? ☐ **YES** ☐ **NO** If so, what months? _____

What interest rate do you pay? _____ % Amount to catch up back payments? **$** _____

What year was your mobile home last appraised? _____ What was the appraised value? **$** _____

Do you have a second mortgage on this mobile home? ☐ **YES** ☐ **NO**

SECOND MORTGAGE INFORMATION (IF APPLICABLE)

Name of Mortgage Company _____

Address _____

City _____ State Zip _____

Account Number _____ Date obtained this mortgage? _____

What are the monthly payments? **$** _____ What is the pay-off amount on this mortgage? **$** _____

Are you behind in payments? ☐ **YES** ☐ **NO** If so, what months? _____

What interest rate do you pay? _____ % Amount to catch up back payments? **$** _____

COLLECTION INFORMATION (IF APPLICABLE)

Name of Collector or Attorney _____

Address _____

City _____ State _____ Zip _____

If in collection, please provide a <u>copy</u> of the court documents you were served.

YOUR HOUSEHOLD INVENTORY

Please check the items below that you currently have in your home. Then, provide the **YARD SALE VALUE** of each item -- NOT the replacement cost.

Yard Sale Value

- ☐ Stove/Cooking Unit $ _____
- ☐ Refrigerator $ _____
- ☐ Washer/Dryer $ _____
- ☐ Microwave $ _____
- ☐ Cooking Utensils $ _____
- ☐ Silverware/Flatware $ _____
- ☐ Cookware (Pots/Pans) $ _____
- ☐ Living Room Furniture $ _____
- ☐ Dining Room Furniture $ _____
- ☐ Tables and Chairs $ _____
- ☐ Televisions(s) $ _____
- ☐ VCR(s) $ _____
- ☐ DVD(s) $ _____
- ☐ Compact Disks $ _____
- ☐ All Other Stereo Equipment $ _____
  Describe item(s): _____
  _____
- ☐ Bedroom Furniture $ _____
- ☐ Dressers/Nightstands $ _____
- ☐ Lamps and Accessories $ _____
- ☐ **Wedding Rings** $ _____
- ☐ **Other Jewelry/Watches** $ _____
  Describe item(s): _____
  _____
- ☐ Furs $ _____
- ☐ **Computer(s)** $ _____
- ☐ Computer Printers $ _____
- ☐ Desks/Office Furniture $ _____
- ☐ Other Computer Equipment $ _____
  Describe item(s): _____
  _____
- ☐ Photography Equipment $ _____
- ☐ Satellite Disks $ _____
- ☐ **All Clothing** $ _____
  (including shoes, coats, hats, etc.)
- ☐ Collectibles $ _____
  Describe item(s): _____
- ☐ Paintings/Art $ _____
  Describe item(s): _____
  _____
- ☐ Carpenters Tools $ _____
  Describe item(s): _____
  _____
- ☐ Mechanics Tools $ _____
  Describe item(s): _____
  _____
- ☐ Guns and Firearms $ _____
  Describe item(s): _____
  _____
- ☐ Lawnmower $ _____
- ☐ **Boats** $ _____
- ☐ Trailers $ _____
- ☐ Campers $ _____
- ☐ Yard Tools/Equipment $ _____
- ☐ Swimming Pool $ _____
- ☐ **Cell Phones** $ _____

OTHER ASSETS

- ☐ Rent deposit with landlord $ _____
  Name of Landlord _____
  Address _____
  City _____State _____ Zip _____
- ☐ Government Bonds $ _____
- ☐ Certificate of Deposits $ _____
- ☐ Copyrights/Patents $ _____
- ☐ Aircraft $ _____
- ☐ Interests in education IRA $ _____
- ☐ Customer lists $ _____
- ☐ _____ $ _____
- ☐ _____ $ _____
- ☐ _____ $ _____
- ☐ _____ $ _____
- ☐ _____ $ _____
- ☐ _____ $ _____
- ☐ _____ $ _____
- ☐ _____ $ _____

YOUR MOTOR VEHICLES

Motor vehicles include cars, trucks, SUV's, motorcycles, mobile homes, boats, trailers, campers, etc. that are TITLED IN YOU (OR YOUR SPOUSE'S NAME) **Print out more sheets if you own more than 2 vehicles.**

Type: ☐ Automobile ☐ Truck ☐ Motorcycle ☐ Mobile Home (Title Only) ☐ Other:

Year _____ Make _____ Model _____ Style _____ ☐ 2dr ☐ 4dr ☐ Other

Condition ☐ Excellent ☐ Good ☐ Fair ☐ Poor ☐ Not Running Mileage _____

Name(s) on vehicle title? _____

Is vehicle leased? ☐ YES ☐ NO If yes, what is the "buy out" on the lease? _____

Name of company you make payments to for this vehicle: _____

Address _____

City _____ State _____ Zip _____

Account Number _____ Date Established Loan _____

Monthly Payment $_____ How many months are you behind in payments? _____

What is the "pay off" amount on this vehicle? $_____ Check one: ☐ Keep ☐ Surrender

Have you went to a loan company and listed this vehicle as collateral for a personal loan? ☐ YES ☐ NO

If so, name of loan company for personal loan: _____

Type: ☐ Automobile ☐ Truck ☐ Motorcycle ☐ Mobile Home (Title Only) ☐ Other:

Year _____ Make _____ Model _____ Style _____ ☐ 2dr ☐ 4dr ☐ Other

Condition ☐ Excellent ☐ Good ☐ Fair ☐ Poor ☐ Not Running Mileage _____

Name(s) on vehicle title? _____

Is vehicle leased? ☐ YES ☐ NO If yes, what is the "buy out" on the lease? _____

Name of company you make payments to for this vehicle: _____

Address _____

City _____ State _____ Zip _____

Account Number _____ Date Established Loan _____

Monthly Payment $_____ How many months are you behind in payments? _____

What is the "pay off" amount on this vehicle? $_____ Check one: ☐ Keep ☐ Surrender

