IMPORTANT
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 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.

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 needed to properly complete the debt sheets. If you are required to obtain your own credit report, you may want to try True Credit at www.truecredit.com. This 3-in-1 report contains addresses and other detailed information not provided in other credit reports.

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 a website such Google at www.google.com.

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 aid 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 at: www.usps.com.

- 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 that 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 six (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, are your year-to-date income, and the income you made in the last two (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 earned from ALL employers.

In addition, if you receive (or have received) another type of income (child support, unemployment, social security, pension, etc.) within the past two (2) years, turn the page over (or use an additional sheet of paper) and provide the income for this year and the last two (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 certain that EVERY question on the Statement of Affairs forms within this package, are answered with either a “Yes” or “No.” 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 select “Yes” for 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 refer to it as a “car,” but instead, provide the year, make, and model. It is important for you to be as detailed as possible when answering any question “Yes.” Also, if you run out of room, either make a copy of the page, or turn the page over and write on the back. The higher level of detail you provide at this initial stage will greatly aid 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 year, make, and model 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 twelve (12) months, including a foreclosure, wage garnishments, 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 the 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 www.google.com, and type in a search for your county (example: Los Angeles County, California). 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 may have 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
- 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:

1833	Abraham Lincoln (16th U.S. President)
1871	P.T. Barnum (Barnum & Bailey Circus)
1875	Henry John Heinz (Heinz catsup creator)
1884	Henry Ford (automobile manufacturer)
1884	Ulysses S. Grant (18th U.S. President)
1892	Milton Snavely Hershey (candy maker)
1893	William McKinley (25th U.S. President)
1894	Mark Twain (famous writer)
1917	Buffalo Bill (soldier, hunter, showman)
1923	Walt Disney (creator of Disney empire)
1936	William C. Durant (founder of GM car co.)
1962	Mickey Rooney (famous actor)
1976	Marvin Gaye (famous singer / actor)
1978	Larry King (TV personality / talk show host)
1979	Tom Petty (famous musician)
1984	Mick Fleetwood (musician, Fleetwood Mac)
1986	Tia Carrere (famous actress)
1988	Jerry Lee Lewis (famous singer)
1990	Donald Trump (real estate tycoon)
1990	Willie Nelson (famous musician)
1991	Johnny Unitas (famous quarterback)
1992	Debbie Reynolds (famous actress)
1993	Zsa Zsa Gabor (famous actress)
1992	Wayne Newton (famous singer)
1993	Kim Basinger (famous actress)
1996	Burt Reynolds (famous actor)
1996	Anna Nicole Smith (famous model)
1996	MC Hammer (famous singer)
1998	Toni Braxton (famous singer)
1999	Gary Coleman (famous actor)
1999	Lorraine Bracco (famous actress)
2001	Stan Lee (comic book / superhero creator)
2003	Mike Tyson (famous boxer)
2004	Don Johnson (famous actor)

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 a faster turnaround.

YOUR 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	
Daytime Phone	Evening Phone	Mobile 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'S NAME, First	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 (six (6) months)? ☐ **Yes** ☐ **No**

If not, where have you resided? _____

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

If "No", please select one: ☐ **Unmarried** ☐ **Spouse Filing Separately** ☐ **Other Reason**

If your spouse is not filing with you, does your spouse live in a different household? ☐ **Yes** ☐ **No**

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**

CURRENT AND HISTORICAL INCOME FOR YOU

Your Name as listed on your current paycheck stub _____

Date of Last Paycheck _____ Date of Next Paycheck _____

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? (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 wage before deductions? $ _____

"Average" amount of extra money you receive in overtime/commissions per pay period $ _____

Total amount of taxes deducted (FICA, Federal, State, Local) from your paycheck $ _____

What is the total amount deducted from your paycheck for insurance? $ _____

What is the total amount deducted from your paycheck for Union Dues? $ _____

Amount you pay in Alimony AND Child Support (if any) $ _____

Are you court ordered to pay this? □ Yes □ No

Are there any other deductions from your paycheck? □ Yes □ No If so, how much? $ _____

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

How much additional income do you make monthly from a business, ebay, 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 expect your income to change in the next 1 year? Explain: _____

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: Years _____ Months _____

Job Title (do not abbreviate) _____

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 wage before deductions? $ _____

Year-to-Date Income: $ _____ Income Last year: $ _____ Income 2 Yrs Ago: $ _____

Do you receive income from a home-based business? □ Yes □ No How much per month? $ _____

CURRENT AND HISTORICAL INCOME FOR YOUR SPOUSE

Your Name as listed on your current paycheck stub _____

Date of Last Paycheck _____ Date of Next Paycheck _____

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? (check one)

