Consumer Bankruptcy

Client Intake Forms

VIRTUAL 713 DRAFTS
Office: 877-827-0400
Fax: 866-515-6617
www.virtual713drafts.com

INFORMATION ABOUT YOU

FIRST NAME	MIDDLE NAME (spell out)	LAST NAME	SUFFIX (JR. SR. III)
SOCIAL SECURITY NUMBER:		DATE OF BIRTH: MM _____ DD _____ YYYY _____	
RESIDENCE ADDRESS: (spell out)	APT/SPACE NO.	CITY	STATE / ZIP CODE
MAILING ADDRESS: (If different from residence)	APT/SPACE NO.	CITY	STATE / ZIP CODE
COUNTY OF RESIDENCE:		LENGTH OF TIME AT THIS ADDRESS:	
HOME PHONE:		OTHER PHONE:	
E-MAIL ADDRESS:			

❑ YES ❑ NO HAVE YOU USED ANY OTHER NAMES IN THE PAST EIGHT (8) YEARS?
IF YES, LIST OTHER NAMES:

❑ YES ❑ NO HAS A BANKRUPTCY CASE BEEN FILED BY YOU OR AGAINST YOU IN THE LAST EIGHT (8) YEARS?
IF YES, IN WHICH DISTRICT OF WHICH STATE WAS THE CASE FILED: _____
_____

❑ YES ❑ NO ARE THERE CURRENTLY ANY BANKRUPTCY CASES PENDING AGAINST YOU, YOUR BUSINESS?
IF YES, NAME OF DEBTOR: _____ RELATIONSHIP: _____
CASE NUMBER: _____ DATE FILED: _____ JUDGE: _____
IN WHICH DISTRICT OF WHICH STATE WAS THE CASE FILED: _____

❑ YES ❑ NO DO YOU OWN OR HAVE POSSESSION OF ANY PROPERTY THAT POSES OR IS ALLEGED TO POSE A THREAT OF IMMINENT AND IDENTIFIABLE HARM TO PUBLIC HEALTH OR SAFETY?
IF YES, PLEASE ATTACH A LIST AND DESCRIPTION OF THE PROPERTY.

❑ YES ❑ NO IF YOU RENT YOUR HOME, DOES A LANDLORD HOLD A JUDGMENT AGAINST YOU?
IF YES, NAME OF LANDLORD: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP CODE: _____

HAVE YOU MET THE DEBT COUNSELING REQUIREMENT FOR YOUR STATE? PLEASE CHECK ONE CHOICE BELOW:

❑ COUNSELING NOT COMPLETED ❑ RECEIVED COUNSELING WITHIN THE PAST 180 DAYS
❑ DOES NOT APPLY TO MY DISTRICT ❑ REQUEST WAIVER

❑ YES ❑ NO ARE YOU FILING THIS BANKRUPTCY PETITION WITH YOUR SPOUSE? IF NO, PLEASE CHECK ONE:
❑ UNMARRIED ❑ SPOUSE FILING SEPARATELY ❑ OTHER: _____

INFORMATION ABOUT YOUR SPOUSE

FIRST NAME:	MIDDLE NAME: (spell out)	LAST NAME:	SUFFIX: (JR. SR. III)
SOCIAL SECURITY NUMBER:		DATE OF BIRTH: MM _____ DD _____ YYYY _____	
RESIDENCE ADDRESS: (If different from above)	APT/SPACE NO.	CITY	STATE / ZIP CODE
MAILING ADDRESS: (If different from residence)	APT/SPACE NO.	CITY	STATE / ZIP CODE
COUNTY OF RESIDENCE:		LENGTH OF TIME AT THIS ADDRESS:	
HOME PHONE:	OTHER PHONE:		
E-MAIL ADDRESS:			

❑ YES ❑ NO HAVE YOU USED ANY OTHER NAMES IN THE PAST EIGHT (8) YEARS?
IF YES, LIST OTHER NAMES:

❑ YES ❑ NO HAS A BANKRUPTCY CASE BEEN FILED BY YOU OR AGAINST YOU IN THE LAST EIGHT (8) YEARS?
IF YES, IN WHICH DISTRICT OF WHICH STATE WAS THE CASE FILED: _____
_____

❑ YES ❑ NO ARE THERE CURRENTLY ANY BANKRUPTCY CASES PENDING AGAINST YOU, OR YOUR BUSINESS?
IF YES, NAME OF DEBTOR: _____ RELATIONSHIP: _____
CASE NUMBER: _____ DATE FILED: _____ JUDGE: _____
IN WHICH DISTRICT OF WHICH STATE WAS THE CASE FILED: _____

❑ YES ❑ NO DO YOU OWN OR HAVE POSSESSION OF ANY PROPERTY THAT POSES OR IS ALLEGED TO POSE A THREAT OF IMMINENT AND IDENTIFIABLE HARM TO PUBLIC HEALTH OR SAFETY?
IF YES, PLEASE ATTACH A LIST AND DESCRIPTION OF THE PROPERTY.

❑ YES ❑ NO IF YOU RENT YOUR HOME, DOES A LANDLORD HOLD A JUDGMENT AGAINST YOU?
IF YES, NAME OF LANDLORD: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP CODE: _____

HAVE YOU MET THE DEBT COUNSELING REQUIREMENT FOR YOUR STATE? PLEASE CHECK ONE CHOICE BELOW:

❑ COUNSELING NOT COMPLETED ❑ RECEIVED COUNSELING WITHIN THE PAST 180 DAYS

❑ DOES NOT APPLY TO MY DISTRICT ❑ REQUEST WAIVER

INFORMATION FOR MEANS TEST

❑ YES	❑ NO	The Means Test does NOT apply. Debtor(s) is a disabled veteran with debts incurred primarily during active duty or homeland defense.