Have you went to a loan company and listed this vehicle as collateral for a personal loan? ☐ YES ☐ NO

If so, name of loan company for personal loan: _____

DEBT SHEET 1 OF 5

- **PRINT OUT MORE PAGES IF YOU HAVE MORE THAN 15 TOTAL DEBTS.**
- **DO NOT JUST LIST DEBTS YOU WANT TO INCLUDE -- BUT EVERY DEBT YOU OWE, EVEN LOAN FROM RELATIVES**

Name of Creditor _____

Address _____

City _____ State _____ Zip _____

Total amount you owe on this debt _____ Account No: _____

Date (or year) you originally obtained this debt or established credit: _____

If this debt is for a credit card, what date (or year) did you last make a purchase? _____

What is this debt for? ☐ Medical ☐ Credit Card ☐ Loan ☐ Other _____

Who is financially responsible for this debt? ☐ HUSBAND ☐ WIFE ☐ BOTH ☐ OTHER _____

Has this debt been turned over to a collection agency? ☐ YES ☐ NO

Name of collection agency or law firm _____

Address _____

City _____ State _____ Zip _____

Name of Creditor _____

Address _____

City _____ State _____ Zip _____

Total amount you owe on this debt _____ Account No: _____

Date (or year) you originally obtained this debt or established credit: _____

If this debt is for a credit card, what date (or year) did you last make a purchase? _____

What is this debt for? ☐ Medical ☐ Credit Card ☐ Loan ☐ Other _____

Who is financially responsible for this debt? ☐ HUSBAND ☐ WIFE ☐ BOTH ☐ OTHER _____

Has this debt been turned over to a collection agency? ☐ YES ☐ NO

Name of collection agency or law firm _____

Address _____

City _____ State _____ Zip _____

Name of Creditor _____

Address _____

City _____ State _____ Zip _____

Total amount you owe on this debt _____ Account No: _____

Date (or year) you originally obtained this debt or established credit: _____

If this debt is for a credit card, what date (or year) did you last make a purchase? _____

What is this debt for? ☐ Medical ☐ Credit Card ☐ Loan ☐ Other _____

Who is financially responsible for this debt? ☐ HUSBAND ☐ WIFE ☐ BOTH ☐ OTHER _____

Has this debt been turned over to a collection agency? ☐ YES ☐ NO

Name of collection agency or law firm _____

Address _____

City _____ State _____ Zip _____

DEBT SHEET 2 OF 5

- **PRINT OUT MORE PAGES IF YOU HAVE MORE THAN 15 TOTAL DEBTS.**
- **DO NOT JUST LIST DEBTS YOU WANT TO INCLUDE -- BUT EVERY DEBT YOU OWE, EVEN LOAN FROM RELATIVES**

Name of Creditor _____

Address _____

City _____ State _____ Zip _____

Total amount you owe on this debt _____ Account No: _____

Date (or year) you originally obtained this debt or established credit: _____

If this debt is for a credit card, what date (or year) did you last make a purchase? _____

What is this debt for? ☐ Medical ☐ Credit Card ☐ Loan ☐ Other _____

Who is financially responsible for this debt? ☐ HUSBAND ☐ WIFE ☐ BOTH ☐ OTHER _____

Has this debt been turned over to a collection agency? ☐ YES ☐ NO

Name of collection agency or law firm _____

Address _____

City _____ State _____ Zip _____

Name of Creditor _____

Address _____

City _____ State _____ Zip _____

Total amount you owe on this debt _____ Account No: _____

Date (or year) you originally obtained this debt or established credit: _____

If this debt is for a credit card, what date (or year) did you last make a purchase? _____

What is this debt for? ☐ Medical ☐ Credit Card ☐ Loan ☐ Other _____

Who is financially responsible for this debt? ☐ HUSBAND ☐ WIFE ☐ BOTH ☐ OTHER _____

Has this debt been turned over to a collection agency? ☐ YES ☐ NO

Name of collection agency or law firm _____

Address _____

City _____ State _____ Zip _____

Name of Creditor _____

Address _____

City _____ State _____ Zip _____

Total amount you owe on this debt _____ Account No: _____

Date (or year) you originally obtained this debt or established credit: _____

If this debt is for a credit card, what date (or year) did you last make a purchase? _____

What is this debt for? ☐ Medical ☐ Credit Card ☐ Loan ☐ Other _____

Who is financially responsible for this debt? ☐ HUSBAND ☐ WIFE ☐ BOTH ☐ OTHER _____

Has this debt been turned over to a collection agency? ☐ YES ☐ NO

Name of collection agency or law firm _____

Address _____

City _____ State _____ Zip _____

DEBT SHEET 3 OF 5

- **PRINT OUT MORE PAGES IF YOU HAVE MORE THAN 15 TOTAL DEBTS.**
- **DO NOT JUST LIST DEBTS YOU WANT TO INCLUDE -- BUT EVERY DEBT YOU OWE, EVEN LOAN FROM RELATIVES**

Name of Creditor _____

Address _____

City _____ State _____ Zip _____

Total amount you owe on this debt _____ Account No: _____

Date (or year) you originally obtained this debt or established credit: _____

If this debt is for a credit card, what date (or year) did you last make a purchase? _____

What is this debt for? ☐ Medical ☐ Credit Card ☐ Loan ☐ Other _____

Who is financially responsible for this debt? ☐ HUSBAND ☐ WIFE ☐ BOTH ☐ OTHER _____