□ Every Week □ Bi-Weekly (sometimes I get paid 3 times a month)

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What is your "average" gross wage before deductions? $ _____

"Average" amount of extra money you receive in overtime/commissions per pay period $ _____

Total amount of taxes deducted (FICA, Federal, State, Local) from your paycheck $ _____

What is the total amount deducted from your paycheck for insurance? $ _____

What is the total amount deducted from your paycheck for Union Dues? $ _____

Amount you pay in Alimony AND Child Support (if any) $ _____

Are you court ordered to pay this? □ Yes □ No

Are there any other deductions from your paycheck? □ Yes □ No If so, how much? $ _____

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

How much additional income do you make monthly from a business, ebay, 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 expect your income to change in the next 1 year? Explain: _____

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: Years _____ Months _____

Job Title (do not abbreviate) _____

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 wage before deductions? $ _____

Year-to-Date Income: $ _____ Income Last year: $ _____ Income 2 Yrs Ago: $ _____

Do you receive income from a home-based business? □ Yes □ No How much per month? $ _____

SELF-EMPLOYED BUSINESS OWNERS - PROFIT AND LOSS (P&L)

If you have been self-employed during the past six (6) 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:

Gross Income for 12 Months Prior to Filing $ _____

Estimated Average Future Gross Monthly Income $ _____

Net Payroll (Other than Self) $ _____

Payroll Taxes $ _____

Unemployment Taxes $ _____

Workers Compensation $ _____

Other Taxes $ _____

Inventory Purchases $ _____

Purchase of Feed/Fertilizer/etc. $ _____

Rent (Other than Your Residence) $ _____

Utilities $ _____

Office Expenses and Supplies $ _____

Repairs and Maintenance $ _____

Vehicle Expenses $ _____

Travel and Entertainment $ _____

Equipment Rental and Leases $ _____

Legal/Accounting/Professional Fees $ _____

Insurance $ _____

Employee Benefits $ _____

Other _____ $ _____

Other _____ $ _____

Other _____ $ _____

Other _____ $ _____

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

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

Total Monthly Income $ _____

Total Monthly Expenses $ _____

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? _____

INFORMATION FOR MEANS TEST

☐ Means Test does NOT apply. Debtor(s) is a disabled veteran with debts incurred primarily during active duty or homeland defense.

DEPENDENTS

Name	Age	Relationship to You	Is this Person / Child Living with You, and / or Claimed on your Taxes?
1.			
2.			
3.			
4.			
5.			
6.			

INCOME FOR LAST SIX (6) Months

Provide the total amount of earned income (from all sources) that you received for the current month and last five (5) months - totaling six (6) months of income. DO NOT DEDUCT TAXES. The income you report below is NOT TAKE-HOME PAY but the TOTAL INCOME YOU ACTUALLY EARNED BEFORE TAXES WERE DEDUCTED.

HUSBAND: Wages, salaries, tips, bonuses, overtime and commissions:

Month:	Month:	Month:	Month:	Month:	Month:

WIFE: Wages, salaries, tips, bonuses, overtime and commissions:

Month:	Month:	Month:	Month:	Month:	Month:

HUSBAND: Income from operation of business, profession or farm:

Month:	Month:	Month:	Month:	Month:	Month:

WIFE: Income from operation of business, profession or farm:

Month:	Month:	Month:	Month:	Month:	Month:

HUSBAND: Rents and other property income (not rent you paid, but rents paid to you):

Month:	Month:	Month:	Month:	Month:	Month:

CONTINUED ON NEXT PAGE

INFORMATION FOR MEANS TEST CONTINUED

WIFE: Rents and other property income (not rent you paid, but rents paid to you):

Month:	Month:	Month:	Month:	Month:	Month:

HUSBAND: Interest income, dividends and royalties:

Month:	Month:	Month:	Month:	Month:	Month:

WIFE: Interest income, dividends and royalties:

Month:	Month:	Month:	Month:	Month:	Month:

HUSBAND: Pension and retirement income:

Month:	Month:	Month:	Month:	Month:	Month:

WIFE: Pension and retirement income:

Month:	Month:	Month:	Month:	Month:	Month:

HUSBAND: Income received from others who are not filing bankruptcy with you who contribute money to the household expenses:

Month:	Month:	Month:	Month:	Month:	Month:

WIFE: Income received from others who are not filing bankruptcy with you who contribute money to the household expenses:

Month:	Month:	Month:	Month:	Month:	Month:

HUSBAND: Unemployment compensation:

Month:	Month:	Month:	Month:	Month:	Month:

WIFE: Unemployment compensation:

Month:	Month:	Month:	Month:	Month:	Month:

CONTINUED ON NEXT PAGE

INFORMATION FOR MEANS TEST CONTINUED

HUSBAND: Income from other sources not provided for above:

Month:	Month:	Month:	Month:	Month:	Month:

WIFE: Income from other sources not provided for above:

Month:	Month:	Month:	Month:	Month:	Month:

OTHER INFORMATION

Have 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:

My Bankruptcy Concierge
7320 N. La Cholla Blvd. Suite 154-217
Tucson, AZ 85741 Phone: 888-446-1148

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 twelve (12) month period.

