

## JOINT GENERAL INFORMATION

Please complete the following application in its entirety. If a question or section does not pertain to you, write "N/A" in the space. The more information you provide on this application, the faster your bankruptcy petition can be prepared. Incomplete information will delay the application process, so please provide as much detail as you can.

Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated		
First Name	Middle Name (spell out)	Last Name
Social Security Number		Date of Birth
Street Address		
City	State	Zip
Home Phone	Cell Phone	Email

## SPOUSE INFORMATION

First Name	Middle Name (spell out)	Last Name
Social Security Number		Date of Birth
Street Address		
City	State	Zip
Home Phone	Cell Phone	Email

Have you resided in the same county for at least 180 days (6 months)?                       Yes                       No  
 If not, previous address

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

If yes, please provide dates: \_\_\_\_\_

### DEPENDENTS

Name	Age	Relationship	Living in the household
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

### INCOME FOR SIX MONTHS

Provide total income from all sources you actually earned before taxes were deducted for the last five (5) months, including current month.

<b>Husband</b>	<b>Income Amount</b>
Wages, salaries, tips, bonuses, overtime and commission	
Income from operation of business, profession or farm	
Rents and other property income (rent paid to you)	
Interest income, dividends and royalties	
Pension and retirement income	

<b>Wife</b>	<b>Income Amount</b>
Wages, salaries, tips, bonuses, overtime and commission	
Income from operation of business, profession or farm	
Rents and other property income (rent paid to you)	
Interest income, dividends and royalties	
Pension and retirement income	

### OTHER INFORMATION

Has either you or your spouse been known by any other name during the past 8 years?       Yes       No

(Example: maiden name, last name from previous marriage, legal name change, etc)

If yes, write the Name known as and dates this name was used below:

Name Used \_\_\_\_\_ Dates Used \_\_\_\_\_

Name Used \_\_\_\_\_ Dates Used \_\_\_\_\_

## CURRENT INCOME

(Both parties must complete this form even if both are not filing)

Client's Employer	Occupation	Length of employment	
Employer Address	City	State	Zip
Joint Client's Employer	Occupation	Length of employment	
Employer Address	City	State	Zip
<b>Client's Income</b>		<b>Joint Client's Income</b>	
How often do you get paid? <input type="checkbox"/> weekly <input type="checkbox"/> bi-weekly <input type="checkbox"/> monthly <input type="checkbox"/> twice month		How often do you get paid? <input type="checkbox"/> weekly <input type="checkbox"/> bi-weekly <input type="checkbox"/> monthly <input type="checkbox"/> twice month	
Gross amount of paycheck before taxes?		Gross amount of paycheck before taxes?	
Do you receive overtime pay outside salary, if so, how much?		Do you receive overtime pay outside salary, if so, how much?	
How much taken out for taxes and social security?		How much taken out for taxes and social security?	
How much taken out for insurance?		How much taken out for insurance?	
How much for union dues?		How much for union dues?	
Retirement or pension money?		Retirement or pension money?	
Name other deductions and amount?		Name other deductions and amount?	
Monthly income from business operations outside regular paycheck?		Monthly income from business operations outside regular paycheck?	
Income from real estate property?		Income from real estate property?	
Interest or dividends?		Interest or dividends?	
Alimony or family support payments?		Alimony or family support payments?	
Social security or other forms of monetary government assistant?		Social security or other forms of monetary government assistant?	
Do you have any other sources of income, if so, how much?		Do you have any other sources of income, if so, how much?	

Are you or your spouse expecting any increase or decrease in salary of more than 10% next year?

Yes       No      If so, explain.

## MONTHLY BUDGET

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

### Housing Expenses

Rent (if you do not own your home) \$ \_\_\_\_\_

First Mortgage payment or mobile home monthly payment \$ \_\_\_\_\_

Second Mortgage (if applicable) \$ \_\_\_\_\_

Third Mortgage (if applicable) \$ \_\_\_\_\_

Lot Payment (if applicable) \$ \_\_\_\_\_

Are real estate taxes included in your mortgage payment?  Yes  No  
Taxes not included in house payment \$ \_\_\_\_\_

Is your home insurance included in your mortgage payment?  Yes  No  
Insurance not included in house payment? \$ \_\_\_\_\_