Has this debt been turned over to a collection agency? ☐ YES ☐ NO

Name of collection agency or law firm _____

Address _____

City _____ State _____ Zip _____

Name of Creditor _____

Address _____

City _____ State _____ Zip _____

Total amount you owe on this debt _____ Account No: _____

Date (or year) you originally obtained this debt or established credit: _____

If this debt is for a credit card, what date (or year) did you last make a purchase? _____

What is this debt for? ☐ Medical ☐ Credit Card ☐ Loan ☐ Other _____

Who is financially responsible for this debt? ☐ HUSBAND ☐ WIFE ☐ BOTH ☐ OTHER _____

Has this debt been turned over to a collection agency? ☐ YES ☐ NO

Name of collection agency or law firm _____

Address _____

City _____ State _____ Zip _____

Name of Creditor _____

Address _____

City _____ State _____ Zip _____

Total amount you owe on this debt _____ Account No: _____

Date (or year) you originally obtained this debt or established credit: _____

If this debt is for a credit card, what date (or year) did you last make a purchase? _____

What is this debt for? ☐ Medical ☐ Credit Card ☐ Loan ☐ Other _____

Who is financially responsible for this debt? ☐ HUSBAND ☐ WIFE ☐ BOTH ☐ OTHER _____

Has this debt been turned over to a collection agency? ☐ YES ☐ NO

Name of collection agency or law firm _____

Address _____

City _____ State _____ Zip _____

DEBT SHEET 4 OF 5

- **PRINT OUT MORE PAGES IF YOU HAVE MORE THAN 15 TOTAL DEBTS.**
- **DO NOT JUST LIST DEBTS YOU WANT TO INCLUDE -- BUT EVERY DEBT YOU OWE, EVEN LOAN FROM RELATIVES**

Name of Creditor _____

Address _____

City _____ State _____ Zip _____

Total amount you owe on this debt _____ Account No: _____

Date (or year) you originally obtained this debt or established credit: _____

If this debt is for a credit card, what date (or year) did you last make a purchase? _____

What is this debt for? ☐ Medical ☐ Credit Card ☐ Loan ☐ Other _____

Who is financially responsible for this debt? ☐ HUSBAND ☐ WIFE ☐ BOTH ☐ OTHER _____

Has this debt been turned over to a collection agency? ☐ YES ☐ NO

Name of collection agency or law firm _____

Address _____

City _____ State _____ Zip _____

Name of Creditor _____

Address _____

City _____ State _____ Zip _____

Total amount you owe on this debt _____ Account No: _____

Date (or year) you originally obtained this debt or established credit: _____

If this debt is for a credit card, what date (or year) did you last make a purchase? _____

What is this debt for? ☐ Medical ☐ Credit Card ☐ Loan ☐ Other _____

Who is financially responsible for this debt? ☐ HUSBAND ☐ WIFE ☐ BOTH ☐ OTHER _____

Has this debt been turned over to a collection agency? ☐ YES ☐ NO

Name of collection agency or law firm _____

Address _____

City _____ State _____ Zip _____

Name of Creditor _____

Address _____

City _____ State _____ Zip _____

Total amount you owe on this debt _____ Account No: _____

Date (or year) you originally obtained this debt or established credit: _____

If this debt is for a credit card, what date (or year) did you last make a purchase? _____

What is this debt for? ☐ Medical ☐ Credit Card ☐ Loan ☐ Other _____

Who is financially responsible for this debt? ☐ HUSBAND ☐ WIFE ☐ BOTH ☐ OTHER _____

Has this debt been turned over to a collection agency? ☐ YES ☐ NO

Name of collection agency or law firm _____

Address _____

City _____ State _____ Zip _____

DEBT SHEET 5 OF 5

- **PRINT OUT MORE PAGES IF YOU HAVE MORE THAN 15 TOTAL DEBTS.**
- **DO NOT JUST LIST DEBTS YOU WANT TO INCLUDE -- BUT EVERY DEBT YOU OWE, EVEN LOAN FROM RELATIVES**

Name of Creditor _____

Address _____

City _____ State _____ Zip _____

Total amount you owe on this debt _____ Account No: _____

Date (or year) you originally obtained this debt or established credit: _____

If this debt is for a credit card, what date (or year) did you last make a purchase? _____

What is this debt for? ☐ Medical ☐ Credit Card ☐ Loan ☐ Other _____

Who is financially responsible for this debt? ☐ HUSBAND ☐ WIFE ☐ BOTH ☐ OTHER _____

Has this debt been turned over to a collection agency? ☐ YES ☐ NO

Name of collection agency or law firm _____

Address _____

City _____ State _____ Zip _____

Name of Creditor _____

Address _____

City _____ State _____ Zip _____

Total amount you owe on this debt _____ Account No: _____

Date (or year) you originally obtained this debt or established credit: _____

If this debt is for a credit card, what date (or year) did you last make a purchase? _____

What is this debt for? ☐ Medical ☐ Credit Card ☐ Loan ☐ Other _____

Who is financially responsible for this debt? ☐ HUSBAND ☐ WIFE ☐ BOTH ☐ OTHER _____

Has this debt been turned over to a collection agency? ☐ YES ☐ NO

Name of collection agency or law firm _____

Address _____

City _____ State _____ Zip _____

Name of Creditor _____

Address _____

City _____ State _____ Zip _____

Total amount you owe on this debt _____ Account No: _____

Date (or year) you originally obtained this debt or established credit: _____

If this debt is for a credit card, what date (or year) did you last make a purchase? _____

What is this debt for? ☐ Medical ☐ Credit Card ☐ Loan ☐ Other _____

Who is financially responsible for this debt? ☐ HUSBAND ☐ WIFE ☐ BOTH ☐ OTHER _____

