

Chapter \_\_\_\_\_

Legal Fee: \_\_\_\_\_

Legal Fees Paid: \_\_\_\_\_

**BANKRUPTCY INTAKE FORM**

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.

**GENERAL INFORMATION**

First Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Middle Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Last Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

County of Residence: \_\_\_\_\_ Length of Time at this Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Other Phone: \_\_\_\_\_ Email address: \_\_\_\_\_

Mailing Address: *IF DIFFERENT THAN PHYSICAL ADDRESS*

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Information About Your Spouse**

First Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Middle Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Last Name: \_\_\_\_\_

**Other Names Used During the Past 8 Years**

Name: \_\_\_\_\_ Dates used: \_\_\_\_\_ Thru: \_\_\_\_\_

Other General Information

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

If not, where have you resided? \_\_\_\_\_

Are you filing this bankruptcy petition with your spouse? \_\_\_\_\_ Yes \_\_\_\_\_ No

If "no" please check one: \_\_\_ Unmarried \_\_\_ Spouse Filing Separately \_\_\_ Other Reason

Have you filed bankruptcy within the last eight (8) years? \_\_\_\_\_ Yes \_\_\_\_\_ No

If "yes", please provide date(s): \_\_\_\_\_

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

\_\_\_ Counseling not completed \_\_\_ Received counseling within the past 180 days

\_\_\_ Request waiver \_\_\_ Does not apply to my district

If Debt counseling requirement was met, please provide the date of completion: \_\_\_\_\_

**REAL ESTATE: Print out additional pages for every separate piece of real estate you own**

Check the type of real estate you own: \_\_\_ House \_\_\_ Condominium \_\_\_ Vacant lot \_\_\_ Other

Name 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 Mortgage: \_\_\_\_\_

What is the principle balance of the loan? \_\_\_\_\_

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 on back payments? \_\_\_\_\_

What year was your real estate last appraised? \_\_\_\_\_

What was the appraised value?: \_\_\_\_\_

Do you have a second mortgage on the real estate?: \_\_\_\_ Yes \_\_\_\_ No

Intention: \_\_\_\_ Keep \_\_\_\_ Surrender

SECOND MORTGAGE INFORMATION (IF APPLICABLE)

Name of Mortgage Company: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Account Number: \_\_\_\_\_ Date Obtained Mortgage: \_\_\_\_\_

What is the principle balance of the loan? \_\_\_\_\_

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 on back payments? \_\_\_\_\_

COLLECTION/FORECLOSURE INFORMATION

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/foreclosure, please provide your attorney a copy of the court documents you were served.**

**MOBIL HOME: Print out additional pages for every separate piece of real estate you own**

Name on Title: \_\_\_\_\_

Address of Mobil Home: \_\_\_\_\_

Are the wheels completely removed from your mobile home and it is attached to the ground?:  
\_\_\_\_\_ Yes \_\_\_\_\_ No

Does your mobile home sit in a mobile home park?: \_\_\_ Yes \_\_\_ No

What is the monthly lot rent? \_\_\_\_\_

Does your mobile home sit on a piece of ground you own? \_\_\_ Yes \_\_\_ No

Size of ground mobile home sits on: \_\_\_\_\_

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

If so, please explain: \_\_\_\_\_

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

Name of Mortgage Company: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Account Number: \_\_\_\_\_ Date Obtained Mortgage: \_\_\_\_\_

What is the principle balance of the loan? \_\_\_\_\_

What are the monthly payments?: \_\_\_\_\_ Are you behind in payments? \_\_\_ Yes \_\_\_ No

If so, what months? \_\_\_\_\_ What interest rate do you pay? \_\_\_\_\_

Delinquent Amount? \_\_\_\_\_ What year was your real estate last appraised? \_\_\_\_\_

What was the appraised value?: \_\_\_\_\_

Do you have a second mortgage on the mobile home?: \_\_\_ Yes \_\_\_ No

Intention: \_\_\_\_\_ Keep \_\_\_\_\_ Surrender

SECOND MORTGAGE INFORMATION (IF APPLICABLE)

Name of Mortgage Company: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Account Number: \_\_\_\_\_ Date Obtained Mortgage: \_\_\_\_\_

