FREE CLIENT INTAKE FORMS

These forms were originally developed by Victoria Ring back in 1999 when she worked for a law firm in Ohio. It took 100s of client intake interviews to perfect them, but they have proven to benefit law firms across the United States. Victoria provides them free of charge to all bankruptcy attorneys in order to help them improve their operations.

In addition, Victoria Ring provides a wide variety of services specifically to meet the needs of Chapter 7 and 13 debtor bankruptcy attorneys. One popular service is Bankruptcy Paralegal Services through preparation of your client's petitions. Here is how it works:

- 1. Have your client read the instructions and fill out the forms in this package.
- 2. Return the following to us:
 - a. Client Intake Forms filled out by clients
 - b. Credit Counseling Certificate
 - c. 6 Months of pay stubs or other proof of income
- 3. We will contact you upon receipt to obtain your attorney bar number and other information for the bankruptcy petition. At that time, we will also discuss our fees and obtain your approval before performing any work.
- 4. Upon approval, we will prepare your petition and send you a Summary sheet. Our service also includes a client intake interview (to obtain more information for completion of the petition) as well as electronic filing of your petition.
- 5. In addition, we also stay with you throughout the petition process. If there should be a need to amend the schedules, we will prepare them for you.

Get started now. We look forward to working with you.

CONTACT INFORMATION:

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http://www.chapter713training.com http://www.mybankruptcyschool.com

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 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 <u>not</u> 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 guarterback)
- 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 o	ut)	Last
Social Security Number			Date of Birth
Street Address			
City	State		Zip
County of Residence	Length of Time	e 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:

INFORMAT	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 ☐ Spous	se 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 requir	ement for your state? Please che	ck one of the choices	below:				
☐ Counseling not completed ☐ Rece	ived counseling within the pas	t 180 days □ Requ	uest waive	r			
☐ Does not apply to my district							

GENERAL INFORMATION (continued)

☐ Check this box if you are a disa defense.	abled veteran with	n debts incurred prin	narily during ac	ctive duty o	r homela	and	
	DEDE	NDENTO					
	DEPE	NDENTS					
Name	Age	Relationship to		s this perso ving with yo			
1				□ YES		NO	
 2 3 				☐ YES		NO NO	
4				□ YES	_	NO	
			'				
	OTHER	INFORMATION					
Has either you or your spouse been (Example: maiden name, last name If yes, write the NAME KNOWN AS	from previous ma	ırriage, legal name c	hange, etc.)		□ Yes	0	No
Name Used		Da	ites Used	thru_			
Name Used		Da	ites Used	thru_			
Has your income significantly in details below:	creased or decrea	ased during the pas	t six (6) months	s? If so, ple	ease pro	vide	
	CREDIT	COUNSELING					

Forms developed by Victoria Ring ❖ Visit us online at http://www.chapter713training.com

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 exen	nption 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: ☐ Hous	e 🗆 Condominiun	n □ Vacant Lot	□ Other
Name(s) on Deed			
Address of Real Estate	are foot home with 2	bedrooms, 2 bath	
Name of Mortgage Company			
Address			
City			
Account Number			
What are the monthly payments? \$			
Are you behind in payments? YES NO			
What interest rate do you pay? %			
What year was your real estate last appraised?			
Do you have a second mortgage on the real est			
Name of Mortgage Company			
Address			
City	State	Zip	
Account Number	Date obtaine	ed this mortgage?	
What are the monthly payments?			
Are you behind in payments? ☐ YES ☐ NO	If so, what months	?	
What interest rate do you pay? %	Amount to catch up	back payments?	\$
COLLECTION IN	FORMATION (IF	- APPLICABLE	≣)
Name of Collector or Attorney			
Address			
City	State	Zip	
Is this real estate in the process of foreclosure of	or replevin action?	□ YES □	NO
If in collection, please provide a <u>copy</u>	of the court do	cuments you v	were served.
Forms developed by Victoria Ring �	Visit us online at l	http://www.chapt	er713training.com