Has this debt been turned over to a collection agency? ☐ YES ☐ NO

Name of collection agency or law firm _____

Address _____

City _____ State _____ Zip _____

INCOME HISTORY FOR YOU

Your Name as listed on your current paycheck stub: _____

Year-to-Date Total for this current year? _____

VERY IMPORTANT: Gross Income last year _____ **Gross Income 2 Yrs Ago** _____

Employer's Name _____

Address _____

City, State, Zip _____

Telephone Number _____

Length of Time at This Job? _____ Years _____ Months _____

Job Title (do not abbreviate) _____

How often do you get paid? *(circle or check one)*

☐ every week ☐ bi-weekly (sometimes I get paid 3 times a month ☐ once a month

☐ semi-monthly (on the same 2 days of each month)

What is your "average" gross wages before deductions? _____

How much "average" extra money do you receive in overtime and commissions per pay period? _____

What is the total amount of taxes deducted (FICA, Federal, State, Local) from your paycheck? _____

How much Insurance is deducted from your paycheck? _____ How much in Union Dues? _____

How much do you pay in Alimony or Child Support if any? _____ Are you court ordered to pay this? ☐ YES ☐ NO

Are there any other deductions from your paycheck? ☐ YES ☐ NO If yes, how much? _____

What is this "other" deduction for? _____ If 401K Plan, how long have you participated? _____

How much additional income do you make monthly from a business, flea market, etc? _____

Monthly Income from real property (rentals) _____ Monthly Interests and Dividends _____

Monthly Alimony or Child Support received _____ Monthly Social Security _____

Monthly Government Assistance _____ Monthly Food Stamps _____

Monthly Public Assistance _____ Monthly Pension or Retirement _____

Other Income (Reason and amount received monthly)? _____

Do you have a second job? ☐ YES ☐ NO If yes, name of employer: _____

Address _____

City, State, Zip _____

Telephone Number _____

Length of Time at This Job? _____ Job Title _____

How often do you get paid? *(check one)*

☐ every week ☐ bi-weekly (sometimes I get paid 3 times a month ☐ once a month

☐ semi-monthly (on the same 2 days of each month)

What is your "average" gross wages before deductions? _____

Do you receive any income from a home-based business? ☐ YES ☐ NO How much per month? _____

INCOME HISTORY FOR YOUR SPOUSE

Your Name as listed on your current paycheck stub: _____

Year-to-Date Total for this current year? _____

VERY IMPORTANT: Gross Income last year _____ **Gross Income 2 Yrs Ago** _____

Employer's Name _____

Address _____

City, State, Zip _____

Telephone Number _____

Length of Time at This Job? _____ Years _____ Months _____

Job Title (do not abbreviate) _____

How often do you get paid? *(circle or check one)*

☐ every week ☐ bi-weekly (sometimes I get paid 3 times a month ☐ once a month

☐ semi-monthly (on the same 2 days of each month)

What is your "average" gross wages before deductions? _____

How much "average" extra money do you receive in overtime and commissions per pay period? _____

What is the total amount of taxes deducted (FICA, Federal, State, Local) from your paycheck? _____

How much Insurance is deducted from your paycheck? _____ How much in Union Dues? _____

How much do you pay in Alimony or Child Support if any? _____ Are you court ordered to pay this? ☐ YES ☐ NO

Are there any other deductions from your paycheck? ☐ YES ☐ NO If yes, how much? _____

What is this "other" deduction for? _____ If 401K Plan, how long have you participated? _____

How much additional income do you make monthly from a business, flea market, etc? _____

Monthly Income from real property (rentals) _____ Monthly Interests and Dividends _____

Monthly Alimony or Child Support received _____ Monthly Social Security _____

Monthly Government Assistance _____ Monthly Food Stamps _____

Monthly Public Assistance _____ Monthly Pension or Retirement _____

Other Income (Reason and amount received monthly)? _____

Do you have a second job? ☐ YES ☐ NO If yes, name of employer: _____

Address _____

City, State, Zip _____

Telephone Number _____

Length of Time at This Job? _____ Job Title _____

How often do you get paid? *(check one)*

☐ every week ☐ bi-weekly (sometimes I get paid 3 times a month ☐ once a month

☐ semi-monthly (on the same 2 days of each month)

What is your "average" gross wages before deductions? _____

Do you receive any income from a home-based business? ☐ YES ☐ NO How much per month? _____

BUSINESS OWNERS

If you have been self-employed during the past 12 months, please list below the ***normal*** income and expenses your business generated for an ***average*** month. If you did not have an average monthly income due to extreme highs and lows in your business, estimate your total yearly income and divide by 12 to get the average monthly income. Use the same method of determining your average monthly expenses and enter those figures into the spaces below:

Average monthly business income $ _____

Did you withhold any earnings for tax purposes? ☐ Yes ☐ No

If yes, how much did you withhold monthly? $ _____

Average monthly business expenses (if applicable)

Rent and utilities $ _____

Office Supplies $ _____

Product Supplies $ _____

Wages $ _____

Equipment Leases $ _____

Other Business Leases $ _____

Other _____ $ _____

Other _____ $ _____

Other _____ $ _____

Other _____ $ _____

Other _____ $ _____

Other _____ $ _____

Other _____ $ _____

Other _____ $ _____

Other _____ $ _____

Total Average Monthly Income $ _____

Total Average Monthly Expenses $ _____

Average Monthly Business Profit $ _____

Did you file income taxes for the years you operated your business? ☐ Yes ☐ No

If not, what years did you NOT file taxes? _____

MONTHLY BUDGET

This form is necessary to determine how much you spend each month on living expenses. Be sure to write in the MONTHLY (not yearly) amounts in the spaces below each expenditure. For utilities, your bill may be higher in the winter than in the summer, so write an amount that is "average" covering the whole 12 month period.

