

## *Client Intake Form*

### **IMPORTANT** **Instructions For Filling Out Client Intake Forms** **Please Read Before Completing Forms**

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#### **Complete Names and Mailing Addresses**

Providing the complete names and addresses for every debt you owe (as well as the company collecting for this debt [if applicable]) is extremely important. Without this crucial information, the company you owe money to cannot be properly notified by the court and the debt may not be eligible for discharge. In other words, you may have to pay the bill simply because you did not provide the court with an address to mail a notice to that you filed bankruptcy – which then did not allow that company an opportunity to respond. In some instances, it can even be considered as “fraud” because some people filing bankruptcy may want to intentionally disallow a creditor the right to file a Proof of Claim or Motion for Relief from Stay, which is against the law to deny them their creditor’s rights.

#### ***What if you don’t know the address of a creditor?***

I recommend that you obtain a credit report from [www.annualcreditreport.com](http://www.annualcreditreport.com). You may obtain one free credit report per year, and this is the only web site that provides a free credit report. If you have already obtained a free credit report this year, you may obtain a 3-in-1 credit report from the website of one of the three national credit reporting agencies: [www.transunion.com](http://www.transunion.com), [www.equifax.com](http://www.equifax.com), or [www.experian.com](http://www.experian.com). Each offers a report that contains your creditor’s addresses and other information.

For additional help in locating creditor addresses can be found by calling toll free directory assistance 1-800-555-1212 and requesting the toll free number for the company. If no listing is available, you may have to look in the phone directory or do an online Google search at [www.google.com](http://www.google.com).

Listing the address of the original company you owe money to in addition to the collection agency collecting this debt is also important. By doing this, all parties concerned with the debt are notified by the court and will greatly aide in ceasing all collection phone calls you may be receiving.

#### **Other Areas to Pay Attention to on Debt Sheet**

- Make sure all company names are spelled out clearly. For example, instead of writing “HSB” for a company name, write out the words “Home Secure Bank” or whatever the case may be.
- Make sure the street address is readable and any abbreviations are spelled out.

- Make sure the city, state, and ZIP are included for all addresses. If the zip code is not known, it can be obtained online: [www.usps.com](http://www.usps.com).
- Make sure all the information for each creditor is completely filled in. Every piece of this information is important in preparing a detailed bankruptcy petition for you. If you do not know the exact date you made a debt, or charged on the account, a “year” is sufficient. The “year” can also be within a 2-year time frame. Not providing dates or years will delay the processing of your petition as we must call or email you to obtain the information.
- For the “last date charged on this account line, **do not** provide the last date you received a statement. We are only interested in the last date you *actually made a purchase* using this particular charge account.

### **Income Page**

An often overlooked piece of vital information we need is your year-to-date income, plus the income you made in the last 2 years. This question appears in Section 7. Your year-to-date income should appear on your recent paycheck stub. However, if you have had more than one employer this year, you will need to provide us with the **total** amount of income you made working for **all** employers.

In addition, if you also received (or have received) another type of income (child support, unemployment, social security, pension, etc.) within the past 2 years provide that income for this year and the last 2 years on the other income line, indicating what type of income it is.

### **Statement of Financial Affairs**

Make sure that every box is answered with either checking the NONE box or filing out the applicable information. These pages serve as a written statement concerning your current financial condition. If a box is left unanswered, you will need to provide a written statement that specifically answers this question before your petition can be finalized, so double-check and make sure you have answered every question.

In addition, if any questions on the Statement of Financial Affairs is answered “yes,” make sure you fill in all the information needed to answer that question on the lines provided. For instance, some people check “yes” to the item on the Statement of Affairs referring to previous addresses; however, they forget to include the city, state and zip code of the address where they lived. Or, if a car has been repossessed, don’t just call it a “car” but provide the make, model and year. It is important for you to be as detailed as possible when answering any question “yes.” Also, feel free to turn the page over and write more information on the back. The detail you provide at this stage will greatly increase the turnaround time for completing your petition.

### **Motor Vehicles**

Please remember to **ALWAYS** provide the make, model and year of your motor vehicle. We must obtain market values of all motor vehicles from the Kelly Blue Book for the bankruptcy court and we need all the information on the vehicle, including mileage to obtain the correct market value. Example: 1997 Ford should be – 1997 Ford Mustang, or 1997 Ford F-150 Super Cab. Simply writing the word “car” does not tell us enough information.