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

YOUR MOBILE HOME

PRINT OUT ADDITIONAL PAGES FOR EVE	RY MOBILE HOMES THA	TYOU OWN.
Name(s) on Title	_	
Address of Mobile Home		
Are the wheels completely removed from yo	ur mobile home and it is a	ttached to the ground? YES NO
Does your mobile home sit in a mobile home	e park? 🛘 YES 🗆 NO	What is the monthly lot rent? \$
Does your mobile home sit on a piece of gro	ound you own? 🗖 YES 🛭	NO Size of ground
Do you make separate payments for the grou	und your mobile home sits	on?
If so, explain:		
If you own the ground free and clear, what is Description of Mobile Home: (example: 28x4 and 1 outbuilding shed, situated in mobile ho	10 doublewide, 2 bedrooms	•
Name of Mortgage Company		
Address		
City	State	Zip
Account Number	Date obtained t	this mortgage?
What are the monthly payments? \$	What is the pay-off an	nount on this mortgage? \$
Are you behind in payments? YES I	NO If so, what months?	
What interest rate do you pay?%	Amount to catch up be	ack payments? \$
What year was your mobile home last appra	aised?What was	s the appraised value? \$
Do you have a second mortgage on this mo	bile home? YES	□ NO
SECOND MORTG	AGE INFORMATION	(IF APPLICABLE)
Name of Mortgage Company		
Address		
City	State	Zip
Account Number	Date obtained t	this mortgage?
What are the monthly payments?	What is the pay-off an	nount on this mortgage? \$
Are you behind in payments? YES I	NO If so, what months? .	
What interest rate do you pay? %	Amount to catch up be	ack payments? \$
COLLECTION	NINFORMATION (IF A	APPLICABLE)
Name of Collector or Attorney		
Address		
City	State	Zip
If in collection, please provide a co	ppy of the court docu	ıments 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 Paintings/Art Describe item(s): ___ Stove/Cooking Unit Refrigerator Carpenters Tools Washer/Dryer Describe item(s): Microwave Cooking Utensils Mechanics Tools Silverware/Flatware Describe item(s): Cookware (Pots/Pans) Living Room Furniture Guns and Firearms **Dining Room Furniture** Describe item(s): **Tables and Chairs** Televisions(s) Lawnmower VCR(s) **Boats** DVD(s) **Trailers Compact Disks** Campers All Other Stereo Equipment \$_____ Yard Tools/Equipment Describe item(s): Swimming Pool \$_____ **Cell Phones** Bedroom Furniture Dressers/Nightstands **OTHER ASSETS** Lamps and Accessories Rent deposit with landlord \$_____ **Wedding Rings** Name of Landlord _____ Other Jewelry/Watches Address Describe item(s): City _____State ____ Zip _____ **Government Bonds** Furs Certificate of Deposits Computer(s) Copyrights/Patents **Computer Printers** Aircraft Desks/Office Furniture Interests in education IRA Other Computer Equipment \$_____ **Customer lists** Describe item(s): Photography Equipment Satellite Disks **All Clothing** (including shoes, coats, hats, etc.) Collectibles \$ Describe item(s):