Housing Expenses

Rent (if you do not own your home) $_____

First Mortgage payment or mobile home monthly payment $_____

Second mortgage (if applicable) $_____

Third mortgage (if applicable) $_____

Lot Payment (if applicable) $_____

Are real estate **taxes** included in your mortgage payment? ☐ Yes ☐ No

Taxes not included in house payment $_____

Is your home **insurance** included in your mortgage payment? ☐ Yes ☐ No

Insurance not included in house payment $_____

Utilities (Normal Monthly Average)

Electricity and Gas $_____

Water $_____

Telephone (Basic Service) $_____

Trash Pick-Up $_____

Basic Needs

Home Maintenance (home owners) $_____

Food (Monthly) $_____

Clothing (Monthly Expense) $_____

Laundry, dry cleaning, soap, etc. $_____

Medical expenses <u>not</u> paid by insurance $_____

Transportation

Gasoline/auto maintenance $_____

Recreation, Entertainment $_____

Charitable Giving (if claimed on taxes) $_____

Insurance

Renters Insurance $_____

Life Insurance (other than employer) $_____

Health Insurance (other than employer) $_____

Automobile Insurance $_____

Other Insurance $_____

Taxes

Are any other taxes deducted from your wages? If so, what type of taxes are they? $_____

Other Expenses

Alimony or Child Support $_____

Payments for someone outside your home $_____

Union Dues (not payroll deducted) $_____

Professional Dues (not payroll deducted) $_____

Child Care Expenses $_____

Babysitter/Day Care Expenses $_____

School Expenses $_____

School Lunch Expenses $_____

College Tuition (Not Loans) $_____

Student Loan Repayment $_____

Newspapers, Books, Magazines $_____

Personal Care Items $_____

Other _____ $_____

Other _____ $_____

Use the space below to describe any additional monthly expenses that you must pay out of your pocket that are not covered here. Explain the type of expense, amount of expense and how long you will continue to have this expense:

_____

_____

_____

_____

_____

_____

_____

_____

_____

STATEMENT OF AFFAIRS (1 of 11)

The following pages contain extremely **IMPORTANT QUESTIONS**, many of which will be asked you again by the Trustee when you attend your first hearing. Please take your time and go through every question thoroughly and provide as much detail as possible to the questions you answer "yes" to.

List the names of all spouses (past and present) that you have been married to, as well as the dates you were married to this spouse:

Full Name (First, Middle, Last) _____

Dates Married: From _____ To _____

Full Name (First, Middle, Last) _____

Dates Married: From _____ To _____

Full Name (First, Middle, Last) _____

Dates Married: From _____ To _____

Full Name (First, Middle, Last) _____

Dates Married: From _____ To _____

Have you ever provided a notice to any governmental unit of a Release of Hazardous Materials? ☐ **Yes** ☐ **No**

If so, list the name and address of every site for which you have provided notice to a governmental unit of a release of Hazardous Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

Name/Address of Site _____

Governmental Unit Notice Sent To _____

Date Notice Sent to Governmental Unit _____

Do you share the ownership of any real property with another person, such as a co-tenancy or joint tenancy? (This does not apply to your spouse.) ☐ **Yes** ☐ **No**

Name of person _____

Do you have a future interest in any real estate, such as putting money down on a property you have not purchased yet? ☐ **Yes** ☐ **No**

If so, provide details: _____

Do you own or are you buying a time-share in a vacation property or resort? ☐ **Yes** ☐ **No**

If so, provide details: _____

Do you have a car, truck, motorcycle, boat or camper in your possession titled in someone else's name? ☐ **Yes** ☐ **No**

Year, Make, Model of Vehicle _____

Whose name is the motor vehicle titled to? _____

Address _____

City _____ State _____ Zip _____

What is this person's relationship to you? _____

Why are you holding this property? _____

_____

STATEMENT OF AFFAIRS (2 of 11)

Are you buying any of your furniture or appliances with installment payments? ☐ **Yes** ☐ **No**

Description of Item(s)

1. _____ Yard Sale Value _____
2. _____ Yard Sale Value _____
3. _____ Yard Sale Value _____

Name of company you make installment payments to: _____

**** MAKE SURE TO LIST THESE DEBTS ON THE DEBT SHEETS.**

Are you renting-to-own any of your furniture or appliances? ☐ **Yes** ☐ **No**

Description of Item(s)

1. _____ Yard Sale Value _____
2. _____ Yard Sale Value _____
3. _____ Yard Sale Value _____

Name of company you make installment payments to: _____

**** MAKE SURE TO LIST THES DEBTS ON THE DEBT SHEETS.**

Have you gone to a loan company or bank and listed any of your furniture, appliances or personal possessions at the time you obtained the loan? ☐ **Yes** ☐ **No**

Description of Item(s)

1. _____ Yard Sale Value _____
2. _____ Yard Sale Value _____
3. _____ Yard Sale Value _____

Name of company you make installment payments to: _____

**** MAKE SURE TO LIST THES DEBTS ON THE DEBT SHEETS.**

Do you own or are you buying any tools or equipment that you use for your work? ☐ **Yes** ☐ **No**

Description of Item(s): _____

Value of the item if sold at a flea market or yard sale: _____

If making payments on, who do you pay? _____

**** MAKE SURE TO LIST THESE DEBTS ON THE DEBT SHEETS**

At present, do you have any inventory (stock in trade) that could be sold for $200 or more in profit? ☐ **Yes** ☐ **No**

Description of Item(s) _____

Value of the item if sold at a flea market or yard sale _____

_____

STATEMENT OF AFFAIRS (3 of 11)

Are you buying any jewelry with installment payments? ☐ **Yes** ☐ **No**

Description of Item(s)

1. _____ Yard Sale Value _____
2. _____ Yard Sale Value _____
3. _____ Yard Sale Value _____

Name of company you make installment payments to: _____

**** MAKE SURE TO LIST THESE DEBTS ON THE DEBT SHEETS.**

Do you have any animals, livestock or pets you could sell for $200 or more? ☐ **Yes** ☐ **No**