Housing Expenses

Rent (If You Don't 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 Homeowner's Insurance Included
in Your Mortgage Payment? □ Yes □ No
Insurance Not Included in House Payment $ _____

Utilities (Normal Monthly Average)

Electricity and Gas $ _____
Water $ _____
Telephone: Home Phone $ _____
Telephone: Cellular / Mobile $ _____
Trash Pick-up $ _____

Basic Needs

Home Maintenance (If You Own a Home) $ _____
Food (Monthly) $ _____
Clothing (Monthly Expense) $ _____
Laundry, Dry Cleaning, Soap, Etc. $ _____
Medical Expenses Not 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? □ Yes □ No
Other Taxes _____ $ _____

Other Expenses

Alimony and/or Child Support $ _____
Payments for Someone Outside
Your Home $ _____
Union Dues $ _____
Internet Access $ _____
Cable/Satellite TV $ _____
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 $ _____
Home Security Monitoring $ _____
Other _____ $ _____
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:

_____
_____
_____
_____

Do you expect your budget to change in the next 1 year? Explain: _____

My Bankruptcy Concierge
7320 N. La Cholla Blvd. Suite 154-217
Tucson, AZ 85741 Phone: 888-446-1148

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

YOUR REAL ESTATE

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

USE SEPARATE 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 payoff amount? $_____

Are you behind on payments? □ **Yes** □ **No** If so, which months? _____

Does payment include taxes? □ **Yes** □ **No** Does payment include insurance? □ **Yes** □ **No**

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 2nd mortgage on the real estate? □ **Yes** □ **No** **Intention:** □ **Keep** □ **Surrender**

SECOND (2nd) 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? $_____

Are you behind on payments? □ **Yes** □ **No** If so, which 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 copy 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 and the mobile home attached to the ground? □ **Yes** □ **No**

Does the 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 lot _____

Do you make separate payments for the ground your mobile home sits on? □ **Yes** □ **No**

If so, explain: _____

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

Description of Mobile Home: (example: 28x40 double-wide, 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? $ _____

Are you behind on payments? □ **Yes** □ **No** If so, which 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 2nd mortgage on this mobile home? □ **Yes** □ **No** **Intention:** □ **Keep** □ **Surrender**

SECOND (2nd) 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? $ _____

Are you behind on payments? □ **Yes** □ **No** If so, which 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 copy of the court documents you were served.

YOUR HOUSEHOLD INVENTORY

Please check the items below that you currently have in your home. Bolded items are most common. Then, **provide the "Yard Sale" VALUE of each item**

	"Yard Sale" Value
☐ **Stove/Cooking Unit**	$
☐ **Refrigerator**	$
☐ **Washer/Dryer**	$
☐ **Microwave**	$
☐ **Dishwasher**	$
☐ **Cooking Utensils**	$
☐ **Silverware/Flatware**	$
☐ **Cookware (Pots/Pans)**	$
☐ **Dining Room Furniture**	$
☐ **Tables and Chairs**	$
☐ **Bedroom Furniture**	$
☐ **Television(s)**	$
☐ **Satellite or Cable Equipment**	$
☐ **VCR/DVD Players**	$
☐ **DVD's**	$
☐ **Compact Discs**	$
☐ **All Other Stereo Equipment**	$

Describe item(s): _____

☐ **Cellular / Mobile Phones**	$
☐ **Living Room Furniture**	$
☐ **Dressers/Night Stands**	$
☐ **Lamps and Accessories**	$
☐ **Wedding Rings**	$
☐ **Other Jewelry / Watches**	$

Describe item(s): _____

☐ Furs	$
☐ **Computer(s)**	$
☐ **Computer Printers/Fax Mach**	$
☐ **Desks/Office Furniture**	$
☐ **Other Computer Equipment**	$

Describe item(s): _____

☐ **Photography Equipment**	$
☐ **All Clothing**	$
☐ Collectibles	$

Describe Item(s): _____

	"Yard Sale" Value
☐ Paintings/Art	$

Describe item(s): _____

☐ **Carpenter Tools**	$

Describe item(s): _____

☐ **Mechanic Tools**	$

Describe item(s): _____

☐ Guns and Firearms	$

Describe item(s): _____

☐ **Lawnmower**	$
☐ Boats	$
☐ Trailers	$
☐ Campers	$
☐ **Yard Tools/Equipment**	$
☐ Swimming Pool	$