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 ☐ Mot	orcycle	obile Home (Title Only)	□ Other:
Year Make	Model	Style	2dr
Condition ☐ Excellent ☐ Good ☐ F	air □ Poor	□ Not Running	Mileage
Name(s) on vehicle title?			
Is vehicle leased? ☐ YES ☐ NO If ye	es, what is the	"buy out" on the lease?	
Name of company you make payments to	o for this vehicl	e:	
Address			
City			
Account Number		Date Established Loar	1
Monthly Payment \$ How	v many months	are you behind in paym	nents?
What is the "pay off" amount on this vehic	cle? \$	Check	cone: ☐ Keep ☐ Surrender
Have you went to a loan company and lis	sted this vehicl	e as collateral for a pers	sonal loan? ☐ YES ☐ NO
If so, name of loan company for personal	loan:		
Type: ☐ Automobile ☐ Truck ☐ Mot	orcycle	obile Home (Title Only)	☐ Other:
Year Make	Model	Style	□ 2dr □ 4dr □ Other
Condition ☐ Excellent ☐ Good ☐ F	Fair □ Poor	□ Not Running	Mileage
Name(s) on vehicle title?			
Is vehicle leased? ☐ YES ☐ NO If ye	es, what is the	"buy out" on the lease?	
Name of company you make payments to	o for this vehicl	e:	
Address			
City		_ State	Zip
Account Number		Date Established Loar	1
Monthly Payment \$ How	v many months	are you behind in paym	nents?
What is the "pay off" amount on this vehic	cle? \$	Check	cone: ☐ Keep ☐ Surrender
Have you went to a loan company and lis			
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			
Total amount you owe on this debt	Account No:		
Date (or year) you originally obtained this de	ebt or established credit:		
If this debt is for a credit card, what date (or	year) did you last make a purcha	ase?	
What is this debt for? $\hfill\square$ Medical $\hfill\square$ Credit	Card □ Loan □ Other		
Who is financially responsible for this debt?	□ HUSBAND □ WIFE □ BC	OTH OTHER	
Has this debt been turned over to a collection	on agency? ☐ YES ☐ NO		
Name of collection agency or law firm			
Address			
City			
Name of Oak Pina			
Name of Creditor Address			
City		Zip	
Total amount you owe on this debt			
Date (or year) you originally obtained this de			
If this debt is for a credit card, what date (or			
What is this debt for? ☐ Medical ☐ Credit	• • •		
Who is financially responsible for this debt?			
Has this debt been turned over to a collection			
Name of collection agency or law firm	•		
Address			
City		Zip	
Name of Creditor			
Name of Creditor Address			
City	State	7in	
Total amount you owe on this debt			
Date (or year) you originally obtained this de			
If this debt is for a credit card, what date (or			
What is this debt for? ☐ Medical ☐ Credit	• • •		
Who is financially responsible for this debt?			
Has this debt been turned over to a collection		——————————————————————————————————————	
Name of collection agency or law firm	•		
Address			
City			
,			

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

Address City	Name of Creditor			
Total amount you owe on this debt				
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?	City	State	Zip	
If this debt is for a credit card, what date (or year) did you last make a purchase? What is this debt for?	Total amount you owe on this debt	Account No:		
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 □ Zip City State Zip Name of Creditor □ Address □ Zip 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	Date (or year) you originally obtained this debt	or established credit:		
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Name of Collection agency or law firm Address City	Who is financially responsible for this debt?	HUSBAND □ WIFE □ B	OTH OTHER	
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State	Name of collection agency or law firm			
State	Address			
Address 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 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				
Address				
State				
Total amount you owe on this debt				
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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	• •			
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Address		•		
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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

Address	Name of Creditor			
Total amount you owe on this debt				
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	Name of collection agency or law firm $\ _$			
City State Zip	Address			
	City	State	Zip	

DEBT SHEET 4 OF 5

- PRINT OUT MORE PAGES IF YOU HAVE MORE THAN 15 TOTAL DEBTS.
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City State Zip	Name of collection agency or law firm _			
City State Zip	Address			
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Name of collection agency or law firmAddress	Who is financially responsible for this debt?	☐ HUSBAND ☐ WIFE ☐ BO	OTH OTHER	
Address	Has this debt been turned over to a collection	n agency? ☐ YES ☐ NO		
	Name of collection agency or law firm $\ _$			
City State Zip	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			
Total amount you owe on this debt	Account No:		
Date (or year) you originally obtained this de	ebt or established credit:		
If this debt is for a credit card, what date (or	year) did you last make a purcha	ase?	
What is this debt for? $\hfill\square$ Medical $\hfill\square$ Credit	Card □ Loan □ Other		
Who is financially responsible for this debt?	□ HUSBAND □ WIFE □ BC	OTH OTHER	
Has this debt been turned over to a collection	on agency? ☐ YES ☐ NO		
Name of collection agency or law firm			
Address			
City			
Name of Oak Pina			
Name of Creditor Address			
City		Zip	
Total amount you owe on this debt			
Date (or year) you originally obtained this de			
If this debt is for a credit card, what date (or			
What is this debt for? ☐ Medical ☐ Credit	• • •		
Who is financially responsible for this debt?			
Has this debt been turned over to a collection			
Name of collection agency or law firm	•		
Address			
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What is this debt for? ☐ Medical ☐ Credit	• • •		
Who is financially responsible for this debt?			
Has this debt been turned over to a collection		——————————————————————————————————————	
Name of collection agency or law firm	•		
Address			
City			
,			