Description of Animal(s) _____

Value of the animals if you had to sell them _____

Do you have any checking or savings account(s) at this time? ☐ **Yes** ☐ **No**

Name of Bank _____

Address of Branch: _____

City _____ State _____ Zip _____

Type of account: Checking, Savings or Both? _____

Name(s) on the Account _____

Account Number for Checking _____ Present Balance _____

Account Number for Savings (if applicable) _____ Present Balance _____

Name of Second Bank (if applicable) _____

Address of Branch: _____

City _____ State _____ Zip _____

Type of account: Checking, Savings or Both? _____

Name(s) on the Account _____

Account Number _____ Present Balance _____

Have you closed any bank accounts within the past two (2) years? ☐ **Yes** ☐ **No**

Name of Bank _____

Address of Bank _____

City _____ State _____ Zip _____

Account Number _____ Date Closed _____ Name on Account _____

Did you owe a balance when you closed this account? ☐ Yes ☐ No Balance owed: _____

If you did not owe a balance when you closed this account, how much money did you receive? _____

STATEMENT OF AFFAIRS (4 of 11)

Do you or have you rented a safe deposit box during the past two (2) years? ☐ **Yes** ☐ **No**

Name of Financial Institution _____

Address of Financial Institution _____

City _____ State _____ Zip _____

What are the contents of the safe deposit box? _____

_____

What monthly amount do you pay for rental of this deposit box? _____

If you no longer have the safe deposit box, what date/year did you surrender it? _____

If you transferred the safe deposit box, who did you transfer it to? _____

Do you have a Christmas Club Account or any other special purpose accounts? ☐ **Yes** ☐ **No**

Name of Financial Institution _____

Address _____

City _____ State _____ Zip _____

Type of account: _____ Account Number _____

Name(s) on the Account _____ Present Balance _____

Do you currently have any security deposits being held by a utility company? ☐ **Yes** ☐ **No**

If yes, what is the amount? _____ Name of Utility Company: _____

Address of Utility Company _____

City _____ State _____ Zip _____

Account Number _____ Present Balance _____

** Remember to include any past-due utility bills that you owe from previous addresses on your Debt Sheets.

Do you have any life insurance? ☐ **Yes** ☐ **No**

Name of Insurance Company _____

If a “whole life” policy -- what is the current cash value? _____

If your life insurance is only payable upon death, what is the face value of the policy? _____

Who is the beneficiary? _____ Relationship _____

** If you have other life insurance policies, please list the information above for each one on BACK of this page.

Do you or your spouse participate in a retirement, 401K or pension plan? ☐ **Yes** ☐ **No**

Type of pension plan (i.e., 401-K, PERS, etc.) _____

When did you first enroll in this plan? _____ Current cash value: _____

STATEMENT OF AFFAIRS (5 of 11)

Have you set up your own <u>separate</u> retirement not provided by employer? ☐ **Yes** ☐ **No**

Name of Financial Institution (if applicable) _____

Amount in this separate retirement account? _____ Who is the beneficiary? _____

Will you be receiving retirement benefits from a previous employer within the next six (6) months? ☐ **Yes** ☐ **No**

Date you expect to start receiving retirement benefits: _____

Do you have any stocks, bonds (including savings bonds) or mutual funds? ☐ **Yes** ☐ **No**

Type of bond, stock, mutual fund: _____

Does this bond, stock or mutual fund have a cash value? ☐ Yes ☐ No Cash value: _____

Do you have a cell phone? ☐ **Yes** ☐ **No**

Name of cell phone company _____

Address _____

City _____ State _____ Zip _____

Account Number _____ Date contract began _____

Is this a month-to-month contract? ☐ Yes ☐ No

If not, what is the length of the contract? ☐ 1 year ☐ 2 years ☐ 3 years ☐ Other: _____

What is the normal monthly contract payment? (i.e.: $19.95, $29.95, etc) _____

Do you wish to keep the cell phone and continue paying the monthly contract? ☐ **Yes** ☐ **No**

** If you have more than one cell phone, list the same information above on the BACK of this page.

Do you live with a roommate/relative that pays part of your expenses? ☐ **Yes** ☐ **No**

Name of roommate or relative: _____ Relationship? _____

What expenses do they pay? _____

What is the total amount they contribute on a monthly basis to your living expenses? _____

How long have they been paying this amount? From_____ To_____

Do relatives or other parties help to pay part or all of your monthly expenses? ☐ **Yes** ☐ **No**

Name of relatives providing additional support: _____

Relationship of this relative to you: _____

What is the total amount they contribute on a monthly basis to your living expenses? _____

How long have they been paying this amount? From_____ To_____

STATEMENT OF AFFAIRS (6 of 11)

Are you currently attending college? ☐ Yes ☐ No

Name of college _____

Anticipated graduation date _____ Major of Study _____

Do you have a student loan? ☐ Yes ☐ No

Name of institution you will make payments to: _____

Address _____

City _____ State _____ Zip _____

Date student loan first obtained? _____ Date payment is/was to begin: _____

Total amount to pay off student loan _____ Average monthly payment _____

Do you currently owe any fines? (includes parking tickets, moving violations, etc) ☐ Yes ☐ No

Name of court you owe fines to _____

Address _____

City _____ State _____ Zip _____

Date of occurrence _____ Amount owed _____

Case number assigned by court _____ Name of party ☐ Husband ☐ Wife ☐ Other

What was this fine for? _____

If you pay child support, are you currently behind in any payments? ☐ Yes ☐ No

Name of person/agency you pay child support to _____

Address _____

City _____ State _____ Zip _____

What is the total amount you owe in back child support? _____

What date (or year) were you supposed to start paying child support? _____

If so, what are the payment arrangements? _____

Even if you never expect to collect any money, does an ex-spouse owe you money for alimony or child support? ☐ Yes ☐ No