Other Assets

Rent Deposit with Landlord $ _____

Name of Landlord: _____

Address: _____

City _____ State _____ Zip _____

☐ Government Bonds	$
☐ Certificates of Deposit (CD)	$
☐ Copyrights/Patents	$
☐ Aircraft	$
☐ Interest in Education IRA	$
☐ Customer lists	$
☐ Food Storage (up to 12 mo)	$
☐	$
☐	$
☐	$
☐	$
☐	$
☐	$
☐	$
☐	$

INVENTORY OF FINANCIAL ACCOUNTS

List all financial accounts, including checking, savings, 401k or other Retirement, PayPal, etc. Make copies of this page if you have more accounts to report.

Name of Bank _____
Address of Branch _____
City _____ State _____ Zip _____
Type of Account: □ Checking □ Savings □ 401k □ Other (list type) _____
Name(s) on Account _____
Account Number _____ Current Balance $ _____

Name of Bank _____
Address of Branch _____
City _____ State _____ Zip _____
Type of Account: □ Checking □ Savings □ 401k □ Other (list type) _____
Name(s) on Account _____
Account Number _____ Current Balance $ _____

Name of Bank _____
Address of Branch _____
City _____ State _____ Zip _____
Type of Account: □ Checking □ Savings □ 401k □ Other (list type) _____
Name(s) on Account _____
Account Number _____ Current Balance $ _____

Name of Bank _____
Address of Branch _____
City _____ State _____ Zip _____
Type of Account: □ Checking □ Savings □ 401k □ Other (list type) _____
Name(s) on Account _____
Account Number _____ Current Balance $ _____

Name of Bank _____
Address of Branch _____
City _____ State _____ Zip _____
Type of Account: □ Checking □ Savings □ 401k □ Other (list type) _____
Name(s) on Account _____
Account Number _____ Current Balance $ _____

NOTES: _____

INVENTORY OF FINANCIAL ACCOUNTS CONTINUED

List all financial accounts, including checking, savings, 401k or other Retirement, PayPal, etc. Make copies of this page if you have more accounts to report.

Name of Bank _____
Address of Branch _____
City _____ State _____ Zip _____
Type of Account: □ Checking □ Savings □ 401k □ Other (list type) _____
Name(s) on Account _____
Account Number _____ Current Balance $ _____

Name of Bank _____
Address of Branch _____
City _____ State _____ Zip _____
Type of Account: □ Checking □ Savings □ 401k □ Other (list type) _____
Name(s) on Account _____
Account Number _____ Current Balance $ _____

Name of Bank _____
Address of Branch _____
City _____ State _____ Zip _____
Type of Account: □ Checking □ Savings □ 401k □ Other (list type) _____
Name(s) on Account _____
Account Number _____ Current Balance $ _____

Name of Bank _____
Address of Branch _____
City _____ State _____ Zip _____
Type of Account: □ Checking □ Savings □ 401k □ Other (list type) _____
Name(s) on Account _____
Account Number _____ Current Balance $ _____

Name of Bank _____
Address of Branch _____
City _____ State _____ Zip _____
Type of Account: □ Checking □ Savings □ 401k □ Other (list type) _____
Name(s) on Account _____
Account Number _____ Current Balance $ _____

NOTES: _____

YOUR MOTOR VEHICLES

Motor vehicles include cars, trucks, SUV's, motorcycles, four wheelers/ATV's, motor homes, boats, trailers, campers, tractors, airplanes, etc., that are titled in your name *or* your spouse's name

Print more sheets if you own more than four (4) vehicles.

Type: ☐ Automobile ☐ Truck ☐ Motorcycle ☐ Mobile Home (title only) ☐ Other: _____
Year _____ Make _____ Model _____ Style _____ ☐ 2 dr ☐ 4 dr ☐ Other
Vehicle Identification Number (VIN #) - *VERY IMPORTANT* _____
If vehicle is a truck, check all that apply: ☐ Long Bed ☐ Short bed ☐ 4 Wheel Drive
☐ ½ Ton ☐ ¾ Ton ☐ Standard Cab ☐ Ext Cab ☐ Quad Cab ☐ Crew Cab (4 reg doors)
Condition: ☐ Excellent ☐ Good ☐ Fair ☐ Poor ☐ Not Running Mileage _____
Engine: ☐ 4 Cylinder ☐ 6 Cylinder ☐ 8 Cylinder Liters: _____
Transmission: ☐ Automatic ☐ Manual (4-speed, 5-speed, etc.)
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 loan established _____
Monthly payment? $ _____ How many months are you behind on payments? _____
What is the pay-off amount on this vehicle? $ _____ Check one: ☐ Keep ☐ Surrender
Interest rate of auto loan: ____% Month and year this will be paid off: _____
Have you listed this vehicle as collateral for a title loan / quick loan / personal loan? ☐ Yes ☐ No
If so, name and address of loan company for personal loan: _____