INCOME FOR SIX (6) MONTHS

Provide total amount of earned income received, before tax deductions, and from all sources for the current month and last five (5) months. This is not take-home pay but total income earned before tax deductions.

YOUR: Wages, salaries, tips, bonuses, overtime, and commission:

CURRENT MONTH	LAST MONTH	2 MONTHS AGO	3 MONTHS AGO	4 MONTHS AGO	5 MONTHS AGO

SPOUSE: Wages, salaries, tips, bonuses, overtime, and commission:

CURRENT MONTH	LAST MONTH	2 MONTHS AGO	3 MONTHS AGO	4 MONTHS AGO	5 MONTHS AGO

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

CURRENT MONTH	LAST MONTH	2 MONTHS AGO	3 MONTHS AGO	4 MONTHS AGO	5 MONTHS AGO

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

CURRENT MONTH	LAST MONTH	2 MONTHS AGO	3 MONTHS AGO	4 MONTHS AGO	5 MONTHS AGO

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

CURRENT MONTH	LAST MONTH	2 MONTHS AGO	3 MONTHS AGO	4 MONTHS AGO	5 MONTHS AGO

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

CURRENT MONTH	LAST MONTH	2 MONTHS AGO	3 MONTHS AGO	4 MONTHS AGO	5 MONTHS AGO

INFORMATION FOR MEANS TEST CONT.

YOUR: Interest income, dividends, and royalties:

CURRENT MONTH	LAST MONTH	2 MONTHS AGO	3 MONTHS AGO	4 MONTHS AGO	5 MONTHS AGO

SPOUSE: Interest income, dividends, and royalties:

CURRENT MONTH	LAST MONTH	2 MONTHS AGO	3 MONTHS AGO	4 MONTHS AGO	5 MONTHS AGO

YOUR: Pension and retirement income:

CURRENT MONTH	LAST MONTH	2 MONTHS AGO	3 MONTHS AGO	4 MONTHS AGO	5 MONTHS AGO

SPOUSE: Pension and retirement income:

CURRENT MONTH	LAST MONTH	2 MONTHS AGO	3 MONTHS AGO	4 MONTHS AGO	5 MONTHS AGO

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

CURRENT MONTH	LAST MONTH	2 MONTHS AGO	3 MONTHS AGO	4 MONTHS AGO	5 MONTHS AGO

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

CURRENT MONTH	LAST MONTH	2 MONTHS AGO	3 MONTHS AGO	4 MONTHS AGO	5 MONTHS AGO

YOUR: Unemployment compensation:

CURRENT MONTH	LAST MONTH	2 MONTHS AGO	3 MONTHS AGO	4 MONTHS AGO	5 MONTHS AGO

SPOUSE: Unemployment compensation:

CURRENT MONTH	LAST MONTH	2 MONTHS AGO	3 MONTHS AGO	4 MONTHS AGO	5 MONTHS AGO

INFORMATION FOR MEANS TEST CONT.

YOUR: Income from other sources not provided for or mentioned above:

CURRENT MONTH	LAST MONTH	2 MONTHS AGO	3 MONTHS AGO	4 MONTHS AGO	5 MONTHS AGO

SPOUSE: Income from other sources not provided for or mentioned above:

CURRENT MONTH	LAST MONTH	2 MONTHS AGO	3 MONTHS AGO	4 MONTHS AGO	5 MONTHS AGO

OTHER INFORMATION

❑ YES ❑ NO HAS YOUR INCOME SIGNIFICANTLY INCREASED OR DECREASED DURING THE PAST SIX (6) MONTHS? IF YES, PLEASE PROVIDE DETAILS:

_____

_____

_____

_____

❑ YES ❑ NO HAS YOUR SPOUSES INCOME SIGNIFICANTLY INCREASED OR DECREASED DURING THE PAST SIX (6) MONTHS? IF YES, PLEASE PROVIDE DETAILS:

_____

_____

_____

_____

REAL ESTATE

❑ YES ❑ NO	DO YOU RENT? IF YES, SKIP THIS PAGE AND GO TO 'PERSONAL PROPERTY'.
❑ YES ❑ NO	DO YOU OWN A MOBILE HOME? IF YES, SKIP THIS PAGE AND GO TO NEXT PAGE, 'MOBILE HOME'.
❑ YES ❑ NO	DO YOU OWN REAL ESTATE? IF YES, COMPLETE THIS PAGE.
❑ YES ❑ NO	IF YOU OWN REAL ESTATE, DO YOU HAVE A HOMESTEAD EXEMPTION THAT EXCEEDS $125,000.00?

TYPE OF REAL ESTATE OWNED:
❑ HOUSE ❑ CONDOMINIUM ❑ LAND ❑ TIMESHARE ❑ OTHER: _____

NAME(S) ON DEED OR TITLE:

ADDRESS: (spell out) CITY STATE ZIP CODE

DESCRIPTION OF REAL ESTATE: (i.e. 1,250 square foot home with 2-bedroom, 2-baths, attached 2-car garage, on 2 acres with outbuildings)

_____

_____

MORTGAGE COMPANY:	ACCOUNT NUMBER:

ADDRESS: (spell out) CITY STATE ZIP CODE

DATE OBTAINED: MM ____ DD ____ YYYY ____	EXACT MONTHLY PAYMENT: $	EXACT PAY-OFF AMOUNT: $
WHAT YEAR WAS YOUR REAL ESTATE LAST APPRAISED?	WHAT WAS THE APPRAISED VALUE?	INTENTION: ❑ KEEP ❑ SURRENDER

❑ YES ❑ NO ARE YOU BEHIND IN PAYMENTS?