### Utilities (Normal Monthly Average)

Electricity/Gas \$ \_\_\_\_\_

Water/Sewage \$ \_\_\_\_\_

Telephone (Basic Service) \$ \_\_\_\_\_

Trash Pick Up \$ \_\_\_\_\_

Cable \$ \_\_\_\_\_

### Basic Needs

Home Maintenance (homeowners) \$ \_\_\_\_\_

Food \$ \_\_\_\_\_

Clothing \$ \_\_\_\_\_

Laundry, dry cleaning, soap, etc \$ \_\_\_\_\_

Medical expenses not paid by insurance \$ \_\_\_\_\_

Transportation/Gasoline/Auto Maintenance \$ \_\_\_\_\_

Recreation, Entertainment, Newspapers \$ \_\_\_\_\_

Charitable Giving (if claimed on taxes) \$ \_\_\_\_\_

**Insurance**

Homeowner's Insurance \$ \_\_\_\_\_

Renter's Insurance \$ \_\_\_\_\_

Life Insurance (other than employer) \$ \_\_\_\_\_

Health Insurance (other than employer) \$ \_\_\_\_\_

Automobile Insurance \$ \_\_\_\_\_

Other Insurance \$ \_\_\_\_\_

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

**Other Expenses**

Alimony or child Support paid to others \$ \_\_\_\_\_

Expenses for operations of business \$ \_\_\_\_\_

Payments for dependents outside home \$ \_\_\_\_\_

Union dues (not payroll deducted) \$ \_\_\_\_\_

Professional dues (not payroll deducted) \$ \_\_\_\_\_

Child Care Expenses \$ \_\_\_\_\_

Babysitter/Day Care Expenses \$ \_\_\_\_\_

School Expenses \$ \_\_\_\_\_

School Lunch Expenses \$ \_\_\_\_\_

College Tuition (not loans) \$ \_\_\_\_\_

Student Loan Repayment \$ \_\_\_\_\_

Newspapers, Books, Magazine \$ \_\_\_\_\_

Personal Care Items \$ \_\_\_\_\_

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.

## REAL ESTATE PROPERTY

Check the type of real estate you own:  House  Condo  Vacant Lot  Mobile Home  Other

Name(s) on Deed		Name of Mortgage Company		Account Number	
Purchased Date			Monthly Payments		
Address of Mortgage Company					
City		State		Zip	
Pay-off amount		Interest Rate %		Are you behind? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, what months?	
If behind, amount owed to bring payments current		Year real estate last appraised		Appraised value	
Do you have a second mortgage on real estate? <input type="checkbox"/> Yes <input type="checkbox"/> No			Intention: <input type="checkbox"/> Keep <input type="checkbox"/> Surrender		

## SECOND MORTGAGE INFORMATION (IF APPLICABLE)

Name of Mortgage Company		Account Number			
Address of Mortgage Company					
City		State		Zip	
Pay-off amount		Interest Rate %		Are you behind? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, what months?	
Date obtained this mortgage		Monthly payments		If behind, amount owed to bring payments current	

## COLLECTION INFORMATION (IF APPLICABLE)

Name of Collector or Attorney				
Address		City	State	Zip

Is this real estate in the process of foreclosure?  Yes  No

## MOTOR VEHICLES

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

<b>Vehicle #1</b> Type <input type="checkbox"/> Automobile <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle <input type="checkbox"/> Mobile Home (Title Only) <input type="checkbox"/> Other			
Year	Make	Model	Style <input type="checkbox"/> 2 dr <input type="checkbox"/> 4 dr <input type="checkbox"/> Other
Condition <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Not Running			Mileage
Name(s) on vehicle title		Name of lender	Account Number
Purchased Date		Monthly Payments	
Address of Lender			
City		State	Zip
Pay-off amount		Interest Rate %	Are you behind? <input type="checkbox"/> Yes <input type="checkbox"/> No
If behind, amount owed to bring payments current	Is vehicle leased? <input type="checkbox"/> Yes <input type="checkbox"/> No		If leased what is the "buy out"?
Is this vehicle listed as collateral for personal loans <input type="checkbox"/> Yes <input type="checkbox"/> No		Intention: <input type="checkbox"/> Keep <input type="checkbox"/> Surrender	
<b>Vehicle #2</b> Type <input type="checkbox"/> Automobile <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle <input type="checkbox"/> Mobile Home (Title Only) <input type="checkbox"/> Other			
Year	Make	Model	Style <input type="checkbox"/> 2 dr <input type="checkbox"/> 4 dr <input type="checkbox"/> Other
Condition <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Not Running			Mileage
Name(s) on vehicle title		Name of lender	Account Number
Purchased Date		Monthly Payments	
Address of Lender			
City		State	Zip
Pay-off amount		Interest Rate %	Are you behind? <input type="checkbox"/> Yes <input type="checkbox"/> No
If behind, amount owed to bring payments current	Is vehicle leased? <input type="checkbox"/> Yes <input type="checkbox"/> No		If leased what is the "buy out"?

