

**BACKGROUND INFORMATION**

(1) Your full name: \_\_\_\_\_ If married, your spouse's full name: \_\_\_\_\_

(2) Your Social Security #: \_\_\_\_\_ If married, your spouse's Social Security #: \_\_\_\_\_

(3) Your date of birth and age: \_\_\_\_\_ If married, your spouse's date of birth and age: \_\_\_\_\_

(4) List any other names used by you or your spouse during the last eight years: \_\_\_\_\_

(5) Current Address: \_\_\_\_\_

(6) All Telephone Numbers: home: \_\_\_\_\_ work: \_\_\_\_\_  
cellular: \_\_\_\_\_ other: \_\_\_\_\_

(7) List all addresses you have had in the last three years, the dates when you lived there, and the name you used while living there. If you and your spouse are filing bankruptcy together, list addresses for each for the last three years (include street, town, and zip code).  
*Addresses Date Moved In Date Moved Out Name Used:*

\_\_\_\_\_  
\_\_\_\_\_

(8) Prior Bankruptcy: Have you ever been *involved* before in a bankruptcy (chapter 7, 11, 12, or 13)?  
YES \_\_\_\_\_ NO \_\_\_\_\_  
*If yes, which chapter and approximately when was/were the case(s) filed?*

\_\_\_\_\_  
\_\_\_\_\_

(9) Other Bankruptcies: Have there been any other bankruptcies filed by someone other than you or your spouse to stop a foreclosure on your home?  
YES \_\_\_\_\_ NO \_\_\_\_\_

(10) What is the primary reason for your need of a consultations? (i.e. pending foreclosure, judgment, credit card debt, garnishment, medical bills, lawsuit)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(11) List all your dependents:  
NAME                      AGE                      RELATIONSHIP

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PERSONAL PROPERTY**

- (1) Cash on hand: \$ \_\_\_\_\_
- (2) Where do you have bank accounts (checking, savings, CDs, etc)? Note: branch name and account numbers are not needed at this time. Please include the current balance in each account:  
  
Bank name: \_\_\_\_\_ Current balance: \$ \_\_\_\_\_  
Bank name: \_\_\_\_\_ Current balance: \$ \_\_\_\_\_
- (3) Have you given a security deposit to any landlord, utility, or anyone else? YES \_\_\_\_ NO \_\_\_\_
- (4) Give an estimate of the value (what you could get for it if you sold it at a garage sale) of the following items and include value for entire household (spouse, dependents), if applicable:  
  
Household goods (couches, beds, televisions, tables, kitchen appliances, etc.): \$ \_\_\_\_\_  
  
Clothing for you and, if applicable, your family: \$ \_\_\_\_\_  
  
Jewelry: \$ \_\_\_\_\_  
  
Books, stamps or coins, or sports equipment of substantial value?: \$ \_\_\_\_\_
- (5) Do you have any cars, trucks, mobile homes, boats, trailers, or motorcycles? YES \_\_\_\_ NO \_\_\_\_ . If YES, give the year, make, model, value, who is financing it, and amount owed:  
  
\_\_\_\_\_
- (6) Do you own any life insurance policies? YES \_\_\_\_ NO \_\_\_\_ .
- (7) Do you own any stocks or bonds? YES \_\_\_\_ NO \_\_\_\_ . Value: \$ \_\_\_\_\_
- (8) Do you own any machinery, tools, or fixtures used in your business or work? YES \_\_\_\_ NO \_\_\_\_ .
- (9) Do you have an IRA (including Roth or education IRA) or any other pension plan? YES \_\_\_\_ NO \_\_\_\_ .
- (10) Have you paid or contributed any funds to a tax-exempt tuition program, or purchased any tuition credits or certificates? YES \_\_\_\_ NO \_\_\_\_ .
- (11) Are you the beneficiary of a trust or future interest? YES \_\_\_\_ NO \_\_\_\_ .
- (12) Do you expect to receive more than a small amount of money or property at any time in the near future by way of gift or life insurance proceeds? YES \_\_\_\_ NO \_\_\_\_ .
- (13) Do you expect to inherit any money or property in the near future? YES \_\_\_\_ NO \_\_\_\_ .
- (14) What income tax refunds do you expect to receive this year? State \$ \_\_\_\_\_ Federal \$ \_\_\_\_\_
- (15) Does anyone owe you any money? YES \_\_\_\_ NO \_\_\_\_ .
- (16) Do you own anything else not mentioned above? YES \_\_\_\_ NO \_\_\_\_
- (17) Does any of the property that you own or possess pose a threat of harm to public health or safety? YES \_\_\_\_ NO \_\_\_\_ .