IF SO, WHAT MONTH(S): _____ WHAT IS THE INTEREST RATE: _____ AMOUNT TO CATCH UP: $_____

❑ YES ❑ NO DO YOU HAVE A SECOND MORTGAGE ON THE REAL ESTATE?

IF SO, MORTGAGE COMPANY: _____ ACCOUNT NUMBER: _____

ADDRESS: (spell out) CITY STATE ZIP CODE

DATE OBTAINED: MM ____ DD ____ YYYY ____	EXACT MONTHLY PAYMENT: $	EXACT PAY-OFF AMOUNT: $

❑ YES ❑ NO ARE YOU BEHIND IN PAYMENTS?

IF SO, WHAT MONTH(S): _____ WHAT IS THE INTEREST RATE: _____ AMOUNT TO CATCH UP: $_____

❑ YES ❑ NO IS THIS REAL ESTATE IN THE PROCESS OF FORECLOSURE OR REPLEVIN ACTION?

IF SO, NAME OF COLLECTOR OR ATTORNEY: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP CODE: _____

MOBILE HOME

NAME(S) ON DEED OR TITLE:			
ADDRESS: (spell out)	CITY	STATE	ZIP CODE

❑ YES ❑ NO HAVE THE WHEELS BEEN REMOVED?	❑ YES ❑ NO IS IT IN A MOBILE HOME PARK? IF YES, WHAT IS THE MONTHLY LOT PAYMENT: $_____
❑ YES ❑ NO IS IT ATTACHED TO A PIECE OF GROUND YOU OWN? IF YES, PLEASE INDICATE SIZE: _____	❑ YES ❑ NO DO YOU MAKE SEPARATE PAYMENTS FOR THE GROUND YOUR HOME SITS ON? IF YES, EXPLAIN: _____ _____

DESCRIPTION OF REAL ESTATE: (i.e. 28X40 doublewide, 2-bedroom, 1-bath, on wheels with skirting and steps and 1-outbuilding shed, situated in mobile home park)

_____

_____

MORTGAGE COMPANY:	ACCOUNT NUMBER:

ADDRESS: (spell out)	CITY	STATE	ZIP CODE

DATE OBTAINED: MM ____ DD ____ YYYY ____	EXACT MONTHLY PAYMENT: $	EXACT PAY-OFF AMOUNT: $
WHAT YEAR WAS YOUR REAL ESTATE LAST APPRAISED?	WHAT WAS THE APPRAISED VALUE?	INTENTION: ❑ KEEP ❑ SURRENDER

❑ YES ❑ NO ARE YOU BEHIND IN PAYMENTS?

IF SO, WHAT MONTH(S): _____ WHAT IS THE INTEREST RATE: _____ AMOUNT TO CATCH UP: $_____

❑ YES ❑ NO DO YOU HAVE A SECOND MORTGAGE ON THE REAL ESTATE?

IF SO, MORTGAGE COMPANY: _____ ACCOUNT NUMBER: _____

ADDRESS: (spell out)	CITY	STATE	ZIP CODE

DATE OBTAINED: MM ____ DD ____ YYYY ____	EXACT MONTHLY PAYMENT: $	EXACT PAY-OFF AMOUNT: $

❑ YES ❑ NO ARE YOU BEHIND IN PAYMENTS?

IF SO, WHAT MONTH(S): _____ WHAT IS THE INTEREST RATE: _____ AMOUNT TO CATCH UP: $_____

❑ YES ❑ NO IS THIS REAL ESTATE IN THE PROCESS OF FORECLOSURE OR REPLEVIN ACTION?

IF SO, NAME OF COLLECTOR OR ATTORNEY: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP CODE: _____

PERSONAL PROPERTY

1 – CASH ON HAND

$_____

2 – BANK ACCOUNTS (please list all open accounts and balances)

❑ CHECKING ❑ SAVINGS NAME AND ADDRESS OF BANK: _____

ACCOUNT NUMBER: _____ PRESENT BALANCE: $_____

NAME ON ACCOUNT: _____

❑ CHECKING ❑ SAVINGS NAME AND ADDRESS OF BANK: _____

ACCOUNT NUMBER: _____ PRESENT BALANCE: $_____

NAME ON ACCOUNT: _____

❑ CD'S ❑ OTHER NAME AND ADDRESS OF BANK: _____

ACCOUNT NUMBER: _____ PRESENT BALANCE: $_____

NAME ON ACCOUNT: _____

3 – SECURITY DEPOSITS (please list all deposits held by utility companies or a landlord)

DEPOSIT HELD BY: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP CODE: _____

ACCOUNT NUMBER: _____ AMOUNT: $_____

4 - HOUSEHOLD INVENTORY (please provide yard-sale value for all assets)

STOVE / COOKING UNIT: $_____ BEDROOM FURNITURE: $_____ REFRIGERATOR: $_____

WASHER / DRYER: $_____ MICROWAVE: $_____ TELEVISION(S): $_____

VDCR(S): $_____ DVD(S): $_____ COOKWARE: $_____

UTENSILS / SILVERWARE: $_____ LIVING ROOM FURNITURE: $_____ CELL PHONE: $_____

DINING ROOM FURNITURE: $_____ TABLES AND CHAIRS: $_____

DRESSER(S) / NIGHTSTAND(S): $_____ LAMPS AND ACCESSORIES: $_____

STEREO EQUIPMENT: $_____ TOOLS: $_____ LAWNMOWER: $_____

YARD TOOLS: $_____ OTHER: _____

5 – BOOKS, PICTURES, ART OBJECTS, RECORDS, COMPACT DISCS, COLLECTIBLES (please provide yard-sale value and description of asset)

$ _____ ITEM: _____

$ _____ ITEM: _____

6 – CLOTHING / WEARING APPAREL (includes shoes, coats, hats, etc.)