## 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.

- |   |          |  |          |
|---|----------|--|----------|
| <input type="checkbox"/> Stove/Cooking Unit | \$ _____ | <input type="checkbox"/> Refrigerator          | \$ _____ |
| <input type="checkbox"/> Washer/Dryer       | \$ _____ | <input type="checkbox"/> Microwave             | \$ _____ |
| <input type="checkbox"/> Cooking Utensils   | \$ _____ | <input type="checkbox"/> Silverware/Flatware   | \$ _____ |
| <input type="checkbox"/> Cookware           | \$ _____ | <input type="checkbox"/> Living Room Furniture | \$ _____ |

Describe Major Items: \_\_\_\_\_

- |  |          |  |          |
|--|----------|--|----------|
| <input type="checkbox"/> Dining Room Furniture | \$ _____ | <input type="checkbox"/> Tables and Chairs | \$ _____ |
|--|----------|--|----------|
- Describe Major pieces: \_\_\_\_\_

- |   |          |  |          |
|---|----------|--|----------|
| <input type="checkbox"/> Televisions            | \$ _____ | <input type="checkbox"/> VCR(s)            | \$ _____ |
| <input type="checkbox"/> DVD(s)                 | \$ _____ | <input type="checkbox"/> Compact Disks     | \$ _____ |
| <input type="checkbox"/> Other stereo equipment | \$ _____ | <input type="checkbox"/> Bedroom Furniture | \$ _____ |

Describe Major Pieces: \_\_\_\_\_

- |  |          |  |          |
|--|----------|--|----------|
| <input type="checkbox"/> Dressers/Nightstands  | \$ _____ | <input type="checkbox"/> Lamps and Accessories | \$ _____ |
| <input type="checkbox"/> Furs                  | \$ _____ | <input type="checkbox"/> Computers             | \$ _____ |
| <input type="checkbox"/> Computer Printers     | \$ _____ | <input type="checkbox"/> Desk/Office Furniture | \$ _____ |
| <input type="checkbox"/> Other Computer Equip  | \$ _____ | <input type="checkbox"/> Photography Equipment | \$ _____ |
| <input type="checkbox"/> Satellite Disks       | \$ _____ | <input type="checkbox"/> Wedding Rings         | \$ _____ |
| <input type="checkbox"/> Other Jewelry/Watches | \$ _____ | <input type="checkbox"/> All Clothes/shoes     | \$ _____ |
| <input type="checkbox"/> Lawnmower/Yard Tools  | \$ _____ | <input type="checkbox"/> Boats                 | \$ _____ |
| <input type="checkbox"/> Trailers              | \$ _____ | <input type="checkbox"/> Campers               | \$ _____ |
| <input type="checkbox"/> Swimming Pool         | \$ _____ | <input type="checkbox"/> Cell Phones           | \$ _____ |

Collectibles \$ \_\_\_\_\_ Describe: \_\_\_\_\_

Paintings \$ \_\_\_\_\_ Describe: \_\_\_\_\_

Carpenters Tools \$ \_\_\_\_\_ Describe: \_\_\_\_\_

Mechanics Tools \$ \_\_\_\_\_ Describe: \_\_\_\_\_

Guns and Firearms \$ \_\_\_\_\_ Describe: \_\_\_\_\_

Rent deposit with landlord: Name of Landlord, Address, City, State and Zip

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

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

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

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

Interest in Education IRA \$ \_\_\_\_\_

Customer Lists \$ \_\_\_\_\_

## 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 LOANS FROM RELATIVES

Name of Creditor		Address	
City		State	Zip
Amount owed on this debt?	Account Number	Date account opened?	
Type of Debt? <input type="checkbox"/> Medical <input type="checkbox"/> Loan <input type="checkbox"/> Credit Card <input type="checkbox"/> Student Loan <input type="checkbox"/> Other	Responsible for debt? <input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Both <input type="checkbox"/> Other	Has debt been turned over to collection agency? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name of collection agency or law firm		Address	
City	State	Zip	Last time used this card?