Name of Ex-Spouse _____

Address of Ex-Spouse _____

City _____ State _____ Zip _____

Total amount he/she owes you _____ Date originally started owing you _____

Has this ex-spouse been court ordered to pay you? _____ Year of court order? _____

STATEMENT OF AFFAIRS (7 of 11)

Over the last year, have you, your children or your spouse been involved in an accident where someone was hurt, for example, a car accident? ☐ **Yes** ☐ **No**

Date accident occurred _____ Who was at fault? _____

Who was involved in the accident? _____

Was any insurance money received? ☐ **Yes** ☐ **No** If yes, how much? _____

During the next six (6) months, do you expect to inherit anything? ☐ **Yes** ☐ **No**

How much do you expect to inherit? _____ Date expected _____

Reasons for inheritance _____

During the next six (6) months, do you expect to recover on anyone's life insurance policy? ☐ **Yes** ☐ **No**

How much do you expect to receive? _____ Date expected _____

Reasons for receiving this money: _____

Do you expect to receive any money from any insurance claim, for any reason, during the next six (6) months? ☐ **Yes** ☐ **No**

How much do you expect to receive? _____ Date expected _____

Reasons for receiving this money: _____

Are you the beneficiary of a trust fund? ☐ **Yes** ☐ **No**

What is the amount of the trust fund? _____ Name of trust fund owner _____

Relationship to you: _____ When will you have access to this trust fund? _____

Are you owed any back wages, commissions, or vacation pay from your current or previous employer? ☐ **Yes** ☐ **No**

Employer Name _____

Amount expected to receive _____ Date expected to receive _____

** Provide details about this amount owed you. (Feel free to use the back of this page if necessary)

Is any of your property in the hands of a repairman, storage company or pawnbroker? ☐ **Yes** ☐ **No**

Name of Place Holding Your Property _____

Address _____

City _____ State _____ Zip _____

Description of Items and yard sale value:

1. _____ Yard Sale Value _____

_____

STATEMENT OF AFFAIRS (8 of 11)

2. _____ Yard Sale Value _____

3. _____ Yard Sale Value _____

What is the total amount you need to pay in order to get these items released? _____

In the near future, do you expect to settle, win or begin a case for personal injury? ☐ **Yes** ☐ **No**

How much do you expect to receive? _____ Date you expect to receive this money? _____

Provide details about this personal injury claim: _____

Name of attorney or law firm handling this claim? _____

In the near future, do you expect to enter into any property settlement with a former spouse? ☐ **Yes** ☐ **No**

List all items you expect to receive or turn over in the property settlement (including cash): _____

_____

What is the total market value (yard sale value) of these items? _____

When do you expect to receive this money or property? or _____

When do you expect to turn over this cash or property? _____

Does anyone owe you any money for a judgment you have obtained against them? ☐ **Yes** ☐ **No**

Name of party you filed a lawsuit on _____

Address _____

City _____ State _____ Zip _____

Date you filed this lawsuit? _____ Money amount awarded you in judgment: _____

Even if you never expect to collect, does anyone owe you any money for any reason whatsoever? ☐ **Yes** ☐ **No**

Name of Person who owes you money _____

Address _____

City _____ State _____ Zip _____

Explain why they owe you money: _____

Amount they owe you _____ Date they originally started owing you _____

Have you made any payments on your loans or bills other than ordinary payments? In other words, have you made catch-up payments, paid off or borrowed to pay on or off bills or loans? ☐ **Yes** ☐ **No**

Name of Creditor You Paid _____

Date Paid _____ Amount Paid _____ Current Balance Due _____

Name of Creditor You Paid _____

Date Paid _____ Amount Paid _____ Current Balance Due _____

STATEMENT OF AFFAIRS (9 of 11)

Are there any lawsuits pending against you now? ☐ **Yes** ☐ **No**

Name of party suing you (Plaintiff)? _____

Case Number _____ Date Lawsuit Filed _____

Type of Lawsuit From Court Pleading (Complaint, Summons, etc.) _____

Attorney for the Plaintiff (found on court pleading): _____

Address _____

City _____ State _____ Zip _____

Court when lawsuit was filed (at the top of the pleading) _____

Address _____

City _____ State _____ Zip _____

** If lawsuit is LESS THAN 1 YEAR OLD, please make a copy and include with these forms

Have your wages or property been garnisheed or attached? ☐ **Yes** ☐ **No**

Who garnisheed your wages or attached your property? _____

When item did they repossess? (If car, provide the year, make, model) _____

How much money do they take from your paycheck? _____ How often is this deducted? _____

Have you returned any property to creditors or was any of your property repossessed from you, sold at foreclosure, transferred through a deed or returned to a seller? ☐ **Yes** ☐ **No**

What property did you turn over to a receiver? _____

When and where did this take place? _____

Is any of your property in receivership or other legal custody? ☐ **Yes** ☐ **No**

When did you file your receivership? _____

In what court was this done? _____

Have you made any gifts to friends or relatives? ☐ **Yes** ☐ **No**

What gifts or transfers have you made? _____

Who did you give the gift to? _____

What date/year did you make the gift? _____ What is the approximate value? _____

Have you transferred any money or property to family members or friends or paid them any money on debts you might owe them? ☐ **Yes** ☐ **No**

Type of property transferred: _____

What date/year was it transferred? _____ What is the approximate value? _____

STATEMENT OF AFFAIRS (10 of 11)

Have you have any unusual losses, such as fire, theft, gambling or otherwise? ☐ **Yes** ☐ **No**