TOTAL NUMBER OF ADULTS: _____ YARD-SALE VALUE: $_____

TOTAL NUMBER OF CHILDREN: _____ YARD-SALE VALUE: $_____

PERSONAL PROPERTY CONT.

7 – FURS AND JEWELRY (Includes wedding rings, costume jewelry, and watches. Please provide yard-sale value and description of asset.)

$ _____ ITEM: _____

$ _____ ITEM: _____

8 – SPORTS, PHOTOGRAPHIC, HOBBY EQUIPMENT, FIREARMS (please provide yard-sale value and description of asset)

$ _____ ITEM: _____

$ _____ ITEM: _____

9 – LIFE INSURANCE POLICIES

❑ WHOLE LIFE ❑ TERM LIFE NAME OF INSURANCE COMPANY: _____

IF WHOLE LIFE, CURRENT CASH VALUE: $_____

IF PAYABLE UPON DEATH, FACE VALUE OF POLICY: $_____

BENEFICIARY: _____ RELATIONSHIP: _____

10 - ANNUITIES

$ _____ ITEM: _____

$ _____ ITEM: _____

11 – INTEREST IN EDUCATION IRA 530(b)(1)

$ _____ ITEM: _____

$ _____ ITEM: _____

12 – INTEREST IN PENSION, RETIREMENT, OR PROFIT SHARING – 401(k)

TYPE OF PLAN: _____ POLICY HELD WITH: _____

ENROLMENT DATE: _____ CURRENT CASH VALUE: $_____

13 - STOCKS

ITEM: _____ SHARES: _____ CURRENT CASH VALUE: $_____

ITEM: _____ SHARES: _____ CURRENT CASH VALUE: $_____

14 – INTERESTS IN PARTNERSHIPS / JOINT VENTURES

❑ YES ❑ NO DO YOU SHARE OWNERSHIP (CO-TENANCY OR JOINT TENANCY) OF ANY REAL PROPERTY WITH ANOTHER PERSON? IF YES, EXPLAIN: _____

❑ YES ❑ NO DO YOU HAVE A FUTURE INTEREST IN ANY REAL ESTATE, SUCH AS PUTTING MONEY DOWN ON A PROPERTY YOU HAVE NOT YET PURCHASES? IF YES, EXPLAIN: _____

❑ YES ❑ NO DO YOU OWN OR ARE YOU BUYING A TIME-SHARE IN A VACATION PROPERTY OR RESORT? IF YES, EXPLAIN: _____

PERSONAL PROPERTY CONT.

15 - BONDS

ITEM: _____ TOTAL: _____ CURRENT CASH VALUE: $_____

ITEM: _____ TOTAL: _____ CURRENT CASH VALUE: $_____

17 – ALIMONY / FAMILY SUPPORT TO WHICH YOU ARE ENTITLED

NAME OF EX-SPOUSE: _____ ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

TOTAL AMOUNT OWED YOU: $_____ DATE ORIGINALLY STARTED OWING YOU: _____

❑ YES ❑ NO THERE IS A COURT ORDER? IF YES, YEAR OF COURT ORDER: _____

IF YES, IN WHICH DISTRICT OF WHICH STATE WAS THE CASE FILED: _____

18 – OTHER LIQUIDATES DEBTS OWED TO YOU INCLUDING TAX REFUNDS

ITEM: _____ CASH VALUE: $_____ DUE DATE: _____

ITEM: _____ CASH VALUE: $_____ DUE DATE: _____

❑ YES ❑ NO ARE YOU OWED BACK WAGES, COMMISSIONS, OR VACATION PAY FROM YOUR CURRENT OR PREVIOUS EMPLOYER?

IF YES, EXPLAIN: _____

EMPLOYER: _____ AMOUNT EXPECTED TO RECEIVE: $_____

DATE EXPECTED TO RECEIVE: _____

19 – EQUITABLE OR FUTURE INTERESTS OR LIFE ESTATES

DURING THE NEXT SIX (6) MONTHS, DO YOU EXPECT TO:

❑ YES ❑ NO INHERIT ANYTHING? IF YES, EXPLAIN: _____

❑ YES ❑ NO RECEIVE MONEY FROM AN INSURANCE CLAIM? IF YES, EXPLAIN: _____

20 – INTERESTS IN ESTATE OF DECEDENT OR LIFE INSURANCE PLAN OR TRUST

DURING THE NEXT SIX (6) MONTHS, DO YOU EXPECT TO:

❑ YES ❑ NO RECOVER ON A LIFE INSURANCE POLICY? IF YES, EXPLAIN: _____

❑ YES ❑ NO AS A BENEFICIARY, MANAGE A TRUST FUND? IF YES, EXPLAIN: _____

22 – PATENTS, COPYRIGHTS, OTHER INTELLECTUAL PROPERTY

EXPLAIN: _____

23 – LICENSES, FRANCHISES

EXPLAIN: _____

PERSONAL PROPERTY CONT.

24 – CUSTOMER LIST OR OTHER COMPILATION

EXPLAIN: _____

25 – AUTOMOBILES, TRUCKS, TRAILERS, AND ACCESSORIES

TYPE: ❑ AUTOMOBILE ❑ TRUCK ❑ MOTORCYCLE ❑ TRAILER ❑ R.V. ❑ OTHER: _____

CONDITION: ❑ EXCELLENT ❑ GOOD ❑ FAIR ❑ POOR ❑ NOT RUNNING

YEAR: _____ MAKE: _____ MODEL: _____ MILEAGE: _____

NAME(S) ON TITLE: _____

❑ YES ❑ NO VEHICLE IS LEASED? IF YES, WHAT IS THE BUY OUT ON THE LEASE: $_____

NAME OF CREDITOR: _____ ACCOUNT NUMBER: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

DATE LOAN ESTABLISHED: _____ EXACT MONTHLY PAYMENT: $_____ PAY OFF AMOUNT: $_____

❑ YES ❑ NO PAYMENTS ARE CURRENT? IF NO, HOW MANY MONTHS BEHIND: _____

❑ YES ❑ NO VEHICLE IS USED AS COLLATERAL FOR A PERSONAL LOAN?