## **Court Documents**

If you have been involved in a court proceeding of any type within the past 12 months, including a foreclosure, wage garnishment, traffic tickets, other fines, lawsuits, judgments for debt collection, etc. – we need to know the following information, which can be obtained directly from the court pleading you received:

- Court heading (example: John Doe, Plaintiff – v. – Jane Doe, Defendant)
- Case Number
- Name and address of court where document was filed
- Date document was filed with the court
- Names and complete addresses of any attorneys or parties involved with the case (including the Plaintiff)
- Current status – Has a hearing already taken place? If so, what was the result? If the hearing has not taken place and a decision has not been reached yet, provide the date of the court hearing and let us know the case is still “pending.”

You may find it easier to simply make a **COPY** of the court document and include them with your Client Intake Forms.

## **Summary**

Thank you for taking the time to review the Client Intake Forms before submitting them to us to make sure they are as complete and accurate as possible. You will find that your efforts will ensure that the filing of your bankruptcy petition will not be unnecessarily delayed.

Please do not hesitate to call our office if you have any questions whatsoever with these forms.

Phone: 1-937-318-1529

Email: [zach@daytonbankruptcyattorney.com](mailto:zach@daytonbankruptcyattorney.com)



**Part C. Prior / Pending Bankruptcy Cases**

Has a bankruptcy case been filed by you or against you in the last 8 years? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, in which district of which state was the case filed? \_\_\_\_\_

Case Number: \_\_\_\_\_ Date filed: \_\_\_\_\_

Are there currently any bankruptcy cases pending against you, your business, your spouse, or your spouse's business? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, name of debtor: \_\_\_\_\_ Relation to you: \_\_\_\_\_

Case Number: \_\_\_\_\_ Date Filed: \_\_\_\_\_ Judge: \_\_\_\_\_

In which district of which state was the case filed? \_\_\_\_\_

**Part D. Dependents**

**List all dependents to you and your spouse, their ages, and their relationship to you:**

- |    |       |   |       |   |              |
|----|-------|---|-------|---|--------------|
| 1. | _____ | , | _____ | , | _____        |
|    | Name  |   | Age   |   | Relationship |
| 2. | _____ | , | _____ | , | _____        |
|    | Name  |   | Age   |   | Relationship |
| 3. | _____ | , | _____ | , | _____        |
|    | Name  |   | Age   |   | Relationship |
| 4. | _____ | , | _____ | , | _____        |
|    | Name  |   | Age   |   | Relationship |
| 5. | _____ | , | _____ | , | _____        |
|    | Name  |   | Age   |   | Relationship |
| 6. | _____ | , | _____ | , | _____        |
|    | Name  |   | Age   |   | Relationship |

***Section 2 § Property***

**Part A. Real Estate (Schedule A)**

*Print out separate pages for every separate piece of real estate that you own.*

List all real estate you own or are a joint owner of, even if you still owe money on the property.

Name(s) on Deed or Title: \_\_\_\_\_

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 this mortgage: \_\_\_\_\_

Amount of Monthly Payments: \$ \_\_\_\_\_ Pay off-off amount of mortgage: \$ \_\_\_\_\_

Are you behind in payments? **Yes** \_\_\_\_\_ **No** \_\_\_\_\_ If so, how many months? \_\_\_\_\_

What interest rate do you pay? \_\_\_\_\_ % Amount to catch up back payments? \$ \_\_\_\_\_

When was this real estate last appraised? \_\_\_\_\_ What was the appraised value? \$ \_\_\_\_\_

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

**SECOND MORTGAGE INFORMATION (IF APPLICABLE)**

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

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

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

Account Number: \_\_\_\_\_ Date obtained this mortgage: \_\_\_\_\_

Amount of Monthly Payments: \$ \_\_\_\_\_ Pay off-off amount of mortgage: \$ \_\_\_\_\_

Are you behind in payments? **Yes** \_\_\_\_\_ **No** \_\_\_\_\_ If so, how many months? \_\_\_\_\_

What interest rate do you pay? \_\_\_\_\_ % Amount to catch up back payments? \$ \_\_\_\_\_

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2190 Gateway Drive, Fairborn, OH 45324 - (937) 318-1529

**Part B. 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 needed*

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Type:  Automobile  Truck  Motorcycle  Mobile Home  Other: \_\_\_\_\_

Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_

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

Is the 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 \_\_\_\_\_

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

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

What is the "pay off" amount on this vehicle? \$ \_\_\_\_\_ **CHECK ONE:**  Keep  Surrender

Have you went to a loan company and listed this vehicle as collateral for a personal loan?  Yes  No

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

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Type:  Automobile  Truck  Motorcycle  Mobile Home  Other: \_\_\_\_\_

Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_

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

Is the 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 \_\_\_\_\_

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

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

What is the "pay off" amount on this vehicle? \$ \_\_\_\_\_ **CHECK ONE:**  Keep  Surrender

Have you went to a loan company and listed this vehicle as collateral for a personal loan?  Yes  No

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

**Part C. Personal Property Used for Household or Personal Purposes Needed by the Debtor or the Debtor's Dependents**

For each type of property listed below, indicate whether you own any property of that category, and, if you do, fill in the remaining information. Think of market value as the **yard sale value** of each item – NOT the replacement cost.