Name of Creditor		Address	
City		State	Zip
Amount owed on this debt?	Account Number	Date account opened?	
Type of Debt? <input type="checkbox"/> Medical <input type="checkbox"/> Loan <input type="checkbox"/> Credit Card <input type="checkbox"/> Student Loan <input type="checkbox"/> Other	Responsible for debt? <input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Both <input type="checkbox"/> Other	Has debt been turned over to collection agency? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Name of Creditor		Address	
City		State	Zip
Amount owed on this debt?	Account Number	Date account opened?	
Type of Debt? <input type="checkbox"/> Medical <input type="checkbox"/> Loan <input type="checkbox"/> Credit Card <input type="checkbox"/> Student Loan <input type="checkbox"/> Other	Responsible for debt? <input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Both <input type="checkbox"/> Other	Has debt been turned over to collection agency? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name of collection agency or law firm		Address	
City	State	Zip	Last time used this card?

## DEBT SHEET 2 OF 5

Name of Creditor		Address	
City		State	Zip
Amount owed on this debt?	Account Number		Date account opened?
Type of Debt? <input type="checkbox"/> Medical <input type="checkbox"/> Loan <input type="checkbox"/> Credit Card <input type="checkbox"/> Student Loan <input type="checkbox"/> Other	Responsible for debt? <input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Both <input type="checkbox"/> Other		Has debt been turned over to collection agency? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name of collection agency or law firm		Address	
City	State	Zip	Last time used this card?

Name of Creditor		Address	
City		State	Zip
Amount owed on this debt?	Account Number		Date account opened?
Type of Debt? <input type="checkbox"/> Medical <input type="checkbox"/> Loan <input type="checkbox"/> Credit Card <input type="checkbox"/> Student Loan <input type="checkbox"/> Other	Responsible for debt? <input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Both <input type="checkbox"/> Other		Has debt been turned over to collection agency? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name of collection agency or law firm		Address	
City	State	Zip	Last time used this card?

Name of Creditor		Address	
City		State	Zip
Amount owed on this debt?	Account Number		Date account opened?
Type of Debt? <input type="checkbox"/> Medical <input type="checkbox"/> Loan <input type="checkbox"/> Credit Card <input type="checkbox"/> Student Loan <input type="checkbox"/> Other	Responsible for debt? <input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Both <input type="checkbox"/> Other		Has debt been turned over to collection agency? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name of collection agency or law firm		Address	
City	State	Zip	Last time used this card?

## DEBT SHEET 3 OF 5

Name of Creditor		Address		
City		State		Zip
Amount owed on this debt?		Account Number	Date obtained this debt?	
Type of Debt? <input type="checkbox"/> Medical <input type="checkbox"/> Loan <input type="checkbox"/> Credit Card <input type="checkbox"/> Student Loan <input type="checkbox"/> Other		Responsible for debt? <input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Both <input type="checkbox"/> Other		Has debt been turned over to collection agency? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name of collection agency or law firm		Address		
City		State		Zip

Name of Creditor		Address		
City		State		Zip
Amount owed on this debt?		Account Number	Date obtained this debt?	
Type of Debt? <input type="checkbox"/> Medical <input type="checkbox"/> Loan <input type="checkbox"/> Credit Card <input type="checkbox"/> Student Loan <input type="checkbox"/> Other		Responsible for debt? <input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Both <input type="checkbox"/> Other		Has debt been turned over to collection agency? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name of collection agency or law firm		Address		
City		State		Zip

Name of Creditor		Address		
City		State		Zip
Amount owed on this debt?	Account Number		Date account opened?	
Type of Debt? <input type="checkbox"/> Medical <input type="checkbox"/> Loan <input type="checkbox"/> Credit Card <input type="checkbox"/> Student Loan <input type="checkbox"/> Other	Responsible for debt? <input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Both <input type="checkbox"/> Other			Has debt been turned over to collection agency? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name of collection agency or law firm		Address		
City	State	Zip	Last time used this card?	

## DEBT SHEET 4 OF 5

Name of Creditor		Address		
City		State		Zip
Amount owed on this debt?		Account Number	Date obtained this debt?	
Type of Debt? <input type="checkbox"/> Medical <input type="checkbox"/> Loan <input type="checkbox"/> Credit Card <input type="checkbox"/> Student Loan <input type="checkbox"/> Other		Responsible for debt? <input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Both <input type="checkbox"/> Other		Has debt been turned over to collection agency? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name of collection agency or law firm		Address		
City		State		Zip

Name of Creditor		Address		
City		State		Zip
Amount owed on this debt?		Account Number	Date obtained this debt?	
Type of Debt? <input type="checkbox"/> Medical <input type="checkbox"/> Loan <input type="checkbox"/> Credit Card <input type="checkbox"/> Student Loan <input type="checkbox"/> Other		Responsible for debt? <input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Both <input type="checkbox"/> Other		Has debt been turned over to collection agency? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name of collection agency or law firm		Address		
City		State		Zip

Name of Creditor		Address		
City		State		Zip
Amount owed on this debt?	Account Number		Date account opened?	
Type of Debt? <input type="checkbox"/> Medical <input type="checkbox"/> Loan <input type="checkbox"/> Credit Card <input type="checkbox"/> Student Loan <input type="checkbox"/> Other	Responsible for debt? <input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Both <input type="checkbox"/> Other			Has debt been turned over to collection agency? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name of collection agency or law firm		Address		
City	State	Zip	Last time used this card?	