IF YES, NAME OF LOAN COMPANY: _____

❑ YES ❑ NO DO YOU WISH TO KEEP THIS VEHICLE?

❑ YES ❑ NO DO YOU WISH TO SURRENDER THIS VEHICLE?

❑ YES ❑ NO DEBT HAS BEEN TURNED OVER TO A COLLECTION AGENCY?

IF YES, NAME OF AGENCY OR LAW FIRM: _____

ADDRESS: _____ CITY: _____ STATE: ____ ZIP CODE: _____

26 – BOATS, MOTORS, AND ACCESSORIES

ITEM: _____ YEAR: _____ MAKE: _____ MODEL: _____

27 – AIRCRAFT AND ACCESSORIES

ITEM: _____ YEAR: _____ MAKE: _____ MODEL: _____

28 – OFFICE EQUIPMENT AND SUPPLIES

ITEM: _____ YARD SALE VALUE: $_____

30 – OTHER PERSONAL PROPERTY OF ANY KIND NOT LISTED

ITEM: _____ YEAR: _____ MAKE: _____ MODEL: _____

OTHER: _____

DEBTS

Please list all debts associated with bank loans, personal loans, student loans, credit cards, department store credit cards, gas cards, phone cards, medical bills, utility bills, unpaid rent, unpaid taxes, unpaid alimony or child support, unpaid services fees, and all other dept you currently owe.

❑ YES ❑ NO ARE YOU PURCHASING FURNITURE OR APPLIANCES WITH INSTALLMENT PAYMENTS?
❑ YES ❑ NO ARE YOU RENTING-TO-OWN ANY FURNITURE OR APPLIANCES?
❑ YES ❑ NO ARE YOU USING FURNITURE OR APPLIANCES AS COLLATERAL FOR A PERSONAL LOAN?
❑ YES ❑ NO ARE YOU PURCHASING ANY JEWELRY WITH INSTALLMENT PAYMENTS?
❑ YES ❑ NO DO YOU OWE ANY FINES? (includes parking tickets, moving violations, etc.)

WHO IS RESPONSIBLE FOR DEBT? ❑ SELF ❑ SPOUSE ❑ BOTH ❑ OTHER: _____

NAME OF CREDITOR: _____ ACCOUNT NUMBER: _____

ADDRESS: _____ CITY: _____ STATE: ____ ZIP CODE: _____

TOTAL AMOUNT OWED: $_____ DATE ESTABLISHED: _____ DATE OF LAST PURCHASE: _____

WHAT IS THIS DEBT FOR: _____

❑ YES ❑ NO DEBT HAS BEEN TURNED OVER TO A COLLECTION AGENCY?

IF YES, NAME OF AGENCY OR LAW FIRM: _____

ADDRESS: _____ CITY: _____ STATE: ____ ZIP CODE: _____

WHO IS RESPONSIBLE FOR DEBT? ❑ SELF ❑ SPOUSE ❑ BOTH ❑ OTHER: _____

NAME OF CREDITOR: _____ ACCOUNT NUMBER: _____

ADDRESS: _____ CITY: _____ STATE: ____ ZIP CODE: _____

TOTAL AMOUNT OWED: $_____ DATE ESTABLISHED: _____ DATE OF LAST PURCHASE: _____

WHAT IS THIS DEBT FOR: _____

❑ YES ❑ NO DEBT HAS BEEN TURNED OVER TO A COLLECTION AGENCY?

IF YES, NAME OF AGENCY OR LAW FIRM: _____

ADDRESS: _____ CITY: _____ STATE: ____ ZIP CODE: _____

WHO IS RESPONSIBLE FOR DEBT? ❑ SELF ❑ SPOUSE ❑ BOTH ❑ OTHER: _____

NAME OF CREDITOR: _____ ACCOUNT NUMBER: _____

ADDRESS: _____ CITY: _____ STATE: ____ ZIP CODE: _____

TOTAL AMOUNT OWED: $_____ DATE ESTABLISHED: _____ DATE OF LAST PURCHASE: _____

WHAT IS THIS DEBT FOR: _____

❑ YES ❑ NO DEBT HAS BEEN TURNED OVER TO A COLLECTION AGENCY?

IF YES, NAME OF AGENCY OR LAW FIRM: _____

ADDRESS: _____ CITY: _____ STATE: ____ ZIP CODE: _____

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UNEXPIRED LEASES AND CONTRACTS

Please list all current leases and contracts associated with residential leases and service or business contracts like cell phones, lawn service, and pest control.

WHO IS RESPONSIBLE FOR DEBT? ❑ SELF ❑ SPOUSE ❑ BOTH ❑ OTHER: _____

NAME OF CREDITOR: _____ ACCOUNT NUMBER: _____

ADDRESS: _____ CITY: _____ STATE: ____ ZIP CODE: _____

EXACT MONTHLY PAYMENT: $_____ DATE LEASE OR CONTRACT WAS ESTABLISHED: _____

❑ YES ❑ NO IS THIS A MONTH-TO-MONTH CONTRACT?

❑ YES ❑ NO IS THIS AN ANNUAL CONTRACT?