Type of loss? ☐ Fire ☐ Theft ☐ Gambling ☐ Other: _____

What item(s) or amount of money was lost? _____

What date/year was it lost? _____ Amount insurance paid? _____

Have you had any losses covered by insurance? ☐ **Yes** ☐ **No**

Describe loss: _____

Date/year of loss? _____ Amount insurance paid? _____

Have you consulted with any other attorney about your financial affairs or paid money to a debt counseling service? ☐ **Yes** ☐ **No**

Name of attorney or service _____

Address _____

City _____ State _____ Zip _____

Consultation Date _____ Total paid for service _____

Have you filed any bankruptcy within the last eight (8) years? ☐ **Yes** ☐ **No**

Did you file a Chapter 7, Chapter 13, or a Chapter 11? _____

Date your bankruptcy was filed? _____ City, State Filed? _____

Name(s) of persons who filed? _____

Was the case discharged? ☐ Yes ☐ No Case Number _____

Is anyone holding any property that belongs to you? ☐ **Yes** ☐ **No**

Item(s) in someone else's possession that belong to you? _____

_____

Name of person holding these items: _____

Address _____

City _____ State _____ Zip _____

Beside your current address, have you lived at any other addresses within the past six (6) years? ☐ **Yes** ☐ **No**

Previous Address lived at: _____

City _____ State _____ Zip _____

Time period lived at this address: From (date/year) _____ To (date/year) _____

Name(s) of parties who lived at this address: _____

_____

STATEMENT OF AFFAIRS (11 of 11)

Previous Address lived at: _____

City _____ State _____ Zip _____

Time period lived at this address: From (date/year) _____ To (date/year) _____

Name(s) of parties who lived at this address: _____

Previous Address lived at: _____

City _____ State _____ Zip _____

Time period lived at this address: From (date/year) _____ To (date/year) _____

Name(s) of parties who lived at this address: _____

Have you been self-employed or had any financial interest in any business (or been involved in a partnership with someone who owned a business) within the past eight (8) years? ☐ **Yes** ☐ **No**

Name of business _____

Business address _____

Type of business (what type of products were sold)? _____

Date business began _____ Date business ended _____

Name of your partners, co-investors, or associates? _____

What were your net profits for this year? _____ Last year? _____ 2 Yrs Ago? _____

How much income tax do you pay from the income you make with your business? _____

During the past two (2) years, have either you or your spouse had any other income source outside normal pay from your employer? (includes flea market dealers) ☐ **Yes** ☐ **No**

Income this year? _____ Last year? _____ 2 Yrs Ago? _____

What is the amount of the TAX REFUND you received this year? _____

☐ I did not file taxes ☐ I had to pay taxes and did not receive a refund

By signing below, I state that all the information provided in the these Client Intake Forms are true, accurate and complete to the best of my (our) knowledge.

_____ _____

Signature of Debtor #1 Signature of Debtor #2

Date: _____ Date: _____

Bankruptcy Client CheckList

Due to changes in the bankruptcy law, clients must provide the following documents (where applicable) to their bankruptcy attorney prior to the preparation of their bankruptcy petition.

1. 6 months of paycheck stubs if you are employed.

2. 6 months of bank account statements that verify the income provided on the paycheck stubs, or social security and pension deposits, etc.

3. Copies of titles to all motor vehicles.

4. If you own property: Recorded mortgage and deed for all real property. These documents are normally obtained from the Recorder's Office for the county where the real property is located.

5. Copies of any and all lease agreements, including motor vehicle leases, rent-to-own property, contracts, etc.

6. A copy of appraisals made within the past 12 months for all real property. If you are buying or own any other real property, and it has not been appraised within the past 12 months, you must pay for an appraisal prior to filing bankruptcy.

   Note: There are two different types of appraisals: (1) Full appraisal completed by a real estate agent when a home is sold through the real estate market; and (2) Drive by appraisal that accurately reflects the current market value for your bankruptcy filing. Make sure your appraiser knows the difference and you will save money

7. Copies of any lawsuits, foreclosures, judgments, liens or garnishments filed within the past two (2) years.

8. Copies of all insurance policies including life, disability insurance, homeowners, renters, motor vehicles or any other insured assets. Be sure to include any "riders" which cover any specific items of personal property with insured values.

9. Income tax returns for the past two (2) years.

10. All documents relating to retirement accounts, IRAs, 401Ks, etc.

11. Separation agreements, decrees of dissolution, divorce decrees or support obligations filed within the past one (1) year.

12. Security agreements, financing statements and any or all personal property leases.

(continued on next page)

13. Copies of credit reports from all 3 credit reporting agencies: Equifax, TransUnion and Experian. Under law, you are entitled to one free credit report per year which you can obtain online at: https://www.annualcreditreport.com/

14. Stock certificates, bonds, credit union and passbook savings accounts and statements evidencing investments or savings.

15. Documents verifying interest in any future property (such as a Will)

16. Consumer credit counseling documents. If you have not obtained your credit counseling, you may obtain them online at: http://www.cricketdebt.com

17. Copies of any previous bankruptcy cases filed within the past eight (8) years.

18. Copies of the most recent statement from any educations IRS and/or Tuition Trust account.

19. Copies of the most recent statements from any student loans.

20. List of prior addresses you have lived at within the past three (3) years.

21. Copies of utility bills for the past six (6) months.

22. Driver's license or state identification card which provides verification of your social security number.

23. Any documents relating to a "disabled veteran" status.

Note: If you wish to retain the original of your documents, you may either copy them at a copy shop or scan them into PDF format and place on a CD-Rom for your attorney prior to your meeting.

Thank you for taking the time to provide your attorney with as much detailed information as possible. The more detail you provide along with the required documentation, the faster your bankruptcy petition can be prepared and filed with the bankruptcy court. Please do not hesitate to contact your bankruptcy attorney if you have any questions during the bankruptcy process.