## DEBT SHEET 5 OF 5

Name of Creditor		Address	
City		State	Zip
Amount owed on this debt?	Account Number		Date account opened?
Type of Debt? <input type="checkbox"/> Medical <input type="checkbox"/> Loan <input type="checkbox"/> Credit Card <input type="checkbox"/> Student Loan <input type="checkbox"/> Other	Responsible for debt? <input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Both <input type="checkbox"/> Other		Has debt been turned over to collection agency? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name of collection agency or law firm		Address	
City	State	Zip	Last time used this card?

Name of Creditor		Address	
City		State	Zip
Amount owed on this debt?	Account Number		Date account opened?
Type of Debt? <input type="checkbox"/> Medical <input type="checkbox"/> Loan <input type="checkbox"/> Credit Card <input type="checkbox"/> Student Loan <input type="checkbox"/> Other	Responsible for debt? <input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Both <input type="checkbox"/> Other		Has debt been turned over to collection agency? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name of collection agency or law firm		Address	
City	State	Zip	Last time used this card?

Name of Creditor		Address	
City		State	Zip
Amount owed on this debt?	Account Number		Date account opened?
Type of Debt? <input type="checkbox"/> Medical <input type="checkbox"/> Loan <input type="checkbox"/> Credit Card <input type="checkbox"/> Student Loan <input type="checkbox"/> Other	Responsible for debt? <input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Both <input type="checkbox"/> Other		Has debt been turned over to collection agency? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name of collection agency or law firm		Address	
City	State	Zip	Last time used this card?

# 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 month 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 \$ \_\_\_\_\_

Average monthly business expenses (if applicable) \$ \_\_\_\_\_

Rent and utilities \$ \_\_\_\_\_

Office Supplies \$ \_\_\_\_\_

Product Supplies \$ \_\_\_\_\_

Wages \$ \_\_\_\_\_

Equipment leases \$ \_\_\_\_\_

Other Business Leases \$ \_\_\_\_\_

Other \_\_\_\_\_ \$ \_\_\_\_\_

Other \_\_\_\_\_ \$ \_\_\_\_\_

Other \_\_\_\_\_ \$ \_\_\_\_\_

Other \_\_\_\_\_ \$ \_\_\_\_\_

Other \_\_\_\_\_ \$ \_\_\_\_\_

**Total Average Monthly Income** \$ \_\_\_\_\_

**Total Average Monthly Expenses** \$ \_\_\_\_\_

**Average Monthly Business Profit** \$ \_\_\_\_\_

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

If not, what years did you **NOT** file taxes? \_\_\_\_\_

Do you have quickbook files?  Yes  No

## STATEMENT OF AFFAIRS (1 OF 8)

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

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

Full Name (First, Middle, Last) \_\_\_\_\_

Dates Married: From \_\_\_\_\_ To \_\_\_\_\_

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 if yes, Name of Person \_\_\_\_\_  
Address of Property \_\_\_\_\_

Do you have a future interest in any real estate, such as putting money down on a property you have not purchased yet? (Example: lease purchase)

Yes  No If so, provide details: \_\_\_\_\_

Do you own or are you buying a timeshare 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 If so, provide details: \_\_\_\_\_

Year, Make, Model of Vehicle \_\_\_\_\_

Whose name is the motor vehicle titled to? \_\_\_\_\_

Address \_\_\_\_\_

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

What is this person's relationship to you? \_\_\_\_\_

Why are you holding this property? \_\_\_\_\_

## STATEMENT OF AFFAIRS (2 OF 8)

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

Description of item(s)

1. \_\_\_\_\_ Yard Sale Value \_\_\_\_\_  
2. \_\_\_\_\_ Yard Sale Value \_\_\_\_\_  
3. \_\_\_\_\_ Yard Sale Value \_\_\_\_\_

Name of company you make installment payments to: \_\_\_\_\_

**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 \_\_\_\_\_

Name of company you make installment payments to: \_\_\_\_\_

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

Description of item(s)

1. \_\_\_\_\_ Yard Sale Value \_\_\_\_\_  
2. \_\_\_\_\_ Yard Sale Value \_\_\_\_\_