IF YES, TERM: ❑ 1-YEAR ❑ 2-YEAR ❑ 3-YEAR ❑ OTHER: _____

❑ YES ❑ NO DO YOU WISH TO KEEP THIS LEASE OR CONTRACT?

❑ YES ❑ NO DO YOU WISH TO SURRENDER THIS LEASE OR CONTRACT?

❑ YES ❑ NO DEBT HAS BEEN TURNED OVER TO A COLLECTION AGENCY?

IF YES, NAME OF AGENCY OR LAW FIRM: _____

ADDRESS: _____ CITY: _____ STATE: ____ ZIP CODE: _____

MONTHLY INCOME

MARITAL STATUS: ❑ SINGLE ❑ MARRIED ❑ DIVORCED ❑ SEPARATED ❑ WIDOWED

❑ YES ❑ NO DO YOU AND/OR YOUR SPOUSE HAVE DEPENDENTS? IF YES, PROVIDE THE FOLLOWING:

NAME: _____ AGE: _____ RELATIONSHIP: _____

❑ YES ❑ NO LIVING WITH YOU? IF NO, WHO: _____

	DEBTOR	SPOUSE
OCCUPATION:	_____	_____
NAME OF EMPLOYER:	_____	_____
HOW LONG EMPLOYED:	_____	_____
ADDRESS OF EMPLOYER:	_____	_____
HOW OFTEN DO YOU GET PAID:	❑ WEEKLY ❑ BI-WEEKLY	❑ WEEKLY ❑ BI-WEEKLY
	❑ MONTHLY ❑ BI-MONTHLY	❑ MONTHLY ❑ BI-MONTHLY
	❑ OTHER: _____	❑ OTHER: _____

(Estimate of average or projected monthly income at time case filed)	**DEBTOR**	**SPOUSE**
MONTHLY GROSS WAGES, SALARY, AND COMMISSIONS:	$_____	$_____
ESTIMATE MONTHLY OVERTIME:	$_____	$_____
MONTHLY PAYROLL TAXES AND SOCIAL SECURITY:	$_____	$_____
MONTHLY INSURANCE:	$_____	$_____
MONTHLY UNION DUES:	$_____	$_____
OTHER MONTHLY DEDUCTIONS: _____	$_____	$_____
REGULAR MONTHLY INCOME FROM OPERATION OF BUSINESS:	$_____	$_____
MONTHLY INCOME FROM REAL PROPERTY:	$_____	$_____
MONTHLY ALIMONY, MAINTENANCE OR SUPPORT PAYMENTS PAYABLE TO DEBTOR:	$_____	$_____
SOCIAL SECURITY OR GOVERNMENT ASSISTANCE: _____	$_____	$_____
PUBLIC ASSISTANCE OR FOOD STAMPS:	$_____	$_____
MONTHLY INCOME FROM PENSION OR RETIREMENT:	$_____	$_____
OTHER MONTHLY INCOME: _____	$_____	$_____

❑ YES ❑ NO EXPECTING AN INCREASE OR DECREASE IN SALARY NEXT YEAR?

IF YES, EXPLAIN: _____ $_____ $_____

MONTHLY EXPENDITURES / BUDGET

Please estimate the average or projected monthly expenses at the time case is filed. Prorate any payments made bi-weekly, quarterly, semi-annually, or annually to reflect monthly rate.

❑ YES ❑ NO A JOINT PETITION IS BEING FILED AND SPOUSE MAINTAINS A SEPARATE HOUSEHOLD?
IF YES, COMPLETE EXPENDITURES FOR DEBTOR AND SPOUSE.

HOUSING		**DEBTOR**	**SPOUSE**
	RENT OR MORTGAGE:	$_____	$_____
❑ YES ❑ NO	REAL ESTATE TAXES INCLUDED? IF NO, HOW MUCH:	$_____	$_____
❑ YES ❑ NO	PROPERTY INSURANCE INCLUDED? IF NO, HOW MUCH:	$_____	$_____
	LOT RENTAL IF MOBILE HOME:	$_____	$_____
	SECOND MORTGAGE:	$_____	$_____

UTILITIES			
	ELECTRIC AND GAS (monthly average):	$_____	$_____
	WATER AND SEWER:	$_____	$_____
	TELEPHONE:	$_____	$_____
	TRASH PICK-UP:	$_____	$_____
	OTHER: _____	$_____	$_____

ESSENTIALS			
	HOME MAINTENANCE (repairs and upkeep):	$_____	$_____
	FOOD:	$_____	$_____
	CLOTHING:	$_____	$_____
	LAUNDRY, DRY CLEANING, SOAP, etc.:	$_____	$_____
	MEDICAL AND DENTAL EXPENSES:	$_____	$_____
	TRANSPORTATION (not including car payments):	$_____	$_____
	RECREATION, ENTERTAINMENT, CLUBS, NEWSPAPERS, MAGAZINES etc.:	$_____	$_____
	CHARITABLE CONTRIBUTIONS:	$_____	$_____

INSURANCE (not deducted from wages or included in home mortgage payments)			
	HOME/RENTER INSURANCE:	$_____	$_____
	LIFE INSURANCE:	$_____	$_____
	HEALTH INSURANCE:	$_____	$_____
	AUTO INSURANCE:	$_____	$_____
	OTHER: _____	$_____	$_____

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MONTHLY EXPENDITURES / BUDGET CONT.