Description	Market Value (Yard Sale Value)	Lien Holder(s)	Amount of Lien	Net Value
Clothing – including Shoes, coats, hats, etc.				
Kitchen utensils				
Stove/cooking unit				
Refrigerator				
Freezer				
Washing Machine				
Dryer				
Silverware/flatware				
Cookware (pots/pans)				
Jewelry				
Furniture				
Bedroom Furniture				
Dining room Furniture				
Lawn Furniture				
Television				
Stereo/Radio				
Musical Instruments				
Piano/Organ				
Air Conditioner				
Paintings & Art				
Lawn Mower				
Yard Tools				
Crops				
Animals				
Other ( )				

**Section 3 § Debts**

Page 1 of 6

- **Print out more pages if needed**
  - **List EVERY debt you owe, even loans from relatives**
- 

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

Address \_\_\_\_\_

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

Total amount you owe on this debt \$ \_\_\_\_\_ Account No: \_\_\_\_\_

Date (or year) you originally obtained this debt or established credit: \_\_\_\_\_

If this debt is for a credit card, what date (or year) did you last make a purchase? \_\_\_\_\_

What is this debt for? \_\_\_\_\_

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 \_\_\_\_\_

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

Address \_\_\_\_\_

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

Total amount you owe on this debt \$ \_\_\_\_\_ Account No: \_\_\_\_\_

Date (or year) you originally obtained this debt or established credit: \_\_\_\_\_

If this debt is for a credit card, what date (or year) did you last make a purchase? \_\_\_\_\_

What is this debt for? \_\_\_\_\_

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 \_\_\_\_\_

**Section 3 § Debts**

Page 2 of 6

- **Print out more pages if needed**
  - **List EVERY debt you owe, even loans from relatives**
- 

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

Address \_\_\_\_\_

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

Total amount you owe on this debt \$ \_\_\_\_\_ Account No: \_\_\_\_\_

Date (or year) you originally obtained this debt or established credit: \_\_\_\_\_

If this debt is for a credit card, what date (or year) did you last make a purchase? \_\_\_\_\_

What is this debt for? \_\_\_\_\_

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 \_\_\_\_\_

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

Address \_\_\_\_\_

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

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Date (or year) you originally obtained this debt or established credit: \_\_\_\_\_

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What is this debt for? \_\_\_\_\_

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 \_\_\_\_\_

**Section 3 § Debts**

Page 3 of 6

- **Print out more pages if needed**
  - **List EVERY debt you owe, even loans from relatives**
- 

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

Address \_\_\_\_\_

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

Total amount you owe on this debt \$ \_\_\_\_\_ Account No: \_\_\_\_\_

Date (or year) you originally obtained this debt or established credit: \_\_\_\_\_

If this debt is for a credit card, what date (or year) did you last make a purchase? \_\_\_\_\_

What is this debt for? \_\_\_\_\_

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 \_\_\_\_\_

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

Address \_\_\_\_\_

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

Total amount you owe on this debt \$ \_\_\_\_\_ Account No: \_\_\_\_\_

Date (or year) you originally obtained this debt or established credit: \_\_\_\_\_

If this debt is for a credit card, what date (or year) did you last make a purchase? \_\_\_\_\_

What is this debt for? \_\_\_\_\_

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 \_\_\_\_\_

**Section 3 § Debts**

Page 4 of 6

- **Print out more pages if needed**
  - **List EVERY debt you owe, even loans from relatives**
- 

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

Address \_\_\_\_\_

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

Total amount you owe on this debt \$ \_\_\_\_\_ Account No: \_\_\_\_\_

Date (or year) you originally obtained this debt or established credit: \_\_\_\_\_

If this debt is for a credit card, what date (or year) did you last make a purchase? \_\_\_\_\_

What is this debt for? \_\_\_\_\_

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 \_\_\_\_\_

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

Address \_\_\_\_\_

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

Total amount you owe on this debt \$ \_\_\_\_\_ Account No: \_\_\_\_\_

Date (or year) you originally obtained this debt or established credit: \_\_\_\_\_

If this debt is for a credit card, what date (or year) did you last make a purchase? \_\_\_\_\_

What is this debt for? \_\_\_\_\_

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 \_\_\_\_\_

**Section 3 § Debts**

Page 5 of 6

- **Print out more pages if needed**
  - **List EVERY debt you owe, even loans from relatives**
- 

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

Address \_\_\_\_\_

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

Total amount you owe on this debt \$ \_\_\_\_\_ Account No: \_\_\_\_\_

Date (or year) you originally obtained this debt or established credit: \_\_\_\_\_