Name of company you make installment payments to: \_\_\_\_\_

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

Description of item(s)

1. \_\_\_\_\_ Yard Sale Value \_\_\_\_\_  
2. \_\_\_\_\_ Yard Sale Value \_\_\_\_\_

Name of company you make installment payments to: \_\_\_\_\_

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

Description of item(s)

1. \_\_\_\_\_ Yard Sale Value \_\_\_\_\_  
2. \_\_\_\_\_ Yard Sale Value \_\_\_\_\_

Name of company you make installment payments to: \_\_\_\_\_

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

Description of item(s)

1. \_\_\_\_\_ Yard Sale Value \_\_\_\_\_  
2. \_\_\_\_\_ Yard Sale Value \_\_\_\_\_

Name of company you make installment payments to: \_\_\_\_\_

## STATEMENT OF AFFAIRS (3 OF 8)

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

Description of animal(s)

1. \_\_\_\_\_ Sale Value \_\_\_\_\_  
 2. \_\_\_\_\_ Sale Value \_\_\_\_\_

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

Name of Bank		Address of Branch		
City		State	Zip	Type of Account <input type="checkbox"/> Checking <input type="checkbox"/> Savings
Name(s) on Account		Checking Account Number & Balance		Savings Account Number & Balance

**Name of Second Bank (if applicable)**

Name of Bank		Address of Branch		
City		State	Zip	Type of Account <input type="checkbox"/> Checking <input type="checkbox"/> Savings
Name(s) on Account		Checking Account Number & Balance		Savings Account Number & Balance

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

Name of Bank		Address of Branch		
City		State	Zip	Account Number
Name on Account		Date Closed	Balance owed when closed	Money received when closed

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

Name of Financial Institution		Address of Financial Institution		
City		State	Zip	Contents in safe deposit box
Monthly rental for box		Date Closed	Transferred	Who transferred to

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

Name of Utility Company		Address of Utility Company		
City		State	Zip	Account Number
				Present Balance

## STATEMENT OF AFFAIRS (4 OF 8)

**Do you have any life insurance?**

Yes  No

Name of Insurance Company		
If Whole policy, what is current cash value?	What is face value of policy if payable upon death?	Who is Beneficiary?

Name of Insurance Company		
If Whole policy, what is current cash value?	What is face value of policy if payable upon death?	Who is Beneficiary?

**Do you or your spouse participate in a retirement, 401k or pension plan?**

Yes  No

Type of pension plan (401k, pension, etc)	Date enrolled in plan?	Current cash value?
Name of Custodian of Plan?		

**Have you set up your own separate retirement not provided by employer?**

Yes  No

Name of Financial Institution	Amount in account?	Who is Beneficiary?
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**Will you be receiving retirement benefits from a previous employer within the next 6 months?**

Yes  No

Date you expect to start receiving retirement benefits: \_\_\_\_\_

**Do you have any stocks, bonds (including savings bonds) or mutual funds?**

Yes  No

Type of bond, stock, mutual fund: \_\_\_\_\_

Does this bond, stock or mutual fund have a cash value?  Yes  No If so, Cash value \_\_\_\_\_

**Do you have a cell phone?**

Yes  No

Name of Company		Address		
City		State	Zip	Account Number
Date Contract Began	Month to Month contract <input type="checkbox"/> Yes <input type="checkbox"/> No	Monthly contract payment		Do you want to keep and continue paying monthly contract <input type="checkbox"/> Yes <input type="checkbox"/> No

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

**Do you live with a roommate/relative that pays part of your expenses?**

Yes  No

Name of roommate or relative		Relationship
What expenses do they pay?	How long have they been paying this amount?	Total amount they contribute on monthly basis to living expenses?

## STATEMENT OF AFFAIRS (5 OF 8)

**Do you have a student loan?**

Yes  No

Name of Institution		Address		
City		State	Zip	Date student loan first obtained?
Date payment is/was to begin?	Total amount to pay off student loan?		Average monthly payment	

**Do you currently owe any fines? (Includes parking tickets, moving violations, etc)**

Yes  No

Name of Court you owe fines to		Address		
City		State	Zip	Date of occurrence
Amount owed	Case number assigned by court		What type of fine	

**If you pay child support, are you currently behind in any payments?**

Yes  No

Name of person/agency you pay		Address		
City		State	Zip	Total amount owed in back child support?
What dates were you suppose to start paying?		What are the payment arrangements?		