Type: ☐ Automobile ☐ Truck ☐ Motorcycle ☐ Mobile Home (title only) ☐ Other: _____
Year _____ Make _____ Model _____ Style _____ ☐ 2 dr ☐ 4 dr ☐ Other
Vehicle Identification Number (VIN #) - *VERY IMPORTANT* _____
If vehicle is a truck, check all that apply: ☐ Long Bed ☐ Short bed ☐ 4 Wheel Drive
☐ ½ Ton ☐ ¾ Ton ☐ Standard Cab ☐ Ext Cab ☐ Quad Cab ☐ Crew Cab (4 reg doors)
Condition: ☐ Excellent ☐ Good ☐ Fair ☐ Poor ☐ Not Running Mileage _____
Engine: ☐ 4 Cylinder ☐ 6 Cylinder ☐ 8 Cylinder Liters: _____
Transmission: ☐ Automatic ☐ Manual (4-speed, 5-speed, etc.)
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 loan established _____
Monthly payment? $ _____ How many months are you behind on payments? _____
What is the pay-off amount on this vehicle? $ _____ Check one: ☐ Keep ☐ Surrender
Interest rate of auto loan: ____% Month and year this will be paid off: _____
Have you listed this vehicle as collateral for a title loan / quick loan / personal loan? ☐ Yes ☐ No
If so, name of loan company for personal loan: _____

YOUR MOTOR VEHICLES CONTINUED

Motor vehicles include cars, trucks, SUV's, motorcycles, four wheelers/ATV's, motor homes, boats, trailers, campers, tractors, airplanes, etc., that are titled in your name *or* your spouse's name

Print more sheets if you own more than four (4) vehicles.

Type: ☐ Automobile ☐ Truck ☐ Motorcycle ☐ Mobile Home (title only) ☐ Other: _____
Year _____ Make _____ Model _____ Style _____ ☐ 2 dr ☐ 4 dr ☐ Other
Vehicle Identification Number (VIN #) - *VERY IMPORTANT* _____
If vehicle is a truck, check all that apply: ☐ Long Bed ☐ Short bed ☐ 4 Wheel Drive
☐ ½ Ton ☐ ¾ Ton ☐ Standard Cab ☐ Ext Cab ☐ Quad Cab ☐ Crew Cab (4 reg. doors)
Condition: ☐ Excellent ☐ Good ☐ Fair ☐ Poor ☐ Not Running Mileage _____
Engine: ☐ 4 Cylinder ☐ 6 Cylinder ☐ 8 Cylinder Liters: _____
Transmission: ☐ Automatic ☐ Manual (4-speed, 5-speed, etc.)
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 loan established _____
Monthly payment? $ _____ How many months are you behind on payments? _____
What is the pay-off amount on this vehicle? $ _____ Check one: ☐ Keep ☐ Surrender
Interest rate of auto loan: ____% Month and year this will be paid off: _____
Have you listed this vehicle as collateral for a title loan / quick loan / 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 _____ ☐ 2 dr ☐ 4 dr ☐ Other
Vehicle Identification Number (VIN #) - *VERY IMPORTANT* _____
If vehicle is a truck, check all that apply: ☐ Long Bed ☐ Short bed ☐ 4 Wheel Drive
☐ ½ Ton ☐ ¾ Ton ☐ Standard Cab ☐ Ext Cab ☐ Quad Cab ☐ Crew Cab (4 reg doors)
Condition: ☐ Excellent ☐ Good ☐ Fair ☐ Poor ☐ Not Running Mileage _____
Engine: ☐ 4 Cylinder ☐ 6 Cylinder ☐ 8 Cylinder Liters: _____
Transmission: ☐ Automatic ☐ Manual (4-speed, 5-speed, etc.)
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 loan established _____
Monthly payment? $ _____ How many months are you behind on payments? _____
What is the pay-off amount on this vehicle? $ _____ Check one: ☐ Keep ☐ Surrender
Interest rate of auto loan: ____% Month and year this will be paid off: _____
Have you listed this vehicle as collateral for a title loan / quick loan / personal loan? ☐ Yes ☐ No
If so, name of loan company for personal loan: _____

DEBT SHEET (1 OF 10)

- COPY MORE PAGES IF YOU HAVE MORE THAN 30 TOTAL DEBTS
- LIST ALL DEBTS, NOT JUST DEBTS YOU WANT TO LIST...EVEN LOANS FROM RELATIVES