If this debt is for a credit card, what date (or year) did you last make a purchase? \_\_\_\_\_

What is this debt for? \_\_\_\_\_

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 \_\_\_\_\_

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

Address \_\_\_\_\_

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

Total amount you owe on this debt \$ \_\_\_\_\_ Account No: \_\_\_\_\_

Date (or year) you originally obtained this debt or established credit: \_\_\_\_\_

If this debt is for a credit card, what date (or year) did you last make a purchase? \_\_\_\_\_

What is this debt for? \_\_\_\_\_

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 \_\_\_\_\_

**Section 3 § Debts**

Page 6 of 6

- **Print out more pages if needed**
  - **List EVERY debt you owe, even loans from relatives**
- 

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

Address \_\_\_\_\_

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

Total amount you owe on this debt \$ \_\_\_\_\_ Account No: \_\_\_\_\_

Date (or year) you originally obtained this debt or established credit: \_\_\_\_\_

If this debt is for a credit card, what date (or year) did you last make a purchase? \_\_\_\_\_

What is this debt for? \_\_\_\_\_

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 \_\_\_\_\_

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

Address \_\_\_\_\_

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

Total amount you owe on this debt \$ \_\_\_\_\_ Account No: \_\_\_\_\_

Date (or year) you originally obtained this debt or established credit: \_\_\_\_\_

If this debt is for a credit card, what date (or year) did you last make a purchase? \_\_\_\_\_

What is this debt for? \_\_\_\_\_

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 \_\_\_\_\_

***Section 4 § Unexpired Leases and Contracts (Schedule G)***

Below list any leases or contracts that are still current that you are a party to. Include residential, can and business leases, and service or business contracts.

<b>Nature and Description of Contract</b>	<b>Name and Address of Other Party or Parties</b>	<b>Date that Contract Expires</b>

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***Section 5 § Income History for You***

Marital Status:  Single,  Married,  Divorced,  Separated,  Widowed

**Part A. Debtor's Income**

Your name as listed on your current paycheck stub: \_\_\_\_\_

**Year to Date Total for this current year?** \_\_\_\_\_

**VERY IMPORTANT: Gross Income Last Year** \_\_\_\_\_

**Gross Income 2 Yrs Ago** \_\_\_\_\_

Employer's Name \_\_\_\_\_

Address \_\_\_\_\_

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

Telephone Number: \_\_\_\_\_

How long have you been employed at this job? Years \_\_\_\_\_ Months \_\_\_\_\_

Job Title (do not abbreviate) \_\_\_\_\_

What is the gross amount of your paycheck, before taxes and other deductions are taken out? \$ \_\_\_\_\_

How often do you get paid?  Weekly  Bi-weekly  Monthly  Other \_\_\_\_\_

Do you receive overtime pay outside of your salary? If so, how much per month? \$ \_\_\_\_\_

How much is taken out of each paycheck for taxes and social security? \$ \_\_\_\_\_

How much is taken out for insurance? \$ \_\_\_\_\_

How much for union dues? \$ \_\_\_\_\_

How much do you pay in alimony or child support? \$ \_\_\_\_\_

Are you court ordered to pay this alimony or child support?  Yes  No

Are there other deductions? If so, what are they and how much? \_\_\_\_\_

If other deductions are for 401k plan, how long have you participated? \_\_\_\_\_

Do you receive:

a. Income from business operations outside of your regular paycheck listed above? If so, what is the business and how much do you receive per month? \$ \_\_\_\_\_

Income from real estate property?  Yes  No If yes, how much per month? \$ \_\_\_\_\_

b. Interest or dividends?  Yes  No If yes, how much per month? \$ \_\_\_\_\_

c. Alimony or family support payments for your use or for the care of your dependents?  
 Yes  No If yes, how much per month? \$ \_\_\_\_\_

d. Social security or other forms of monetary government assistance?  Yes  No \$ \_\_\_\_\_

e. Retirement or pension money?  Yes  No \$ \_\_\_\_\_

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f. Do you have any other sources of income not listed?  Yes  No \$ \_\_\_\_\_

g. Are you expecting any increase or decrease in salary of more than 10% next year? If yes, please explain:

Do you have a second job?  Yes  No If yes, name of employer: \_\_\_\_\_

Address \_\_\_\_\_

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

Telephone Number \_\_\_\_\_

How long have you been employed at this job? Years \_\_\_\_\_ Months \_\_\_\_\_

Job Title \_\_\_\_\_

How often do you get paid?  Weekly  Bi-weekly  Monthly  Other \_\_\_\_\_

What is your "average" gross wages before deductions? \_\_\_\_\_

Do you receive any income from a home based business?  Yes  No How much per month? \_\_\_\_\_