**REAL PROPERTY**

- (1) Are you on title to the real estate that you use as your home? YES \_\_\_\_ NO \_\_\_\_.
- (2) Are you on title to any other real estate that is not used as your home? YES \_\_\_\_ NO \_\_\_\_.

**IF THE ANSWER TO THE ABOVE TWO QUESTIONS WAS NO, PLEASE SKIP THIS SECTION**

- (3) List the address and present value of each property and any mortgages and/or liens on each property:

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

Value: \$ \_\_\_\_\_

1<sup>st</sup> TD name: \_\_\_\_\_

total amount owed on loan: \_\_\_\_\_

arrears: \_\_\_\_\_

2<sup>nd</sup> TD name: \_\_\_\_\_

total amount owed on loan: \_\_\_\_\_

arrears: \_\_\_\_\_

Liens (name and approximate payoff amount): \_\_\_\_\_

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

Value: \$ \_\_\_\_\_

1<sup>st</sup> TD name: \_\_\_\_\_

total amount owed on loan: \_\_\_\_\_

arrears: \_\_\_\_\_

2<sup>nd</sup> TD name: \_\_\_\_\_

total amount owed on loan: \_\_\_\_\_

arrears: \_\_\_\_\_

Liens (name and approximate payoff amount): \_\_\_\_\_

**BUDGET INFORMATION - INCOME**

- (1) Usual type of work: \_\_\_\_\_
- (2) Name and address of current employer: \_\_\_\_\_
- (3) If married, spouse's usual type of work: \_\_\_\_\_
- (4) If married, name and address of spouse's current employer: \_\_\_\_\_
- (5) How long have you been at your current job?: Your spouse? \_\_\_\_\_
- (6) List gross income received in the last six months by you and, if married, your spouse: \_\_\_\_\_
- (7) Have you or, if married, your spouse been in business by yourself or with others during the last six years?  
YES \_\_\_ NO \_\_\_.
- (8) If applicable, how often do you currently receive your pay or other income (check one):  
WEEKLY \_\_\_\_\_ EVERY 2 WEEKS \_\_\_\_\_ MONTHLY \_\_\_\_\_ OTHER \_\_\_\_\_
- What is the gross amount received per check in wages or other income (before taxes or other deductions)? \$ \_\_\_\_\_
- If married, how often does your spouse currently receive pay or other income (check one):  
WEEKLY \_\_\_\_\_ EVERY 2 WEEKS \_\_\_\_\_ MONTHLY \_\_\_\_\_ OTHER \_\_\_\_\_
- What is the gross amount received per check in wages or other income (before taxes or other deductions)? \$ \_\_\_\_\_
- (9) Is your job subject to seasonal or other changes? YES \_\_\_ NO \_\_\_
- (10) What was your gross income (reported on W-2 form and tax return) for last year? \$ \_\_\_\_\_
- (11) If you receive alimony, maintenance, or support, what is the amount you get on a regular basis?  
\$ \_\_\_\_\_
- (12) Do you expect your income to increase or decrease more than 10% in the next year? YES \_\_\_ NO \_\_\_.
- (13) Do you or, if applicable, your spouse, or your dependents receive income from any source other than jobs, alimony, maintenance, or support listed above (such as public assistance, unemployment compensation, social security, SSI, pension, etc.)? YES \_\_\_ NO \_\_\_.
- (14) Do you, your spouse, or your dependents receive any regular contributions to your household expenses from any source not listed above? YES \_\_\_ NO \_\_\_.

**BUDGET INFORMATION - EXPENSES**

Rent or mortgage: \$ \_\_\_\_\_

If mortgage, are real estate taxes included? Yes \_\_\_ No \_\_\_ Property Insurance? Yes \_\_\_ No \_\_\_

Electricity and Gas: \$ \_\_\_\_\_ Water: \$ \_\_\_\_\_ Telephone: \$ \_\_\_\_\_

Other utilities (internet, cable T.V., etc.): \$ \_\_\_\_\_

Home maintenance (repairs and upkeep): \$ \_\_\_\_\_

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

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

Laundry and cleaning: \$ \_\_\_\_\_

Medical and dental expenses (co-pays, prescriptions, etc.): \$ \_\_\_\_\_

Automobile upkeep: \$ \_\_\_\_\_

Gasoline and oil: \$ \_\_\_\_\_

Newspapers, magazines, school books: \$ \_\_\_\_\_

Recreation: \$ \_\_\_\_\_

Charitable contributions: \$ \_\_\_\_\_

Insurance (not deducted from wages):