OTHER EXPENSES	DEBTOR	SPOUSE
TAXES (not deducted from wages or included in mortgage payments):	$_____	$_____
AUTOMOBILE PAYMENT:	$_____	$_____
CELL PHONE:	$_____	$_____
ALIMONY, MAINTENANCE, AND SUPPORT PAID TO OTHERS:	$_____	$_____
PAYMENTS FOR SUPPORT OF DEPENDENT(S) NOT LIVING AT YOUR HOME:	$_____	$_____
EXPENSES FROM OPERATION OF BUSINESS, PROFESSION, OR FARM:	$_____	$_____
UNION DUES (not payroll deducted):	$_____	$_____
PROFESSIONAL DUES (not payroll deducted):	$_____	$_____
CHILD CARE EXPENSES:	$_____	$_____
BABYSITTER / DAY CARE EXPENSES:	$_____	$_____
SCHOOL BUS EXPENSES:	$_____	$_____
SCHOOL LUNCH EXPENSES:	$_____	$_____
COLLEGE TUITION:	$_____	$_____
STUDENT LOAN REPAYMENT:	$_____	$_____
PERSONAL CARE ITEMS:	$_____	$_____
OTHER: _____	$_____	$_____
OTHER: _____	$_____	$_____

❑ YES ❑ NO YOU ANTICIPATE AN INCREASE OR DECREASE IN MONTHLY EXPENDITURES TO OCCUR WITHIN THE YEAR (12 months) FOLLOWING THE FILING OF THIS DOCUMENT? IF YES, PLEASE PROVIDE DETAILS:

_____

_____

❑ YES ❑ NO YOUR SPOUSE ANTICIPATES AN INCREASE OR DECREASE IN MONTHLY EXPENDITURES TO OCCUR WITHIN THE YEAR (12 months) FOLLOWING THE FILING OF THIS DOCUMENT? IF YES, PLEASE PROVIDE DETAILS:

_____

_____

STATEMENT OF AFFAIRS

If you are filing jointly, please include information about both you and your spouse. If you are filing under chapter 12 or 13 and you are married and not separated, you must also provide information about your spouse even if you are not filing jointly.

If you have no information to report for a question, please check the 'NONE' box.

ANNUAL INCOME	DEBTOR	SPOUSE
❑ NONE ANNUAL INCOME FROM EMPLOYMENT		
CURRENT YEAR-TO-DATE (JAN 1 to current date):	$_____	$_____
PRIOR YEAR (JAN 1 to DEC 31 of last year):	$_____	$_____
TWO YEARS AGO (JAN 1 to DEC 31 year before last):	$_____	$_____
❑ NONE ANNUAL INCOME FROM OPERATION OF BUSINESS		
CURRENT YEAR-TO-DATE (JAN 1 to current date):	$_____	$_____
PRIOR YEAR (JAN 1 to DEC 31 of last year):	$_____	$_____
TWO YEARS AGO (JAN 1 to DEC 31 year before last):	$_____	$_____
❑ NONE ANNUAL INCOME OTHER THAN FROM EMPLOYMENT OR BUSINESS		
CURRENT YEAR-TO-DATE (JAN 1 to current date):	$_____	$_____
PRIOR YEAR (JAN 1 to DEC 31 of last year):	$_____	$_____
TWO YEARS AGO (JAN 1 to DEC 31 year before last):	$_____	$_____

PAYMENTS TO CREDITORS	DEBTOR PAYMENT	SPOUSE PAYMENT
❑ NONE LIST ALL PAYMENTS ON LOANS, INSTALLMENT PURCHASES OF GOODS OR SERVICES, AND OTHER DEBTS, MORE THAN $600.00 TO ANY ONE CREDITOR MADE WITHIN THE PAST 90 DAYS.		
NAME/ADDRESS OF CREDITOR: _____		
DATE OF PAYMENT: _____ AMOUNT OWED: $_____	$_____	$_____

PAYMENTS TO INSIDERS (relatives)	DEBTOR PAYMENT	SPOUSE PAYMENT
❑ NONE LIST ALL PAYMENTS MADE WITHIN 1 YEAR PRIOR TO THIS FILING		
NAME/ADDRESS OF CREDITOR: _____		
RELATIONSHIP: _____		
DATE OF PAYMENT: _____ AMOUNT OWED: $_____	$_____	$_____

STATEMENT OF AFFAIRS CONT.

SUITS, EXECUTIONS, GARNISHMENTS AND ATTACHMENTS

❑ NONE LIST ALL SUITS AND ADMINISTRATIVE PROCEEDINGS TO WHICH YOUR ARE OR WERE A PARTY WITHIN 1 YEAR PRIOR TO THIS FILING

CAPTION OF SUIT: _____ CASE NUMBER: _____

NATURE OF PROCEEDING: _____

COURT/AGENCY AND LOCATION: _____

STATUS OR DISPOSITION: _____

PROPERTY GARNISHMENT

❑ NONE LIST ALL PROPERTY THAT HAS BEEN GARNISHED, SEIZED, OR ATTACHED UNDER ANY LEGAL OR EQUITABLE PROCESS WITHIN 1 YEAR PRIOR TO THIS FILING

NAME AND ADDRESS: _____

DESCRIPTION AND VALUE OF PROPERTY: _____

DATE OF SEIZURE: _____

REPOSSESSIONS, FORECLOSURES, AND RETURNS

❑ NONE LIST ALL PROPERTY THAT HAS BEEN REPOSSESSED BY A CREDITOR, SOLD AT A FORECLOSURE SALE, TRANSFERRED THROUGH A DEED IN LIEU OF FORECLOSURE, OR RETURNED TO THE SELLER WITHIN 1 YEAR PRIOR TO THIS FILING

NAME AND ADDRESS OF CREDITOR: _____

DESCRIPTION AND VALUE OF PROPERTY: _____

DATE OF REPOSSESSION, FORECLOSURE, OR RETURN: _____

ASSIGNMENTS AND RECEIVERSHIPS

❑ NONE DESCRIBE ANY ASSIGNMENT OF PROPERTY FOR THE BENEFIT OF CREDITORS MADE WITHIN 120 DAYS PRIOR TO THIS FILING

NAME AND ADDRESS OF ASSIGNEE: _____

DESCRIPTION AND VALUE OF PROPERTY: _____

TERMS OF ASSIGNMENT / SETTLEMENT: _____

STATEMENT OF AFFAIRS CONT.