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**Part B. Income History for your Spouse if Filing Jointly**

Your name as listed on your current paycheck stub: \_\_\_\_\_

**Year to Date Total for this current year?** \_\_\_\_\_

**VERY IMPORTANT: Gross Income Last Year** \_\_\_\_\_

**Gross Income 2 Yrs Ago** \_\_\_\_\_

Employer's Name \_\_\_\_\_

Address \_\_\_\_\_

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

Telephone Number: \_\_\_\_\_

How long have you been employed at this job? Years \_\_\_\_\_ Months \_\_\_\_\_

Job Title (do not abbreviate) \_\_\_\_\_

What is the gross amount of your paycheck, before taxes and other deductions are taken out? \$ \_\_\_\_\_

How often do you get paid?  Weekly  Bi-weekly  Monthly  Other \_\_\_\_\_

Do you receive overtime pay outside of your salary? If so, how much per month? \$ \_\_\_\_\_

How much is taken out of each paycheck for taxes and social security? \$ \_\_\_\_\_

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How much is taken out for insurance? \$ \_\_\_\_\_

How much for union dues? \$ \_\_\_\_\_

How much do you pay in alimony or child support? \$ \_\_\_\_\_

Are you court ordered to pay this alimony or child support?  Yes  No

Are there other deductions? If so, what are they and how much? \_\_\_\_\_

If other deductions are for 401k plan, how long have you participated? \_\_\_\_\_

Do you receive:

h. Income from business operations outside of your regular paycheck listed above? If so, what is the business and how much do you receive per month? \$ \_\_\_\_\_

Income from real estate property?  Yes  No If yes, how much per month? \$ \_\_\_\_\_

i. Interest or dividends?  Yes  No If yes, how much per month? \$ \_\_\_\_\_

j. Alimony or family support payments for your use or for the care of your dependents?  
 Yes  No If yes, how much per month? \$ \_\_\_\_\_

k. Social security or other forms of monetary government assistance?  Yes  No \$ \_\_\_\_\_

l. Retirement or pension money?  Yes  No \$ \_\_\_\_\_

m. Do you have any other sources of income not listed?  Yes  No \$ \_\_\_\_\_

n. Are you expecting any increase or decrease in salary of more than 10% next year? If yes, please explain:

Do you have a second job?  Yes  No If yes, name of employer: \_\_\_\_\_

Address \_\_\_\_\_

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

Telephone Number \_\_\_\_\_

How long have you been employed at this job? Years \_\_\_\_\_ Months \_\_\_\_\_

Job Title \_\_\_\_\_

How often do you get paid?  Weekly  Bi-weekly  Monthly  Other \_\_\_\_\_

What is your "average" gross wages before deductions? \_\_\_\_\_

Do you receive any income from a home based business?  Yes  No How much per month? \_\_\_\_\_

**HOME BASED BUSINESS OWNERS**

If you have operated a business inside your home, or owned a small business that does not qualify for filing under Chapter 11 of the Bankruptcy Code, an Exhibit will be prepared for the Trustee overseeing your case. Please list below the **normal** income and expenses your business generated for an **average** month. If you did not have an average monthly income due to extreme highs and lows in your business, estimate your total yearly income and divide by 12 to get the average monthly income. Use the same method of determining your average monthly expenses and enter into the spaces below:

Average monthly business income \$ \_\_\_\_\_

Did you withhold any earnings for tax purposes?  Yes  No

If yes, how much did you withhold monthly? \$ \_\_\_\_\_

Average monthly business expenses (if applicable)

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

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

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

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

Equipment Leases \$ \_\_\_\_\_

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

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

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

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 No, what years did you **NOT** file taxes? \_\_\_\_\_

**Section 6 § Current Expenses**

**Do you and your spouse maintain separate households?**  Yes  No. *If yes, fill one page out for your household and another for your spouse's.* The following questions ask for your expenses each month. If you are unsure of the amount you pay each month, but know the amount for a different period (per week, per day, every 2 months, etc.), write in the amount and the frequency that you pay the amount. 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.