Name of Creditor _____
Address _____
City _____ State _____ Zip _____
Total amount you owe on this debt $_____ Account Number _____
Month and year you originally obtained this debt or established credit _____
If this debt is for a credit card, what month and 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 Number _____
Month and year you originally obtained this debt or established credit _____
If this debt is for a credit card, what month and 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 Number _____
Month and year you originally obtained this debt or established credit _____
If this debt is for a credit card, what month and 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 10)

- COPY MORE PAGES IF YOU HAVE MORE THAN 30 TOTAL DEBTS
- LIST ALL DEBTS, NOT JUST DEBTS YOU WANT TO LIST...EVEN LOANS FROM RELATIVES

Name of Creditor _____
Address _____
City _____ State _____ Zip _____
Total amount you owe on this debt $_____ Account Number _____
Month and year you originally obtained this debt or established credit _____
If this debt is for a credit card, what month and 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 Number _____
Month and year you originally obtained this debt or established credit _____
If this debt is for a credit card, what month and 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 Number _____
Month and year you originally obtained this debt or established credit _____
If this debt is for a credit card, what month and 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 10)

- COPY MORE PAGES IF YOU HAVE MORE THAN 30 TOTAL DEBTS
- LIST ALL DEBTS, NOT JUST DEBTS YOU WANT TO LIST...EVEN LOANS FROM RELATIVES

Name of Creditor _____
Address _____
City _____ State _____ Zip _____
Total amount you owe on this debt $_____ Account Number _____
Month and year you originally obtained this debt or established credit _____
If this debt is for a credit card, what month and 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 Number _____
Month and year you originally obtained this debt or established credit _____
If this debt is for a credit card, what month and 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 Number _____
Month and year you originally obtained this debt or established credit _____
If this debt is for a credit card, what month and 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 10)

- COPY MORE PAGES IF YOU HAVE MORE THAN 30 TOTAL DEBTS
- LIST ALL DEBTS, NOT JUST DEBTS YOU WANT TO LIST...EVEN LOANS FROM RELATIVES

Name of Creditor _____
Address _____
City _____ State _____ Zip _____
Total amount you owe on this debt $_____ Account Number _____
Month and year you originally obtained this debt or established credit _____
If this debt is for a credit card, what month and 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 Number _____
Month and year you originally obtained this debt or established credit _____
If this debt is for a credit card, what month and 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 Number _____
Month and year you originally obtained this debt or established credit _____
If this debt is for a credit card, what month and 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 10)

- COPY MORE PAGES IF YOU HAVE MORE THAN 30 TOTAL DEBTS
- LIST ALL DEBTS, NOT JUST DEBTS YOU WANT TO LIST...EVEN LOANS FROM RELATIVES

Name of Creditor _____
Address _____
City _____ State _____ Zip _____
Total amount you owe on this debt $_____ Account Number _____
Month and year you originally obtained this debt or established credit _____
If this debt is for a credit card, what month and 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 Number _____
Month and year you originally obtained this debt or established credit _____
If this debt is for a credit card, what month and 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 Number _____
Month and year you originally obtained this debt or established credit _____
If this debt is for a credit card, what month and 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 (6 OF 10)

- COPY MORE PAGES IF YOU HAVE MORE THAN 30 TOTAL DEBTS
- LIST ALL DEBTS, NOT JUST DEBTS YOU WANT TO LIST...EVEN LOANS FROM RELATIVES

Name of Creditor _____
Address _____
City _____ State _____ Zip _____
Total amount you owe on this debt $_____ Account Number _____
Month and year you originally obtained this debt or established credit _____
If this debt is for a credit card, what month and 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 Number _____
Month and year you originally obtained this debt or established credit _____
If this debt is for a credit card, what month and 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 Number _____
Month and year you originally obtained this debt or established credit _____
If this debt is for a credit card, what month and 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 (7 OF 10)

- COPY MORE PAGES IF YOU HAVE MORE THAN 30 TOTAL DEBTS
- LIST ALL DEBTS, NOT JUST DEBTS YOU WANT TO LIST...EVEN LOANS FROM RELATIVES

Name of Creditor _____
Address _____
City _____ State _____ Zip _____
Total amount you owe on this debt $_____ Account Number _____
Month and year you originally obtained this debt or established credit _____
If this debt is for a credit card, what month and 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 Number _____
Month and year you originally obtained this debt or established credit _____
If this debt is for a credit card, what month and 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 Number _____
Month and year you originally obtained this debt or established credit _____
If this debt is for a credit card, what month and 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 (8 OF 10)