What is the principle balance of the loan? \_\_\_\_\_

What are the monthly payments?: \_\_\_\_\_ Are you behind in payments? \_\_\_\_ Yes \_\_\_\_ No

If so, what months? \_\_\_\_\_ What interest rate do you pay? \_\_\_\_\_

Delinquent amount? \_\_\_\_\_

COLLECTION/FORECLOSURE INFORMATION

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/foreclosure, please provide your attorney a copy of the court documents you were served.**

## YOUR HOUSEHOLD INVENTORY

Please check the items below that you currently have in your home. Then provide the “yard sale value”, what it would cost to buy that specific property – considering its age and condition – from a retail merchant. Not the “replacement cost”, the cost you think it would cost to replace an item of value to you.

	<u>Yard Value</u>		
__ Stove/Cooking Unit	\$ _____	__ Wedding Rings	\$ _____
__ Refrigerator	\$ _____	__ Other Jewelry/Watches	\$ _____
__ Washer/Dryer	\$ _____	Describe item(s): _____	
__ Microwave	\$ _____	_____	
__ Cooking Utensils	\$ _____	__ Furs	\$ _____
__ Silverware/Flatware	\$ _____	__ Computer(s)	\$ _____
__ Cookware (Pots/Pans)	\$ _____	__ Computer Printer(s)	\$ _____
__ Living Room Furniture	\$ _____	__ Desks/Office Furniture	\$ _____
__ Dining Room Furniture	\$ _____	__ Other Computer Equip.	\$ _____
__ Tables and Chairs	\$ _____	Describe item(s): _____	
__ Television(s)	\$ _____	_____	
__ VCR(s)	\$ _____	__ Photography Equipment	\$ _____
__ DVD(s)	\$ _____	__ Satellite Disks	\$ _____
__ Compact Disks	\$ _____	__ All clothing	\$ _____
__ All Other Stereo Equip.	\$ _____	(Including shoes, coats, hats, etc)	
Describe item(s): _____		__ Collectibles	\$ _____
_____		Describe item(s): _____	
_____		_____	
__ Bedroom Furniture	\$ _____	__ Paintings/Art	\$ _____
__ Dressers/Nightstands	\$ _____	__ Carpenters Tools	\$ _____
__ Lamps and Accessories	\$ _____	__ Mechanics Tools	\$ _____
__ Guns and Firearms	\$ _____		
__ Lawnmower	\$ _____		

\_\_\_ Boats \$ \_\_\_\_\_  
 \_\_\_ Trailers \$ \_\_\_\_\_  
 \_\_\_ Campers \$ \_\_\_\_\_  
 \_\_\_ Yard Tools/Equipment \$ \_\_\_\_\_  
 \_\_\_ Swimming Pool \$ \_\_\_\_\_  
 \_\_\_ Cell Phones \$ \_\_\_\_\_

**OTHER ASSETS**

\_\_\_ Rent deposit with landlord \$ \_\_\_\_\_

Name of Landlord \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

\_\_\_ Government Bonds \$ \_\_\_\_\_

\_\_\_ Certificate of Deposits \$ \_\_\_\_\_

\_\_\_ Copyrights/Patents \$ \_\_\_\_\_

\_\_\_ Aircraft \$ \_\_\_\_\_

\_\_\_ Interests in education IRA \$ \_\_\_\_\_

\_\_\_ Life Insurance (Whole) \$ \_\_\_\_\_ (Cash Surrender Value)

\_\_\_ Life Insurance (Term) \$ \_\_\_\_\_

\_\_\_ Retirement Plans(i.e.401k) \$ \_\_\_\_\_

\_\_\_ \_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_ \_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_ \_\_\_\_\_ \$ \_\_\_\_\_

**YOUR MOTOR VEHICLES**

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

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

Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ Style \_\_\_\_\_  2dr  4dr  Other

Condition:  Excellent  Good  Fair  Poor  Not Running Mileage: \_\_\_\_\_

Name(s) on vehicle title: \_\_\_\_\_

Is vehicle leased:  Yes  No If yes, what is the "buy out" on the lease? \_\_\_\_\_

Name of company you make payments to for this vehicle: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Account Number: \_\_\_\_\_ Date Established Loan: \_\_\_\_\_

Monthly Payment: \$ \_\_\_\_\_ How many months are you behind in payments? \_\_\_\_\_

If lien, what is the principle balance due? \_\_\_\_\_

Are there any other persons who are co-obligors on the above? If so please state.