**Hosing Expenses**

Your rent or first home mortgage payment \$ \_\_\_\_\_

Does this amount include real estate taxes?  Yes  No

Does it include property insurance?  Yes  No

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

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

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

**Utilities (Normal Monthly Average)**

Electricity and heating \$ \_\_\_\_\_

Water and sewage \$ \_\_\_\_\_

Telephone service/long distance \$ \_\_\_\_\_

Trash pick-up \$ \_\_\_\_\_

Do you have any other utility bills? If so, what, and how much per month

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

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

**Basic Needs**

Home maintenance, including repairs and general upkeep \$ \_\_\_\_\_

Food (monthly) \$ \_\_\_\_\_

Clothing (monthly expense) \$ \_\_\_\_\_

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

Medical and dental expenses **NOT** paid by insurance \$ \_\_\_\_\_

**Transportation**

Gasoline / auto maintenance \$ \_\_\_\_\_

Entertainment, recreation, newspapers, magazines \$ \_\_\_\_\_

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

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**Insurance**

Homeowner's or renter's insurance \$ \_\_\_\_\_  
Life insurance (other than employer) \$ \_\_\_\_\_  
Health insurance (other than employer) \$ \_\_\_\_\_  
Automobile insurance \$ \_\_\_\_\_  
Other insurance \_\_\_\_\_ \$ \_\_\_\_\_

**Taxes**

Are there any other taxes not deducted from your wages?  
If so, what type of taxes are they \_\_\_\_\_ \$ \_\_\_\_\_

**Other Expenses**

Alimony for child support \$ \_\_\_\_\_  
Payments for someone outside your 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 \$ \_\_\_\_\_  
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 expenses, amount of expense and how long you will continue to have this expense:

**Section 8 § Statement of Financial Affairs**

**(Statement of Affairs 1 of 10)**

If you are filing jointly with your spouse, 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 provide information about your spouse even if you are not filing jointly.

If you have no information to report for a question, check the "NO" box.

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

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

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

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

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

**Have you ever received a notice about violation of pollution laws or environmental contamination (for example, chemical spills, contaminated soil or leaking underground tanks)? If yes, give details.**

Yes  No

Name/Address of Site: \_\_\_\_\_

Governmental Unit Notice Sent To \_\_\_\_\_

Date Notice Sent \_\_\_\_\_

**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 ownership with your spouse).**

Yes  No

Name of person: \_\_\_\_\_

**Do you have a future interest in any real estate, such as putting money down on a property you have not purchased yet?**

Yes  No

If so, provide details: \_\_\_\_\_

**Do you own or are you buying a time-share in a vacation property or resort?**

Yes  No

If so, provide, details: \_\_\_\_\_

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**Do you have a car, truck, motorcycle, boat or camper in your possession titled in someone else's name?**  Yes  No

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

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

Address \_\_\_\_\_

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

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

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

**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: \_\_\_\_\_

**\*\*MAKE SURE TO LIST THIS DEBT ON THE DEBT SHEETS.**

**Are you renting-to-own any of your furniture or appliance?**  Yes  No

Description of Item(s)

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

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

3. \_\_\_\_\_ Yard Sale Value \_\_\_\_\_

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

**\*\*MAKE SURE TO LIST THIS DEBT ON THE DEBT SHEETS.**

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

Description of Item(s)

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

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

3. \_\_\_\_\_ Yard Sale Value \_\_\_\_\_

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

**\*\*MAKE SURE TO LIST THIS DEBT ON THE DEBT SHEETS.**

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

Description of Item(s): \_\_\_\_\_

Value of the item if sold at a flea market or yard sale: \_\_\_\_\_

If making payments on, who do you pay? \_\_\_\_\_

**\*\*MAKE SURE TO LIST THIS DEBT ON THE DEBT SHEETS.**

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**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): \_\_\_\_\_

Value of the item if sold at a flea market or yard sale: \_\_\_\_\_

**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: \_\_\_\_\_

**\*\*MAKE SURE TO LIST THIS DEBT ON THE DEBT SHEETS.**

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

Description of Animal(s) \_\_\_\_\_

Value of the animals if you had to sell them \_\_\_\_\_

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

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

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

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

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

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

Account Number \_\_\_\_\_ Present Balance \_\_\_\_\_

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

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

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

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

Account Number \_\_\_\_\_ Date Closed \_\_\_\_\_

Name on Account \_\_\_\_\_

Did you owe a balance when you closed this account?  Yes  No   Balance owed: \_\_\_\_\_

If you did not owe a balance when you closed this account, how much money did you receive? \_\_\_\_\_

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

What are the contents of the safe deposit box? \_\_\_\_\_

What monthly amount do you pay for rental of this deposit box? \_\_\_\_\_

If you no longer have the safe deposit box, what date/year did you surrender it? \_\_\_\_\_

If you transfer the safe deposit box, who did you transfer it to? \_\_\_\_\_

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**Do you have a Christmas Club Account or any other special purpose accounts?**  Yes  No

Name of Financial Institution \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Type of account \_\_\_\_\_ Account Number \_\_\_\_\_  
Name(s) on the Account \_\_\_\_\_ Present Balance \_\_\_\_\_

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

If yes, what is the amount? \_\_\_\_\_ Name of Utility Company: \_\_\_\_\_  
Address of Utility Company \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Account Number \_\_\_\_\_ Present Balance \_\_\_\_\_