Homeowner's or renter's: \$ \_\_\_\_\_ Life: \$ \_\_\_\_\_ Health: \$ \_\_\_\_\_

Auto: \$ \_\_\_\_\_ Other: \$ \_\_\_\_\_

Taxes (not deducted from wages or included in mortgage payment): \$ \_\_\_\_\_

Car payment:

Alimony, maintenance or support payments: \$ \_\_\_\_\_

Expenses for operating your business: \$ \_\_\_\_\_

Do you have any monthly expenses not listed above that you pay for the care and support of an elderly, chronically ill, or disabled member of your household or your immediate family? YES \_\_\_ NO \_\_\_.

Do you pay any expenses for your dependent children under the age of eighteen to attend a private or public elementary or secondary school? YES \_\_\_ NO \_\_\_.

Other expenses not listed above (list types of expenses and amount):

\_\_\_\_\_

Do you expect to have any increase or decrease in expenses in the near future? YES \_\_\_ NO \_\_\_.

## MISCELLANEOUS FINANCIAL QUESTIONS

The following questions are required to be answered in all bankruptcy cases. Many are simple yes/no questions which may require future clarification. Many will not apply to most people.

- (1) List all income received so far this year and in the last two years by you and, if married, your spouse:  
So far this year: \_\_\_\_\_  
Last year: \_\_\_\_\_  
Year before last: \_\_\_\_\_
- (2) Do you have any possible reason for suing someone for damage to your property or for injuries to yourself or other members of your family? YES \_\_\_\_ NO \_\_\_\_.
- (3) Have you ever had any property listed for or sold at a foreclosure, tax sale, or sheriff's sale, or levied upon? YES \_\_\_\_ NO \_\_\_\_.
- (4) Has money from your pay check or bank account been garnished, or taken or frozen by a creditor, including your bank or credit union, because of a debt? YES \_\_\_\_ NO \_\_\_\_.
- (5) Have you had any property or merchandise repossessed during the last year? YES \_\_\_\_ NO \_\_\_\_.
- (6) Have you voluntarily returned any property or merchandise to the seller in the past year? YES \_\_\_\_ NO \_\_\_\_.
- (7) Does any other person have any of your property? YES \_\_\_\_ NO \_\_\_\_.
- (8) Have you made sales of property, mortgages, gifts, or transfers of any substantial property or cash within the last four years? YES \_\_\_\_ NO \_\_\_\_.
- (9) Did you lose any substantial amount of money as a result of fire, theft, or gambling during the last year? YES \_\_\_\_ NO \_\_\_\_.
- (10) Have you or your spouse had your name on any bank account (such as savings, checking, certificates of deposit) during the past 12 months that is now closed? YES \_\_ NO \_\_.
- (11) Have you or your spouse had a safe deposit box during the last year? YES \_\_\_\_ NO \_\_\_\_.
- (12) Have you had any previous marriages? YES \_\_ NO \_\_. If YES, what is the name of your former spouse?
- (13) Have you ever been ordered to pay child support? YES \_\_\_\_ NO \_\_\_\_ . Alimony? YES \_\_\_\_ NO \_\_\_\_.
- (14) Were there any cosigners for you on any of your current debts? YES \_\_\_\_ NO \_\_\_\_.
- (15) Have you obtained cash advances of more than \$750 in the last seventy days or used any credit card to purchase more than \$500 worth of goods or services in the last ninety days? YES \_\_\_\_ NO \_\_\_\_



## MISCELLANEOUS DEBTS

- (1) Have you filed income tax returns every year for the last seven years? YES \_\_\_ NO \_\_\_
- (2) Do you owe any taxes to the United States? YES \_\_\_ NO \_\_\_
- (3) Do you owe any taxes to any states? YES \_\_\_\_\_ NO \_\_\_\_\_
- (4) Do you owe any taxes to a county, district, or city? YES \_\_\_\_\_ NO \_\_\_\_\_
- (5) Do you owe any child or spousal support? YES \_\_\_\_\_ NO \_\_\_\_\_



**If possible, please bring the following documents with you to your initial meeting:**

- 1. all pay stubs or other records from your (and your spouse's, if applicable) employer of all pay received within the past sixty days;**
- 2. a copy of your W-2 forms and any tax returns you have filed within the past year with you to our office**
- 3. if you are a homeowner, your most recent mortgage statement and any notices from your lender(s) such as Notices of Default or Notices of Trustee's Sale**