Name and Address: \_\_\_\_\_

Have you went to a loan company and listed this vehicle as collateral for a personal loan? \_\_\_\_\_

If so, name and address of loan company for personal loan: \_\_\_\_\_

Check One:  Keep  Surrender

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

Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ Style \_\_\_\_\_  2dr  4dr  Other

Condition:  Excellent  Good  Fair  Poor  Not Running Mileage: \_\_\_\_\_

Name(s) on vehicle title: \_\_\_\_\_

Is vehicle leased:  Yes  No If yes, what is the "buy out" on the lease? \_\_\_\_\_

Name of company you make payments to for this vehicle: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Account Number: \_\_\_\_\_ Date Established Loan: \_\_\_\_\_



Monthly Payment: \$\_\_\_\_\_ How many months are you behind in payments?\_\_\_\_\_

If lien, what is the principle balance due? \_\_\_\_\_

Are there any other persons who are co-obligors on the above? If so please state.

Name and Address: \_\_\_\_\_

\_\_\_\_\_

Have you went to a loan company and listed this vehicle as collateral for a personal loan?\_\_\_\_\_

If so, name and address of loan company for personal loan: \_\_\_\_\_

\_\_\_\_\_

Check One: \_\_\_\_\_ Keep \_\_\_\_\_ Surrender

**DEBT SHEET 1 of 5**

Print out more pages if you have more than 10 total debts. **Do not just list debts you want to include**, but every debt you owe, even loans from relatives.

Name of Creditor: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Balance due: \$ \_\_\_\_\_ Account Number: \_\_\_\_\_

Date originally obtained this debt or established credit: \_\_\_\_\_

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 Code: \_\_\_\_\_

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Name of Creditor: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Balance due: \$ \_\_\_\_\_ Account Number: \_\_\_\_\_

Date originally obtained this debt or established credit: \_\_\_\_\_

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 Code: \_\_\_\_\_

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**DEBT SHEET 2 of 5**

Name of Creditor: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Balance due: \$ \_\_\_\_\_ Account Number: \_\_\_\_\_

Date originally obtained this debt or established credit: \_\_\_\_\_

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 Code: \_\_\_\_\_

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Name of Creditor: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Balance due: \$ \_\_\_\_\_ Account Number: \_\_\_\_\_

Date originally obtained this debt or established credit: \_\_\_\_\_

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 Code: \_\_\_\_\_

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**DEBT SHEET 3 of 5**

Name of Creditor: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Balance due: \$ \_\_\_\_\_ Account Number: \_\_\_\_\_

Date originally obtained this debt or established credit: \_\_\_\_\_

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 Code: \_\_\_\_\_

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Name of Creditor: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Balance due: \$ \_\_\_\_\_ Account Number: \_\_\_\_\_

Date originally obtained this debt or established credit: \_\_\_\_\_

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 Code: \_\_\_\_\_

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**DEBT SHEET 4 of 5**

Name of Creditor: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Balance due: \$ \_\_\_\_\_ Account Number: \_\_\_\_\_

Date originally obtained this debt or established credit: \_\_\_\_\_

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 Code: \_\_\_\_\_

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Name of Creditor: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Balance due: \$ \_\_\_\_\_ Account Number: \_\_\_\_\_

Date originally obtained this debt or established credit: \_\_\_\_\_

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 Code: \_\_\_\_\_

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**DEBT SHEET 5 of 5**

Name of Creditor: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Balance due: \$ \_\_\_\_\_ Account Number: \_\_\_\_\_

Date originally obtained this debt or established credit: \_\_\_\_\_

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 Code: \_\_\_\_\_

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Name of Creditor: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Balance due: \$ \_\_\_\_\_ Account Number: \_\_\_\_\_

Date originally obtained this debt or established credit: \_\_\_\_\_

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 Code: \_\_\_\_\_

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**INFORMATION FOR MEANS TEST** (Please provide your attorney copies of paystubs from your current employer for the period of six (6) months prior to your expected date of your bankruptcy petition being filed.)