**\*\*\*\* Remember to include any past-due utility bills that you owe from previous addresses on your Debt Sheets.**

**Do you have any life insurance?**  Yes  No

Name of Insurance Company \_\_\_\_\_  
If a "whole life" policy – what is the current cash value? \_\_\_\_\_  
If your life insurance is only payable upon death, what is the face value of the policy? \_\_\_\_\_  
Who is the beneficiary? \_\_\_\_\_ Relationship \_\_\_\_\_

**\*\*\*\* If you have other life insurance policies, please list the information above for each one on the BACK of this page.**

**Do you or your spouse participate in a retirement, 401k or pension plan?**  Yes  No

Type of pension plan (i.e., 401k, PERS, etc.) \_\_\_\_\_  
When did you first enroll in this plan? \_\_\_\_\_ Current cash value \_\_\_\_\_

**Have you set up your own separate retirement not provided by your employer?**  Yes  No

Name of Financial Institution (if applicable) \_\_\_\_\_  
Amount in this separate retirement account? \_\_\_\_\_ Who is the beneficiary? \_\_\_\_\_

**Will you be receiving retirement benefits from a previous employer within the next six (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 Cash value: \_\_\_\_\_

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**Do you have a cell phone?**  Yes  No

Name of cell phone company \_\_\_\_\_

Address \_\_\_\_\_

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

Account Number \_\_\_\_\_ Date contract began \_\_\_\_\_

Is this a month-to-month contract?  Yes  No

If not, what is the length of the contract?  1 year  2 years  3 years  Other \_\_\_\_\_

What is the normal monthly contract payment? (i.e.: \$19.95, \$29.95, etc.) \_\_\_\_\_

**\*\* If you have more than one cell phone, list the same information above on the BACK of this page.**

**Do you live with a roommate/relative that pays part of your expenses?**  Yes  No

Name of roommate or relative: \_\_\_\_\_ Relationship? \_\_\_\_\_

What expenses do they pay? \_\_\_\_\_

What is the total amount they contribute on a monthly basis to your living expenses? \_\_\_\_\_

How long have they been paying this amount? From \_\_\_\_\_ To \_\_\_\_\_

**Do relatives or other parties help to pay part or all of your monthly expenses?**  Yes  No

Name of relative providing additional support \_\_\_\_\_

Relationship of this relative to you: \_\_\_\_\_

What is the total amount they contribute on a monthly basis to your living expenses? \_\_\_\_\_

How long have they been paying this amount? From \_\_\_\_\_ To \_\_\_\_\_

**Are you currently attending college?**  Yes  No

Name of college \_\_\_\_\_

Anticipated graduation date \_\_\_\_\_ Major of Study \_\_\_\_\_

**Do you have a student loan?**  Yes  No

Name of institution you will make payments to: \_\_\_\_\_

Address \_\_\_\_\_

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

Date student loan first obtained? \_\_\_\_\_ Date payment is/was to begin \_\_\_\_\_

Total amount to pay off student loan \_\_\_\_\_ Average monthly payment \_\_\_\_\_

**Do you currently owe any fines? (including 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 \_\_\_\_\_ Name of party  Husband  Wife  Other

What was this fine for? \_\_\_\_\_

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**If you pay child support, are you currently behind in any payments?**  Yes  No

Name of person/agency you pay child support to \_\_\_\_\_

Address \_\_\_\_\_

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

What is the total amount you owe in back child support? \_\_\_\_\_

What date (or year) were you supposed to start paying child support? \_\_\_\_\_

If so, 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 of Ex-Spouse \_\_\_\_\_

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 in the accident? \_\_\_\_\_

Was any insurance money received?  Yes  No If yes, how much? \_\_\_\_\_

**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 receiving this money: \_\_\_\_\_

**Do you expect to receive any money from any insurance claim, for any reason, during the next six (6) months?**  Yes  No

How much do you expect to receive? \_\_\_\_\_ Date expected \_\_\_\_\_

Reasons for receiving this money: \_\_\_\_\_

**Are you the beneficiary of a trust fund?**  Yes  No

What is the amount of the trust fund? \_\_\_\_\_ Name of trust fund owner \_\_\_\_\_

Relationship to you \_\_\_\_\_ When will you have access to this trust fund? \_\_\_\_\_

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

**\*\* Provide details about this amount owed to you. (Feel free to use the back of this page if necessary)**

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**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 items and yard sale value:

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

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

3. \_\_\_\_\_ 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? \_\_\_\_\_

Provide details about this personal injury claim: \_\_\_\_\_

Name of attorney or law firm handling this claim? \_\_\_\_\_

**In the near future, do you expect to enter into any property settlement with a former spouse?**

Yes  No

List all items you expect to receive or turn over in the property settlement (including cash): \_\_\_\_\_