**Even if you never expect to collect any money, does an ex-spouse owe you money for alimony or child support?**

Yes  No

Name of Ex-spouse		Address		
City		State	Zip	Total amount he/she owes you?
Date originally started owing you?	Has this ex-spouse been court ordered to pay you?		Year of court order?	

**Over the last year, have you, your children or your spouse been involved in an accident where someone was hurt, for example, a car accident?**

Yes  No

Date accident occurred?	Who was at fault?	Who was involved?	Was any insurance money received? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, how much?
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**During the next six (6) months, do you expect to inherit anything?**

Yes  No

How much do you expect to inherit?	Date expected?	Reasons for inheritance?
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## STATEMENT OF AFFAIRS (6 OF 8)

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

How much do you expect to receive?	Date expected?	Reasons for receiving this money?
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**Do you expect to receive any money from any insurance claim, for any reason, during the next (6) months?**

Yes  No

How much do you expect to receive?	Date expected?	Reasons for receiving this money?
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**Are you the beneficiary of a trust fund?**  Yes  No

What is the amount of trust fund?	Name of trust fund owner?	Relationship to you?	When will you have access to this trust fund?
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**Are you owed any back wages, commissions, or vacation pay from your current or previous employer?**  Yes  No

Employer Name	Amount expected to receive?	Date expected to receive?
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\*\*Provide details about this amount owed to you, feel free to use the back of this page if necessary

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

Name of Place Holding Your Property	Address	
City	State	Zip

Description of item(s)

1. \_\_\_\_\_ Yard Sale Value \_\_\_\_\_
2. \_\_\_\_\_ Yard Sale Value \_\_\_\_\_

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

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

How much do you expect to receive?	Date you expect to receive this money?	Name of attorney or law firm?
Provide details about this personal injury:		

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

What is total market value?	When do you expect to receive this money or property?	When do you expect to turn over this cash or property?
List all items you expect to receive or turn over in the property settlement (including cash		

## STATEMENT OF AFFAIRS (7 OF 8)

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

Name of party you filed a lawsuit on		Address	
City	State	Zip	
Date you filed this lawsuit?		Money amount awarded you in judgment?	

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

Name of Creditor You paid	Date Paid	Amount Paid	Current Balance Due
Name of Creditor You paid	Date Paid	Amount Paid	Current Balance Due

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

Name of party suing you (Plaintiff)?		Case Number	
Type of lawsuit from court pleading			Attorney for the Plaintiff
Address	City	State	Zip

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

**Have your wages or property been garnished or attached?**  Yes  No

Who garnished your wages?	When was item repossessed?	How much money deducted from your paycheck?	How often is this deducted?
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**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?
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**Have you transferred any money or property to family members or friends or paid them any money on debts you might owe them?**  Yes  No

Type of property transferred:	What date/year was it transferred?	What is the approximate value?
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**Have you had any unusual losses, such as fire, theft, gambling or otherwise?**  Yes  No

Type of loss: <input type="checkbox"/> Fire <input type="checkbox"/> Theft <input type="checkbox"/> Gambling <input type="checkbox"/> Other	What item or amount of money was lost?	What date/year was it lost?	Amount insurance paid?
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**Have you had any losses covered by insurance?**  Yes  No

Describe loss:	Date/year of loss?	Amount insurance paid?
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## STATEMENT OF AFFAIRS (8 OF 8)

**Have you filed any bankruptcy within the last eight (8) years?**

Yes  No

Filed: <input type="checkbox"/> Ch 7 <input type="checkbox"/> Ch 13 <input type="checkbox"/> Ch 11	Date you filed bankruptcy?	City, State Filed?	Name of persons who filed?	Case discharged? <input type="checkbox"/> Yes <input type="checkbox"/> No	Case Number
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**Is anyone holding any property that belongs to you?**

Yes  No

Item(s) in someone else's possession that belongs to you?		
Name of person holding these items:	Address	
City	State	Zip

**Beside your current address, have you lived at any other addresses within the past six (6) years?**

Yes  No

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

**Have you been self-employed or had any financial interest in any business (or been involved in a partnership with someone who owned a business)? Within the past eight (8) years?**

Yes  No

Name of Business		Type of Business	
Address	City	State	Zip
Date business began	Date business ended	Name of your partners, co-investors	
What were your net profits for this year?		Last year?	2 years ago?
How much income tax do you pay from the income you make with your business?			