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? \Box	∕ES □ 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?	
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? \square YES \square NO How much per month? $_$	

INCOME HISTORY FOR YOUR SPOUSE

Your Name as listed or	n your current paycheck stub:		
Year-to-Date Total for	r 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	s Job?Years	Months	
Job Title (do not abbrev	viate)		
How often do you get p	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" ex	ctra money do you receive in overtime an	d commissions per pay period?	
What is the total amount	t 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 t	his? ☐ YES ☐ NO
Are there any other dedu	uctions from your paycheck? □ YES □	☐ NO If yes, how much?	
What is this "other" dedu	uction for? If 401	K Plan, how long have you participa	ted?
How much additional inc	come do you make monthly from a busir	ness, flea market, etc?	
Monthly Income from rea	al property (rentals)	Monthly Interests and Dividends _	
Monthly Alimony or Child	d Support received	Monthly Social Security -	
Monthly Government As	ssistance	Monthly Food Stamps -	_
Monthly Public Assistance	ce	Monthly Pension or Retirement _	
Other Income (Reason a	and amount received monthly)?		
Do you have a second jo	ob? ☐ YES ☐ NO If yes, name of	employer:	
Address			
City, State, Zip			
Telephone Number			
Length of Time at This	s Job? Job Title		
How often do you get p	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 inco	ome from a home-based business?	'ES NO How much per me	onth?

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	\$
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		Taxes	
Rent (if you do not own your home) First Mortgage payment or mobile	\$	Are any other taxes deducted from your w what type of taxes are they?	ages? If so,
home monthly payment	\$		
Second mortgage (if applicable)	\$	Other Expenses	
Third mortgage (if applicable)	\$	Alimony or Child Support	\$
Lot Payment (if applicable)	\$	Payments for someone outside your home	\$
Are real estate taxes included in your mortgage payment? ☐ Yes	□ No	Union Dues (not payroll deducted)	\$
Taxes not included in house payment	\$	Professional Dues (not payroll deducted)	\$
Is your home insurance included in	*	Child Care Expenses	\$
your mortgage payment? ☐ Yes	□ No	Babysitter/Day Care Expenses	\$
Insurance not included in house payment	\$	School Expenses	\$
Utilities (Normal Monthly Average)		School Lunch Expenses	\$
Electricity and Gas	\$	College Tuition (Not Loans)	\$
Water	\$	Student Loan Repayment	\$
Telephone (Basic Service)	\$	Newspapers, Books, Magazines	\$
Trash Pick-Up	\$	Personal Care Items	\$
Basic Needs		Other	\$
Home Maintenance (home owners)	\$	Other	\$
Food (Monthly)	\$		
Clothing (Monthly Expense)	\$	Use the space below to describe any addi- monthly expenses that you must pay out	
Laundry, dry cleaning, soap, etc.	\$	pocket that are not covered here. Explain	the type of
${\sf Medical\ expenses\ }\underline{\sf not}\ {\sf paid\ by\ insurance}$	\$	expense, amount of expense and how lon continue to have this expense:	g you wiii
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	\$		

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) From _____ To ____ Dates Married: Full Name (First, Middle, Last) From _____ To _____ Dates Married: Full Name (First, Middle, Last) From _____ To ____ Dates Married: Full Name (First, Middle, Last) _____ From _____ To _____ Dates Married: 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 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 payme	ents?	☐ 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? Description of Item(s)	,	□ Yes	□ No
1	Yard Sale Value		
2			
3			
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 you	ır 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?	or	□ 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 payme	nts?		☐ Yes	□ No
Description of Item(s)				
1		Yard Sal	e Value	
2		Yard Sal	e Value	
3		Yard Sal	e 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 cou	ıld sell for \$20	00 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 Name of Bank			☐ Yes	□ No
Address of Branch:				
City				
Type of account: Checking, Savings or Both?		•		
Name(s) on the Account				
Account Number for Checking				
Account Number for Savings (if applicable)				
Name of Second Bank (if applicable)				
Address of Branch:				
City				
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	. , ,		☐ Yes	□ No
Name of Bank				
Address of Bank				
City				
Account Number Date Closed _				
Did you owe a balance when you closed this account?				
If you did not owe a balance when you closed this accou	ınt, how much	money did you recei	ive?	