- COPY MORE PAGES IF YOU HAVE MORE THAN 30 TOTAL DEBTS
- LIST ALL DEBTS, NOT JUST DEBTS YOU WANT TO LIST...EVEN LOANS FROM RELATIVES

Name of Creditor _____
Address _____
City _____ State _____ Zip _____
Total amount you owe on this debt $_____ Account Number _____
Month and year you originally obtained this debt or established credit _____
If this debt is for a credit card, what month and 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 Number _____
Month and year you originally obtained this debt or established credit _____
If this debt is for a credit card, what month and 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 Number _____
Month and year you originally obtained this debt or established credit _____
If this debt is for a credit card, what month and 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 (9 OF 10)

- COPY MORE PAGES IF YOU HAVE MORE THAN 30 TOTAL DEBTS
- LIST ALL DEBTS, NOT JUST DEBTS YOU WANT TO LIST...EVEN LOANS FROM RELATIVES

Name of Creditor _____
Address _____
City _____ State _____ Zip _____
Total amount you owe on this debt $_____ Account Number _____
Month and year you originally obtained this debt or established credit _____
If this debt is for a credit card, what month and 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 Number _____
Month and year you originally obtained this debt or established credit _____
If this debt is for a credit card, what month and 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 Number _____
Month and year you originally obtained this debt or established credit _____
If this debt is for a credit card, what month and 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 (10 OF 10)

- COPY MORE PAGES IF YOU HAVE MORE THAN 30 TOTAL DEBTS
- LIST ALL DEBTS, NOT JUST DEBTS YOU WANT TO LIST...EVEN LOANS FROM RELATIVES

Name of Creditor _____
Address _____
City _____ State _____ Zip _____
Total amount you owe on this debt $_____ Account Number _____
Month and year you originally obtained this debt or established credit _____
If this debt is for a credit card, what month and 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 Number _____
Month and year you originally obtained this debt or established credit _____
If this debt is for a credit card, what month and 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 Number _____
Month and year you originally obtained this debt or established credit _____
If this debt is for a credit card, what month and 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 _____

STATEMENT OF AFFAIRS (1 of 13)

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 each 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 yes, provide details_____

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

If yes, provide details_____

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

If yes, Year _____ Make _____ Model _____
Who/s name is the vehicle titled in? _____
Address _____
City _____ State_____ Zip_____
What is this person's relationship to you? _____
Why are you holding this property? _____

STATEMENT OF AFFAIRS (2 of 13)

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 CERTAIN 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 CERTAIN TO LIST THESE DEBTS ON THE DEBT SHEETS *****

Have you gone to a loan company or bank and listed any of your furniture, appliances or personal possessions as security, 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 CERTAIN TO LIST THESE 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)

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

Name of company you make installment payments to _____

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

Do you have any inventory (stock in trade) that could be sold for $200 or more in profit? ☐ **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 CERTAIN TO LIST THESE DEBTS ON THE DEBT SHEETS *****

STATEMENT OF AFFAIRS (3 of 13)

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

Description of Item(s) AND Name and Mailing Address of Creditor

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

Name and mailing address of company you make payments to _____

_____

Monthly Payments: $_____

Are the payments current? ☐ **Yes** ☐ **No** If not, how many months are behind? _____

*** MAKE CERTAIN 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 _____

Have you closed ANY checking, savings, or other ANY other type of financial account(s) (e.g., PayPal) within the past 12 months? ☐ **Yes** ☐ **No**

Name of Bank where account was closed _____

Address of Branch _____

City _____ State_____ Zip_____

Type of Account: ☐ Checking ☐ Savings ☐ 401k ☐ Other (list type) _____

Name(s) on Account _____

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? $_____

Name of Bank where account was closed _____

Address of Branch _____

City _____ State_____ Zip_____

Type of Account: ☐ Checking ☐ Savings ☐ 401k ☐ Other (list type) _____

Name(s) on Account _____

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? $_____

Name of Bank where account was closed _____

Address of Branch _____

City _____ State_____ Zip_____

Type of Account: ☐ Checking ☐ Savings ☐ 401k ☐ Other (list type) _____

Name(s) on Account _____

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 13)

Have you closed ANY checking, savings, or other ANY other type of financial account(s) (e.g., PayPal) within the past two (2) years? CONTINUED **□ Yes □ No**

Name of Bank where account was closed _____
Address of Branch _____
City _____ State _____ Zip _____
Type of Account: □ Checking □ Savings □ 401k □ Other (list type) _____
Name(s) on Account _____
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? $ _____

Name of Bank where account was closed _____
Address of Branch _____
City _____ State _____ Zip _____
Type of Account: □ Checking □ Savings □ 401k □ Other (list type) _____
Name(s) on Account _____
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? $ _____