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

List all dependents:

<u>Name</u>	<u>Age</u>	<u>Relationship</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Husband:**

What is your occupation or job title? \_\_\_\_\_

Name and address of employer: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Length of time with employer? \_\_\_\_\_

How often do you get paid? \_\_every week \_\_bi-weekly \_\_once a month \_\_semi-monthly (on the same 2 days of each month)

Gross wages: \$\_\_\_\_\_

*Deductions:*

Payroll Taxes: \$\_\_\_\_\_

Insurance: \$\_\_\_\_\_

Credit Union \$\_\_\_\_\_

Union Dues \$\_\_\_\_\_

Pension \$\_\_\_\_\_

Savings Bonds \$\_\_\_\_\_

Other: \$\_\_\_\_\_ (Specify) \_\_\_\_\_

Net Take Home Pay \$\_\_\_\_\_

Income from operation of business \$ \_\_\_\_\_  
Interest and dividends received \$ \_\_\_\_\_  
Alimony or support payments received \$ \_\_\_\_\_  
Social Security or other Gov't assistance \$ \_\_\_\_\_  
Pension or retirement income \$ \_\_\_\_\_  
Other monthly income \$ \_\_\_\_\_ (Specify) \_\_\_\_\_

Is your employment subject to seasonal changes? If yes, please give details below.

Describe any anticipated increase or decrease of income based on the above categories that will occur within the year following the filing of your bankruptcy petition.

Wife:

What is your occupation or job title? \_\_\_\_\_

Name and address of employer: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Length of time with employer? \_\_\_\_\_

How often do you get paid? \_\_every week \_\_bi-weekly \_\_once a month \_\_semi-monthly (on the same 2 days of each month)

Gross wages: \$ \_\_\_\_\_

*Deductions:*

Payroll Taxes: \$ \_\_\_\_\_

Insurance: \$ \_\_\_\_\_

Credit Union \$ \_\_\_\_\_



Union Dues \$ \_\_\_\_\_  
 Pension \$ \_\_\_\_\_  
 Savings Bonds \$ \_\_\_\_\_  
 Other: \$ \_\_\_\_\_ (Specify) \_\_\_\_\_  
 Net Take Home Pay \$ \_\_\_\_\_  
 Income from operation of business \$ \_\_\_\_\_  
 Interest and dividends received \$ \_\_\_\_\_  
 Alimony or support payments received \$ \_\_\_\_\_  
 Social Security or other Gov't assistance \$ \_\_\_\_\_  
 Pension or retirement income \$ \_\_\_\_\_  
 Other monthly income \$ \_\_\_\_\_ (Specify) \_\_\_\_\_

Is your employment subject to seasonal changes? If yes, please give details below.

Describe any anticipated increase or decrease of income based on the above categories that will occur within the year following the filing of your bankruptcy petition.

**SELF-EMPLOYED 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 determining your average monthly expenses and enter those figures into the spaces below. **(Please provide your attorney with a profit and loss statement or copies of business bank statements for past six (6) months as same will be forwarded to your assigned Trustee)**

Average monthly business income	\$ _____
Did you withhold any earnings for tax purposes?	__Yes __No
If yes, how much did you withhold monthly?	\$ _____
Average monthly business expenses (if applicable)	
Rent and utilities	\$ _____
Office supplies	\$ _____
Product supplies	\$ _____
Wages	\$ _____
Equipment leases	\$ _____
Other business leases	\$ _____
Other _____	\$ _____
Other _____	\$ _____
Other _____	\$ _____
Other _____	\$ _____
Other _____	\$ _____
Other _____	\$ _____
Other _____	\$ _____
<b>Total Average Monthly Income</b>	\$ _____
<b>Total Average Monthly Expenses</b>	\$ _____
<b>Average Monthly Business Profit</b>	\$ _____

Did you file income taxes for the years you operated your business? \_\_Yes \_\_No  
If not, what years did you NOT file taxes? \_\_\_\_\_

**INCOME FOR SIX (6) MONTHS PRIOR TO FILING**

Provide the total amount of earned income (from all sources) that you received for the prior six (6) months. **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 & commissions:**