STATEMENT OF AFFAIRS (4 of 11)

Do you or have you rented a safe deposit box during the past two (2) years?				□ No
Name of Financial Institution				
Address of Financial Institution				
City	State	Zip		
What are the contents of the safe deposit box	x?			
What monthly amount do you pay for rental of	of this deposit box?			
If you no longer have the safe deposit box, whe lf you transferred the safe deposit box, who deposit box.				
Do you have a Christmas Club Account or	r any other special purpos	e accounts?	☐ Yes	□ No
Name of Financial Institution				
Address				
City	State	Zip		
Type of account:	Account Numb	er		
Name(s) on the Account	Pre	sent Balance		
If yes, what is the amount?Address of Utility Company				
City	State	Zip		
Account Number	Pro	esent Balance		
** Remember to include any past-due utility b	oills that you owe from previo	ous addresses on yo	our Debt Sheet	S.
Do you have any life insurance?			□ Yes	□ No
Name of Insurance Company				
If a "whole life" policy what is the current ca	sh value?			
If your life insurance is only payable upon dea	ath, what is the face value o	f the policy?		
Who is the beneficiary?		Relationship		
			BACK of this no	age
** If you have other life insurance policies, ple	ease list the information abo	ve for each one on 1	DACK OF ITHIS PO	.go.
** If you have other life insurance policies, ple Do you or your spouse participate in a ref			□ Yes	□ No
	tirement, 401K or pension	plan?	□ Yes	□ No

STATEMENT OF AFFAIRS (5 of 11)

Name of Financial Institution (if applicable) Amount in this separate retirement account?	Have you set up your own separate retirement not provide	ed by employer?	□ Yes	□ No
Will you be receiving retirement benefits from a previous employer within the next six (6) months? Do you expect to start receiving retirement benefits: Do you have any stocks, bonds (including savings bonds) or mutual funds? 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? Name of cell phone company Address City State Date contract began Is this a month-to-month contract? Yes No If not, what is the length of the contract? Yes No 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 No Pes No No Relationship?	Name of Financial Institution (if applicable)			
next six (6) months?	Amount in this separate retirement account?V	Vho is the beneficiary?		
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?	Date you expect to start receiving retirement benefits:			
Do you have a cell phone?	Do you have any stocks, bonds (including savings bonds)	or mutual funds?	□ Yes	□ No
Do you have a cell phone? Name of cell phone company Address City State Zip	Type of bond, stock, mutual fund:			
Name of cell phone company Address City State Zip	Does this bond, stock or mutual fund have a cash value? $\ \square$ Ye	es 🛘 No Cash value:		
Address	Do you have a cell phone?		□ Yes	□ No
Address	Name of cell phone company			
Account Number Date contract began Is this a month-to-month contract?				
Is this a month-to-month contract?	City Stat	e Zip		
If not, what is the length of the contract?	Account Number Da	ate contract began		
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? ** 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? No Name of roommate or relative: Relationship?	Is this a month-to-month contract? ☐ Yes ☐ No			
Do you wish to keep the cell phone and continue paying the monthly contract? The 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? No Name of roommate or relative: Relationship?	If not, what is the length of the contract? □ 1 year □ 2 ye	ars □ 3 years □ Other:		
** 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? Name of roommate or relative: Relationship?	What is the normal monthly contract payment? (i.e.: \$19.95, \$2	9.95, etc)		
Do you live with a roommate/relative that pays part of your expenses? ☐ Yes ☐ No Name of roommate or relative: Relationship?	Do you wish to keep the cell phone and continue paying the mo	nthly contract?	□ Yes	□ No
Name of roommate or relative: Relationship?	** If you have more than one cell phone, list the same information	on above on the BACK of this page.		
	Do you live with a roommate/relative that pays part of you	r expenses?	□ Yes	□ No
What expenses do they pay?	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?	What is the total amount they contribute on a monthly basis to	our living expenses?		
How long have they been paying this amount? From To	How long have they been paying this amount? From—	То		
Do relatives or other parties help to pay part or all of your monthly expenses? ☐ Yes ☐ No	Do relatives or other parties help to pay part or all of your	monthly expenses?	□ Yes	□ No
Name of relatives providing additional support:	Name of relatives providing additional support:			
Relationship of this relative to you:	Relationship of this relative to you:			
What is the total amount they contribute on a monthly basis to your living expenses?	What is the total amount they contribute on a monthly basis to	our living expenses?		
How long have they been paying this amount? From To	How long have they been paying this amount? From	То		