**During the past two (2) years have either you or your spouse had any other income source outside normal pay from your employer? (includes flea market dealers)**

Yes  No

Income this year?	Last year?	2 years ago?
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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 \_\_\_\_\_

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

I did not file taxes

I had to pay taxes and did not receive a refund

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

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

## 527(a) Disclosure

I am considering retaining THE LAW FIRM to represent me in connection with a bankruptcy case that may be filed on my behalf. I understand the following:

- 1) All information that I am required to provide with a petition and thereafter during a case under this title must be complete, accurate and truthful.
- 2) All of my property, whether I possess it or not, and all of my assets and all of my liabilities must be completely and accurately disclosed in the documents filed to commence the case, and I must disclose the replacement value of each asset as defined in §506 of the Bankruptcy Code in the documents I file where requested after I have made a reasonable inquiry to establish such value.
- 3) My current monthly income, my actual living expenses (the amounts specified in §707(b) (2)), and, in case under Chapter 13 of this title, all of my disposable income (which will be determined in accordance with §707(b)(2)) must be fully and accurately stated after I have made reasonable inquiry.
- 4) I understand that information I provide during my case may be audited pursuant to this title, and that failure to provide such information may result in dismissal of the case under this title or other sanction, including criminal sanctions.
- 5) A person who knowingly and fraudulently conceals assets or makes a false oath or statement under penalty of perjury in connection with a case under title 11 of the US Code shall be subject to fine, imprisonment; or both.
- 6) All information supplied by a debtor in connection with a case under this title is subject to examination by the Attorney General.

By signing this, I assert that I have read and understand the above information provided to me.

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Client Signature

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Date

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Client Signature

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Date

## 527(b) Disclosure

### IMPORTANT INFORMATION ABOUT BANKRUPTCY ASSISTANCE SERVICES FROM AN ATTORNEY OR BANKRUPTCY PETITION PREPARER

If you decide to seek bankruptcy relief, you can represent yourself, you can hire an attorney to represent you, or you can get help in some localities from a bankruptcy petition preparer who is not an attorney. THE LAW REQUIRES AN ATTORNEY OR BANKRUPTCY PETITION PREPARER TO GIVE YOU A WRITTEN CONTRACT SPECIFYING WHAT THE ATTORNEY OR BANKRUPTCY PETITION PREPARER WILL DO FOR YOU AND HOW MUCH IT WILL COST. Ask to see the contract before you hire anyone.

The following information helps you understand what must be done in a routine bankruptcy case to help you evaluate how much service you need. Although bankruptcy can be complex, many cases are routine.

Before filing a bankruptcy case, either you or your attorney should analyze your eligibility for different forms of debt relief available under the Bankruptcy Code and which form of relief is most likely to be beneficial for you. Be sure you understand the relief you can obtain and its limitations. To file a bankruptcy case, documents called a Petition, Schedules and Statement of Financial Affairs, as well as in some cases a Statement of Intention need to be prepared correctly and filed with the bankruptcy court. You will have to pay a filing fee to the bankruptcy court. Once your case starts, you will have to attend a required first meeting of creditors where you may be questioned by a court official called a "trustee" and by creditors.

If you choose to file a chapter 7 case, you may be asked by a creditor to reaffirm a debt. You may want help deciding whether to do so. A creditor is not permitted to coerce you into reaffirming your debts.

If you choose to file a chapter 13 case in which you repay your creditors what you can afford over 3 to 5 years, you may also want help with preparing your chapter 13 plan and with the confirmation hearing on your plan which will be before a bankruptcy judge.

If you select another type of relief under the Bankruptcy Code other than chapter 7 or chapter 13, you will want to find out what should be done from someone familiar with that type of relief.

Your bankruptcy case may also involve litigation. You are generally permitted to represent yourself in litigation in bankruptcy court, but only attorneys, not bankruptcy petition preparers can give you legal advice.

By signing this, I assert that I have read and understand the above information provided to me.

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Client Signature

Date

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Client Signature

Date

## SUMMARY LIST OF NON-DISCHARGEABLE DEBTS

- Certain types of tax debts, including income tax debt
- Any debt incurred through fraud
- Undisclosed debt
- Debt owed for fraud or detraction while acting in a fiduciary capacity
- Debt owed to spouse, former spouse or child
- Debt owed for willful and malicious injury to another or property of another
- Government fine, penalty or forfeiture
- Debt owed for death or personal injury due to operating of a vehicle while intoxicated
- Debt that could have been discharged in another prior case of the debtor, or was denied discharge in a prior Bankruptcy case of debtor
- Debt owed for fraud or delfaction while acting in a fiduciary capacity, associated with a depository
- Debt owed for malicious or reckless failure to fulfill any commitment owed to a federal depository institution
- Restitution owed under title 18, United States Code
- Any debt owed that was incurred in order to pay tax debts
- Debt related to court costs
- Student loan debt