GIFTS

❑ NONE LIST ALL GIFTS OR CHARITABLE CONTRIBUTIONS MADE WITHIN 1 YEAR PRIOR TO THIS FILING EXCEPT ORDINARY AND USUAL GIFTS TO FAMILY MEMBERS TOTALING LESS THAN $200.00 IN VALUE PER INDIVIDUAL FAMILY MEMBER AND CHARITABLE CONTRIBUTIONS TOTALING LESS THAN $100.00 PER RECIPIENT.

NAME AND ADDRESS OF RECIPIENT: _____

DESCRIPTION AND VALUE OF GIFT: _____

RELATIONSHIP TO YOU: _____ DATE OF GIFT: _____

LOSSES

❑ NONE LIST ALL LOSSES FROM FIRE, THEFT, GAMBLING, OR OTHER CASUALTY WITHIN 1 YEAR PRIOR TO THE FILING OF THIS CASE OR IMMEDIATELY AFTER THE FILING OF THIS CASE

DESCRIPTION AND VALUE OF PROPERTY: _____

DESCRIPTION OF CIRCUMSTANCES: _____

AMOUNT COVERED BY INSURANCE: $_____ DATE OF LOSS: _____

PAYMENTS RELATED TO DEBT COUNSELING OR BANKRUPTCY

❑ NONE LIST ALL PAYMENTS MADE OR PROPERTY TRANSFERRED BY OR ON BEHALF OF THE DEBTOR TO ANY PERSONS, INCLUDING ATTORNEYS, FOR CONSULTATION CONCERNING DEBT CONSULTATION, RELIEF UNDER THE BANKRUPTCY LAW OR PREPARATION OF THE PETITION IN BANKRUPTCY WITHIN 1 YEAR PRIOR TO THE FILING OF THIS CASE

NAME AND ADDRESS OF PAYEE: _____

DESCRIPTION AND AMOUNT PAID: _____

NAME OF PERSON WHO PAID, IF NOT YOU: _____ DATE OF PAYMENT: _____

OTHER TRANSFERS (including sale of your property)

❑ NONE LIST ALL PROPERTY TRANSFERRED EITHER ABSOLUTELY OR AS SECURITY WITHIN 2 YEARS PRIOR TO THE FILING OF THIS CASE

NAME AND ADDRESS OF TRANSFEREE: _____

DESCRIPTION AND VALUE OF PROPERTY: _____

RELATIONSHIP: _____ DATE OF ORDER: _____

STATEMENT OF AFFAIRS CONT.

CLOSED FINIANCIAL ACCOUNTS

❑ NONE LIST ALL FINANCIAL ACCOUNTS HELD IN YOUR NAME OR FOR YOUR BENEFIT WHICH WERE CLOSED, SOLD, OR OTHERWISE TRANSFERRED WITHIN 1 YEAR PRIOR TO THE FILING OF THIS CASE

NAME AND ADDRESS OF INSTITUTION: _____

TYPE OF ACCOUNT AND ACCOUNT NUMBER: _____

FINAL BALANCE: $_____ LATE FEES: $_____ DATE OF CLOSING: _____

SAFE DEPOSIT BOXES

❑ NONE LIST EACH SAFE DEPOSIT OR OTHER BOX OR DEPOSITORY IN WHICH YOU HAVE OR HAVE HAD SECURITIES, CASH, OR OTHER VALUABLES WITHIN 1 YEAR PRIOR TO THE FILING OF THIS CASE

NAME AND ADDRESS OF BANK/DEPOSITORY: _____

DESCRIPTION OF CONTENTS: _____ _____

NAME AND ADDRESS OF THOSE WITH ACCESS TO BOX: _____

DATE OF ORDER: _____

PROPERTY HELD FOR ANOTHER PERSON

❑ NONE LIST ALL PROPERTY THAT YOU HOLD OR CONTROL THAT IS OWNED BY ANOTHER PERSON

NAME AND ADDRESS OF OWNER: _____

DESCRIPTION AND VALUE OF PROPERTY: _____

LOCATION OF PROPERTY: _____

PRIOR ADDRESS

❑ NONE LIST ALL RESIDENCES DURING THE LAST 3 YEARS PRIOR TO THE FILING OF THIS CASE, DO NOT INCLUDE PRESENT ADDRESS

ADDRESS: _____

YOUR COMPLETE NAME AT THE TIME: _____ DATES OF OCCUPANCY: _____

STATEMENT OF AFFAIRS CONT.

SPOUSES AND FORMER SPOUSES

❑ NONE PROVIDE THE COMPLETE NAME(S) OF YOUR SPOUSE AND OF ANY FORMER SPOUSE WHO RESIDES OR RESIDED WITH YOU WITHIN THE PAST 8 YEARS PRIOR TO THE FILING OF THIS CASE

NAME: _____ DATES: _____

CUSTODIAN / PAWNBROKER

❑ NONE LIST ALL PROPERTY WHICH HAS BEEN IN THE HANDS OF A CUSTODIAN, RECEIVER, OR COURT-APPOINTED OFFICIAL WITHIN 1 YEAR PRIOR TO THIS FILING

NAME AND ADDRESS OF CUSTODIAN: _____

DESCRIPTION AND VALUE OF PROPERTY: _____

CASE TITLE AND NUMBER: _____ DATE OF ORDER: _____