STATEMENT OF AFFAIRS (6 of 11)

Are you currently attending college?				☐ Yes		No
Name of college						
Anticipated graduation date		Major of Stud	dy			
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 payme	nt is/was to begin:			
Total amount to pay off student loan		Average mo	nthly payment			
Do you currently owe any fines? (includes parking t	ickets, m	oving violat	ions, etc)	□ Yes		No
Name of court you owe fines to						
Address						
City	State		Zip			
Date of occurrence						
Case number assigned by court	Na	me of party	□ Husband □ Wi	fe □ Oth	er	
What was this fine for?						
If you pay child support, are you currently behind in Name of person/agency you pay child support toAddress				□ Yes		No
City						
What is the total amount you owe in back child support			•			
What date (or year) were you supposed to start paying o						
If so, what are the payment arrangements?						
Even if you never expect to collect any money, doe money for alimony or child support?	s an ex-s	pouse owe	you	□ Yes		No
Name of Ex-Spouse						
Address of Ex-Spouse						
City	State		Zip			
Total amount he/she owes you	_ Date ori	ginally started	d owing you			
Has this ex-spouse been court ordered to pay you?		Y	ear of court order?			

STATEMENT OF AFFAIRS (7 of 11)

,,	xample, a car acciden	1t?	☐ Yes	☐ No
Date accident occurred	_ Who was at fault?			
Who was involved in the accident?				
Was any insurance money received? ☐ Yes ☐	l No If yes, how much	?		
During the next six (6) months, do you expec	ct 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 expedanyone's life insurance policy?	ct to recover on		□ Yes	□ No
How much do you expect to receive?		Date expected _		
Reasons for receiving this money:				
Do you expect to receive any money from a for any reason, during the next six (6) month	•		□ 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 fur	nd owner		
Relationship to you:	_ When will you have ac	ccess to this trust fund?		
Are you owed any back wages, commissions pay from your current or previous employer Employer Name	?		☐ Yes	□ No
Amount expected to receive				
** Provide details about this amount owed you.		•		
Is any of your property in the hands of a rep company or pawnbroker?				□ No
Name of Place Holding Your Property				
Address				
Address				

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 the	se items rel	eased?		
In the near future, do you expect	t to settle, win or begir	n a case for	personal injury?	□ Yes	□ No
How much do you expect to receive	e?	Date you ex	pect to receive this mo	ney?	
Provide details about this personal i	injury claim:				
Name of attorney or law firm handling	ng this claim?				
In the near future, do you expect with a former spouse?	t to enter into any prop	perty settle	ment	□ Yes	□ No
List all items you expect to receive	or turn over in the proper	ty settlemer	nt (including cash):		
What is the total market value (yard	d sale value) of these iten	ns?			
When do you expect to receive this	money or property? or	-			
When do you expect to turn over thi	is cash or property?				
Does anyone owe you any mone Name of party you filed a lawsuit on	1				□ No
Address					
Date you filed this lawsuit?					
Even if you never expect to colle any money for any reason whats Name of Person who owes you mor	soever?			□ Yes	□ No
Address		Ctata	7in		
City					
Explain why they owe you money:					
Amount they owe you	Date they o	originally sta	rted owing you		
Have you made any payments or you made catch-up payments, pa	•				s, have No
Name of Creditor You Paid					
Date Paid					
Name of Creditor You Paid					
Date Paid	Amount Paid		Current Balan	ce 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, Summor	ns, 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 c	opy and inclu	ude with these forms		
Have your wages or property been garnisheed or atta	ched?		☐ Yes	□ No
Who garnisheed your wages or attached your property? _				
When item did they repossess? (If car, provide the year, many	ake, model)			
How much money do they take from your paycheck?		How often is this deducte	ed?	
Have you returned any property to creditors or was ar foreclosure, transferred through a deed or returned to		operty repossessed fro	om you, so □ Yes	
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 of	ustody?		☐ 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 friends or paid them any money on debts you might of		or	☐ Yes	□ No
Type of property transferred:				
What date/year was it transferred?	_ What is th	e approximate value? _		