Last Month \_\_\_\_\_ 2 Months Ago \_\_\_\_\_ 3 Months Ago \_\_\_\_\_  
4 Months Ago \_\_\_\_\_ 5 Months Ago \_\_\_\_\_ 6 Months Ago \_\_\_\_\_

**Wife: Wages, salaries, tips, bonuses, overtime & commissions:**

Last Month \_\_\_\_\_ 2 Months Ago \_\_\_\_\_ 3 Months Ago \_\_\_\_\_  
4 Months Ago \_\_\_\_\_ 5 Months Ago \_\_\_\_\_ 6 Months Ago \_\_\_\_\_

**Husband: Income from operation of business, profession or farm:**

Last Month \_\_\_\_\_ 2 Months Ago \_\_\_\_\_ 3 Months Ago \_\_\_\_\_  
4 Months Ago \_\_\_\_\_ 5 Months Ago \_\_\_\_\_ 6 Months Ago \_\_\_\_\_

**Wife: Income from operation of business, profession or farm:**

Last Month \_\_\_\_\_ 2 Months Ago \_\_\_\_\_ 3 Months Ago \_\_\_\_\_  
4 Months Ago \_\_\_\_\_ 5 Months Ago \_\_\_\_\_ 6 Months Ago \_\_\_\_\_

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

Last Month \_\_\_\_\_ 2 Months Ago \_\_\_\_\_ 3 Months Ago \_\_\_\_\_  
4 Months Ago \_\_\_\_\_ 5 Months Ago \_\_\_\_\_ 6 Months Ago \_\_\_\_\_

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

Last Month \_\_\_\_\_ 2 Months Ago \_\_\_\_\_ 3 Months Ago \_\_\_\_\_  
4 Months Ago \_\_\_\_\_ 5 Months Ago \_\_\_\_\_ 6 Months Ago \_\_\_\_\_

**Husband: Interest income, dividends and royalties:**

Last Month \_\_\_\_\_ 2 Months Ago \_\_\_\_\_ 3 Months Ago \_\_\_\_\_  
4 Months Ago \_\_\_\_\_ 5 Months Ago \_\_\_\_\_ 6 Months Ago \_\_\_\_\_

**Wife: Interest income, dividends and royalties:**

Last Month \_\_\_\_\_ 2 Months Ago \_\_\_\_\_ 3 Months Ago \_\_\_\_\_  
4 Months Ago \_\_\_\_\_ 5 Months Ago \_\_\_\_\_ 6 Months Ago \_\_\_\_\_

**Husband: Pension and retirement income:**

Last Month \_\_\_\_\_ 2 Months Ago \_\_\_\_\_ 3 Months Ago \_\_\_\_\_  
4 Months Ago \_\_\_\_\_ 5 Months Ago \_\_\_\_\_ 6 Months Ago \_\_\_\_\_

**Wife: Pension and retirement income:**

Last Month \_\_\_\_\_ 2 Months Ago \_\_\_\_\_ 3 Months Ago \_\_\_\_\_  
4 Months Ago \_\_\_\_\_ 5 Months Ago \_\_\_\_\_ 6 Months Ago \_\_\_\_\_

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

Last Month \_\_\_\_\_ 2 Months Ago \_\_\_\_\_ 3 Months Ago \_\_\_\_\_  
4 Months Ago \_\_\_\_\_ 5 Months Ago \_\_\_\_\_ 6 Months Ago \_\_\_\_\_

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

Last Month \_\_\_\_\_ 2 Months Ago \_\_\_\_\_ 3 Months Ago \_\_\_\_\_  
4 Months Ago \_\_\_\_\_ 5 Months Ago \_\_\_\_\_ 6 Months Ago \_\_\_\_\_

**Husband: Unemployment compensation:**

Last Month \_\_\_\_\_ 2 Months Ago \_\_\_\_\_ 3 Months Ago \_\_\_\_\_  
4 Months Ago \_\_\_\_\_ 5 Months Ago \_\_\_\_\_ 6 Months Ago \_\_\_\_\_