Name of Bank where account was closed _____
Address of Branch _____
City _____ State _____ Zip _____
Type of Account: □ Checking □ Savings □ 401k □ Other (list type) _____
Name(s) on Account _____
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? $ _____

Name of Bank where account was closed _____
Address of Branch _____
City _____ State _____ Zip _____
Type of Account: □ Checking □ Savings □ 401k □ Other (list type) _____
Name(s) on Account _____
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 (5 of 13)

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? (divide annual fee by 12 months) $ _____

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 of financial institution _____

City _____ State _____ Zip _____

Type of Account _____ Account Number _____

Name(s) on Account _____ Current 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 _____ Current Balance $ _____

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

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

Name of insurance company _____

Address of insurance company _____

City _____ State _____ Zip _____

If a "whole life" or "universal 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 copy this page and fill in the information for each policy.**

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.) _____

Name of pension company _____

Address of pension company _____

City _____ State _____ Zip _____

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

**** If you have other pension plans, please copy this page and fill in the information for each policy.**

STATEMENT OF AFFAIRS (6 of 13)

Have you setup your own separate retirement not provided by employer? ☐ **Yes** ☐ **No**
Name of financial institution (if applicable) _____
Address of financial institution _____
City _____ State _____ Zip _____

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

Will you be receiving retirement benefits from a former employer within the next six 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 of cell phone company _____

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 Date contract began _____
What is the normal monthly contract payment? $_____
Do you wish to keep the cell phone and continue paying the monthly contract? ☐ Yes ☐ No
**** If you have other cell phones, please copy this page and fill in the information for each phone.**

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 (7 of 13)

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

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? _____

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 he/she originally started owing you _____

Has this ex-spouse been court ordered to pay you? ☐ Yes ☐ No Year of court order? _____

STATEMENT OF AFFAIRS (8 of 13)

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 _____

**** 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 $ _____
2. _____ Yard Sale Value $ _____
3. _____ Yard Sale Value $ _____

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

STATEMENT OF AFFAIRS (9 of 13)

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 money 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 (10 of 13)

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 garnished or attached? ☐ **Yes** ☐ **No**

Who garnished 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 (month AND year)? _____

Name and Address of Creditor _____

Value of Property $_____

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 (11 of 13)

Have you had 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 three (3) 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 _____

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 (12 of 13)

Previous Addresses lived at (last three years) _____
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 Addresses lived at (last three years) _____
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 Addresses lived at (last three years) _____
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 Addresses lived at (last three years) _____
City _____ State _____ Zip _____
Time period lived at this address: From (date/year) _____ To (date/year) _____
Name(s) of parties who lived at this address _____

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

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

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 (6) years? **□ Yes** **□ No**

Name of business _____

Business Address _____

Employer Identification Number (EIN) of business (or Social Security Number if no EIN) _____

Type of business (what type of products were/are sold)? _____
Date business began _____ Date business ended (if still operating, list "Present) _____

What were your net profits for this year? $_____ Last Year? $_____ 2 Years ago $_____

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

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

STATEMENT OF AFFAIRS (13 of 13)

Bookkeepers and accountants within two (2) years prior this filing

---

Firms or individuals who have audited the books within two (2) years prior to this filing

---

Firms or individuals possessing books of account and records at the time of this filing

---

List financial institutions, creditors and other parties a financial statement was issued two (2) years prior to this filing

---

Dates of the last two inventories taken, name of supervisor, value of inventory, and names of persons with records

---

If a partnership, list the nature and percentage of partnership interest of each member of the partnership

---

If a corporation, list all officers and directors of the corporation, and each stockholder who directly or indirectly owns, controls, or holds 5 percent or more of the voting securities of the corporation

---

If a partnership, list each member who withdrew from the partnership within one year immediately preceding the commencement of this case

---

If a corporation, list all officers or directors whose relationship with the corporation terminated within one year immediately preceding the commencement of this case

---

If a partnership or corporation, list all withdrawals or distributions credited or given to an insider, including compensation in any form, bonuses, loans, stock redemptions, options exercised and any other perquisite during one year immediately preceding the commencement of this case

---

If a partnership or corporation, list all withdrawals or distributions credited or given to an insider, including compensation in any form, bonuses, loans, stock redemptions, options exercised and any other perquisite during one year immediately preceding the commencement of this case

---

If a corporation, list the name and federal taxpayer identification number of the parent corporation of any consolidated group for tax purposes of which the debtor has been a member at any time within the six-year period immediately preceding the commencement of the case

---

If filer is not an individual, list the name and federal taxpayer identification number of any pension fund to which the debtor, as an employer, has been responsible for contributing at any time within the six-year period immediately preceding the commencement of the case

---

By signing below, I state that all the information provided in 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