STATEMENT OF AFFAIRS (10 of 11)

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? 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 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?	l No
What date/year was it lost? Amount insurance paid?	
Have you had any losses covered by insurance? 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? 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? Did you file a Chapter 7, Chapter 13, or a Chapter 11? Date your bankruptcy was filed? Name(s) of persons who filed? Was the case discharged? Is anyone holding any property that belongs to you? Item(s) in someone else's possession that belong to you? Name of person holding these items: Address Address	
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? Name of attorney or service Address City State Total paid for service Have you filed any bankruptcy within the last eight (8) years? Did you file a Chapter 7, Chapter 13, or a Chapter 11? Date your bankruptcy was filed? Name(s) of persons who filed? Was the case discharged? Is anyone holding any property that belongs to you? Item(s) in someone else's possession that belong to you? Name of person holding these items: Address Address	
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? Name of attorney or service Address City State Total paid for service Have you filed any bankruptcy within the last eight (8) years? Did you file a Chapter 7, Chapter 13, or a Chapter 11? Date your bankruptcy was filed? Name(s) of persons who filed? Was the case discharged? Is anyone holding any property that belongs to you? Item(s) in someone else's possession that belong to you? Name of person holding these items: Address Address	
Have you consulted with any other attorney about your financial affairs or paid money to a debt counseling service? 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? Did you file a Chapter 7, Chapter 13, or a Chapter 11? Date your bankruptcy was filed? Name(s) of persons who filed? Was the case discharged? Yes No Case Number Is anyone holding any property that belongs to you? Name of person holding these items: Address Address	l No
Have you consulted with any other attorney about your financial affairs or paid money to a debt counseling service? Name of attorney or service Address City	
Paid money to a debt counseling service? 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 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 Presone holding these items: Address Address	
City State Zip] No
City State Zip	
Consultation Date Total paid for service	
Have you filed any bankruptcy within the last eight (8) years? Did you file a Chapter 7, Chapter 13, or a Chapter 11? Date your bankruptcy was filed? Name(s) of persons who filed? Was the case discharged? Is anyone holding any property that belongs to you? Item(s) in someone else's possession that belong to you? Name of person holding these items: Address	
Did you file a Chapter 7, Chapter 13, or a Chapter 11? Date your bankruptcy was filed? Name(s) of persons who filed? Was the case discharged?	
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? Item(s) in someone else's possession that belong to you? Name of person holding these items: Address Address	l No
Name(s) of persons who filed? Was the case discharged?	
Was the case discharged?	
Item(s) in someone else's possession that belong to you? Name of person holding these items: Address	
Item(s) in someone else's possession that belong to you? Name of person holding these items: Address	
Name of person holding these items: Address	l No
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/yea	r)	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/yea	r)	To (date/year)	
Name(s) of parties who lived at this address:			
Have you been self-employed or had any fina partnership with someone who owned a busin Name of business Business address	ness) within the past e	ight (8) years? ☐ Yes ☐ No	
Type of business (what type of products were sold	I)?		
Date business began	Date business ended		
Name of your partners, co-investors, or associates	s?		
What were your net profits for this year?	Last year?	2 Yrs Ago?	
How much income tax do you pay from the incom	ie you make with your bu	usiness?	
During the past two (2) years, have either you normal pay from your employer? (includes flo	-	ny other income source outside ☐ Yes ☐ No	
Income this year?	Last year?	2 Yrs Ago?	
What is the amount of the TAX REFUND you r ☐ I did not file taxes ☐ I had to pay taxes and or	•		
By signing below, I state that all the informative, accurate and complete to the best of	•		
Signature of Debtor #1	Signature of Debtor #2		
Date:	Date:		

Bankruptcy Client CheckList

Page 1 of 2

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)

Bankruptcy Client CheckList

Page 2 of 2

- 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.