**Wife: Unemployment compensation:**

Last Month \_\_\_\_\_ 2 Months Ago \_\_\_\_\_ 3 Months Ago \_\_\_\_\_  
4 Months Ago \_\_\_\_\_ 5 Months Ago \_\_\_\_\_ 6 Months Ago \_\_\_\_\_

**Husband: Income from other sources not provided for above:**

Last Month \_\_\_\_\_ 2 Months Ago \_\_\_\_\_ 3 Months Ago \_\_\_\_\_  
4 Months Ago \_\_\_\_\_ 5 Months Ago \_\_\_\_\_ 6 Months Ago \_\_\_\_\_

**Wife: Income from other sources not provided for above:**

Last Month \_\_\_\_\_ 2 Months Ago \_\_\_\_\_ 3 Months Ago \_\_\_\_\_  
4 Months Ago \_\_\_\_\_ 5 Months Ago \_\_\_\_\_ 6 Months Ago \_\_\_\_\_

**MONTHLY EXPENDITURES**

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 in the amount that is “average” covering the whole 12 month period.

Rent / Mortgage Payment: \$ \_\_\_\_\_  
Second Mortgage Payments: \$ \_\_\_\_\_  
Are real estate taxes included? Yes / No  
Is property insurance included? Yes / No

Utilities:

Electricity & Heat \$ \_\_\_\_\_  
Water and/or sewer \$ \_\_\_\_\_  
Telephone \$ \_\_\_\_\_  
Other \$ \_\_\_\_\_

Basic Needs:

Home maintenance & upkeep \$ \_\_\_\_\_  
Food \$ \_\_\_\_\_  
Clothing \$ \_\_\_\_\_  
Laundry and/or Dry cleaning \$ \_\_\_\_\_  
Medical & Dental expenses \$ \_\_\_\_\_

Transportation, not including car payments \$ \_\_\_\_\_  
Recreation & Entertainment \$ \_\_\_\_\_  
Charitable contributions \$ \_\_\_\_\_

Insurance (not deducted from wages or included in monthly home mortgage payments)

Homeowner’s or Renter’s \$ \_\_\_\_\_  
Life \$ \_\_\_\_\_  
Auto \$ \_\_\_\_\_  
Other \$ \_\_\_\_\_

Taxes (not deducted from wages or included in monthly home mortgage payments)

\_\_\_\_\_ Specify \$ \_\_\_\_\_

Other Expenses

Monthly car payments, if applicable \$ \_\_\_\_\_  
Other installment payments \$ \_\_\_\_\_  
Alimony, maintenance and support paid to others \$ \_\_\_\_\_  
Payments for support of dependants not living with you \$ \_\_\_\_\_  
Expenses from operation of business, profession, or farm \$ \_\_\_\_\_  
Other miscellaneous expenses:  
Cable TV \$ \_\_\_\_\_  
Cigarettes \$ \_\_\_\_\_  
Child Care \$ \_\_\_\_\_

Professional Dues (Not payroll deducted)	\$ _____
Union Dues (Not payroll deducted)	\$ _____
School Expenses	\$ _____
College Tuition (Not Loans)	\$ _____
Student Loan Repayment	\$ _____
Newspapers	\$ _____
Personal Care Items	\$ _____
Other _____	\$ _____
Other _____	\$ _____

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

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## **STATEMENT OF FINANCIAL AFFAIRS**

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. If there is not enough space, please provide responses on a separate sheet.

1. What was your gross income from employment or operation of business for the following years? Include co-debtor income if joint petition.

Debtor: Current year to date: \_\_\_\_\_ Last Year: \_\_\_\_\_ 2 years ago: \_\_\_\_\_

Co-Debtor: Current year to date: \_\_\_\_\_ Last Year: \_\_\_\_\_ 2 years ago: \_\_\_\_\_

2. Income other than from employment or operation of business.

Debtor: Current year to date: \_\_\_\_\_ Last Year: \_\_\_\_\_ 2 years ago: \_\_\_\_\_

Co-Debtor: Current year to date: \_\_\_\_\_ Last Year: \_\_\_\_\_ 2 years ago: \_\_\_\_\_

3a. List payments to creditors made within the past ninety (90) days, exceeding \$600.00.