What is the total market value (yard sale value) of these items? \_\_\_\_\_

When do you expect to receive this money or property? Or \_\_\_\_\_

When do you expect to turn over this cash or property? \_\_\_\_\_

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

**Even if you never expect to collect, does anyone owe you any money for any reason whatsoever?**

Yes  No

Name of Person who owes you money \_\_\_\_\_

Address \_\_\_\_\_

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

Explain why they owe you money: \_\_\_\_\_

Amount they owe you \_\_\_\_\_ Date they originally started owing you \_\_\_\_\_

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**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 \_\_\_\_\_ Date lawsuit filed \_\_\_\_\_

Type of lawsuit from court pleading (complaint, summons, etc.) \_\_\_\_\_

Attorney for the Plaintiff (found on court pleading): \_\_\_\_\_

Address \_\_\_\_\_

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

Court where lawsuit was filed (at the top of the pleading) \_\_\_\_\_

Address \_\_\_\_\_

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

**\*\* If this 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 or attached your property? \_\_\_\_\_

What item did they repossess? (If car, provide the year, make, model) \_\_\_\_\_

How much money do you they take from your paycheck? \_\_\_\_\_

How often is this deducted \_\_\_\_\_

**Have you returned any property to creditors or was any of your property repossessed from you, sold at foreclosure, transferred through a deed or returned to a seller?**  Yes  No

What property did you turn over to a receiver? \_\_\_\_\_

When and where did this take place? \_\_\_\_\_

**Is any of your property in receivership or other legal custody?**  Yes  No

When did you file your receivership? \_\_\_\_\_

In what court was this done? \_\_\_\_\_

**Have you made payments totaling \$600 or more to anyone creditor in the past year?**  Yes  No

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

Address \_\_\_\_\_

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

Date of payment(s) \_\_\_\_\_ Amount paid \_\_\_\_\_

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**Have you made any gifts of \$200 or more to friends or relatives in the last 2 (two) years?**  Yes  No

What gifts or transfers have you made? \_\_\_\_\_  
Who did you give the gift to? \_\_\_\_\_  
What date/year did you make the gift? \_\_\_\_\_ What is the approximate value? \_\_\_\_\_

**Have you transferred any money or property to family members or friends or paid them any money on debts you might owe them in the last 2 (two) years?**  Yes  No

Type of property transferred: \_\_\_\_\_  
What date/year was it transferred? \_\_\_\_\_ What is the approximate value? \_\_\_\_\_

**Have you had any losses from fire, theft, gambling or otherwise in the last year?**  Yes  No

Type of loss?  Fire  Theft  Gambling  Other \_\_\_\_\_  
What item(s) or amount of money was lost? \_\_\_\_\_  
What date/year was it lost? \_\_\_\_\_ Amount insurance paid? \_\_\_\_\_

**Have you had any losses covered by insurance?**  Yes  No

Describe loss: \_\_\_\_\_  
Date/year of loss? \_\_\_\_\_ Amount insurance paid? \_\_\_\_\_

**Have you consulted with any other attorney about your financial affairs or paid money to a debt counseling service?**  Yes  No

Name of attorney or service \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Consultation Date \_\_\_\_\_ Total paid for services \_\_\_\_\_

**Have you filed any bankruptcy within the last six (6) years?**  Yes  No

Did you file a Chapter 7, Chapter 13, or a Chapter 11? \_\_\_\_\_  
Date your bankruptcy was filed? \_\_\_\_\_ City, State Filed? \_\_\_\_\_  
Name(s) of persons who filed? \_\_\_\_\_  
Was the case discharged?  Yes  No Case Number \_\_\_\_\_

**Is anyone holding any property that belongs to you?**  Yes  No

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

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

**Yes**     **No**

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

Previous address lived at: \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Time period lived at this address: From (month/year) \_\_\_\_\_ To (month/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 six (6) years?**       **Yes**     **No**

Name of business \_\_\_\_\_  
Business address \_\_\_\_\_  
Type of business (what type of products were sold)? \_\_\_\_\_  
Date business began \_\_\_\_\_ Date business ended \_\_\_\_\_  
Name of your partners, co-investors, or associates? \_\_\_\_\_  
What were your net profits for this year? \_\_\_\_\_ Last year? \_\_\_\_\_ 2 Yrs. Ago? \_\_\_\_\_

**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 Yrs. Ago? \_\_\_\_\_

*By signing below, I state that all the information provided in the pages of the "Statement of Financial Affairs" is true and correct to the best of my knowledge.*

\_\_\_\_\_  
Signature of Debtor #1

\_\_\_\_\_  
Signature of Debtor #2