3b. List all payments made within one year immediately preceding the commencement of this case to, or for the benefit of creditors who were insiders.

4a. List all suits to which the debtor is or was a party to within one year immediately preceding the filing of this petition.

4b. Describe all property which has been attached, garnished, or seized in the past year.

5. List all property that has been repossessed by a creditor, sold at foreclosure sale, or transferred to the seller in the past year.

6a. Describe any assignment of property for the benefit of creditors made within 120 days prior to the filing of this petition.

6b. List all property which has been in the hands of a custodian, receiver, or court-appointed

official, within one year prior to the filing of this petition.

7. List all gifts or charitable contributions made within one year prior except ordinary and usual gifts to family members aggregating less than 200.00.

8. List all losses from fire, theft, other casualty, or gambling within one year prior to the filing of this petition.

9. List all payments or property transferred by or on behalf of the debtor to any persons, including this firm or other attorneys for consultation concerning debt consolidation or relief under the bankruptcy law.

10. List all property transferred in the ordinary course of business or financial affairs of the debtor, whether transferred either absolutely or as security within the prior year.

11. List all bank accounts, (type, account #, name of bank, and closing balance) which have been closed within the past year.

12. List any safe deposit box, its location and description of contents which you have or had within the past year.

13. List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within the past 90 days.

14. List all property owned by another person that you hold or control.

15. If you have moved within the past two (2) years, list the address, duration of residence there and the name used.



**IF THE DEBTOR IS OR WAS ENGAGED IN A BUSINESS WITHIN 2 YEARS PRIOR TO THIS DATE OR HAS BEEN ENGAGED IN BUSINESS AS AN OFFICER, DIRECTOR, MANAGING EXECUTIVE OR PERSON IN CONTROL OF A CORPORATION, A PARTNER (OTHER THAN A LIMITED PARTNER), OF A PARTNERSHIP, OR SOLE PROPRIETOR OR SELF-EMPLOYED, CONTINUE AND ANSWER QUESTIONS BELOW**

16. Nature, location, and name of business.

If the debtor is an individual, list the names and addresses of all businesses in which the debtor was involved as a principal.

If the debtor is a partnership, list the names and addresses of all businesses in which the debtor was a partner or owned 5% or more of the voting securities.

If the debtor is a corporation, list the names and addresses of all businesses in which the debtor was a partner or owned 5% or more of the voting securities.

17. When did the business begin?

18. When did the business closed?

19. Do you have future interest in any real estate, such as putting money down on a property you have not purchased yet? If so, provide details.

20. Do you own or are you buying a time-share in a vacation property or resort? If so, provide details.

21. Are you buying any jewelry with installment payments?

22. Do you have any checking or savings account(s) at this time?

Name of Bank \_\_\_\_\_

Address of Branch: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Type of account: Checking, Savings or Both: \_\_\_\_\_

Name(s) on the Account: \_\_\_\_\_

Account # for Checking (last four digits only) \_\_\_\_\_ Present Balance \_\_\_\_\_

Account # for Savings (last four digits only) \_\_\_\_\_ Present Balance \_\_\_\_\_

Name of Second Bank (If applicable)

Address of Branch: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Type of account: Checking, Savings or Both: \_\_\_\_\_

Name(s) on the Account: \_\_\_\_\_

Account # for Checking (last four digits only) \_\_\_\_\_ Present Balance \_\_\_\_\_

Account # for Savings (last four digits only) \_\_\_\_\_ Present Balance \_\_\_\_\_

23. Do you have a cell phone? If so, please provide name of provider, type of contract, length of contract, last four digits of account, normal monthly contract payment and date contract began.

24. During the next six (6) months, do you expect to inherit anything?

25. During the next six (6) months, do you expect to recover on anyone's life insurance policy?

### **Certification of Statements**

I certify that the foregoing statements made are true and correct. I certify that if any of the foregoing is willfully incorrect, I am subject to punishment by law. I further agree to indemnify and hold the Firm harmless for any actions that result (whether intentional or unintentional) from a misrepresentation or a failure to disclose information on my part at any time during this bankruptcy proceeding.

Date:

\_\_\_\_\_  
**Debtor**

\_\_\_\_\_  
**Joint Debtor**